

Connect – Residents’ Experiences of a Unique Therapeutic Community

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Abstract

This paper provides a unique insight into Connect; a UK based therapeutic community that uses transactional analysis (TA) as its main theoretical framework. The paper explores how TA is incorporated into Connect, drawing on participants' experiences within therapy and once discharged. Eight participants (7 females, 1 male) who had completed their therapy were interviewed using a semi-structured format about their experience of Connect. Thematic content analysis was used to analyse the data. A number of sub-themes were found and organised into three main themes: 'Therapeutic Environment', 'Therapeutic Attainment' and 'Leaving Connect'. This paper builds on the small amount of qualitative research of residents' experiences of TC living. Limitations of the study are acknowledged and suggestions made for future research.

Introduction

The purpose of this paper is to present a service user perspective of Connect Therapeutic Community (TC). Connect functions differently to many TCs as it employs one over-arching theoretical approach, Transactional Analysis (TA) as its main framework of practice. This paper is therefore significant as it provides an insight to the workings of a unique TC.

Connect is an independent TC based in Moseley, Birmingham, which provides a specialist service of Psychotherapy to adults with a range of problems, often being diagnosed with personality disorder and complex needs. Connect was originally established in Telford, Shropshire, in 1987 and has been an independent organisation in Moseley since 1999. It provides a maximum of eight residential places and a day member programme. The full programme involves a two-year residency followed by a step-down day programme. The purpose of the day member programme is to provide continued support and therapy for residents who have moved out and for individuals for whom a residential place isn't required. Connect have a staff team of twenty; consisting of three managers/directors, five full time clinical staff, ten sessional clinical staff and two administrators. Their collective skills and qualifications include: Transactional Analysis, Gestalt, Psychodynamic Psychotherapies, CBT, Hypnosis, Neuro-Linguistic Programming, Health Psychology and Mental Health Nursing.

Transactional Analysis is a theory of personality and a systematic psychotherapy for personal growth and behaviour change, founded by Eric Berne (Nelson-Jones 2006). This approach is very important within Connect, providing a coherent philosophy and framework from which to work. The communication of ideas using the language from a single system plays a large part in facilitating mutual understanding between all members of the community. TA is thought to be particularly useful for understanding the problems of the typical client group of Connect, commonly including psychotic, pre-psychotic and borderline diagnoses (Robinson, 1998). It is not within the remit of this paper to provide a comprehensive explanation of TA. However, for the purpose of this paper it is necessary to include salient aspects, and how these are implemented within Connect.

TA is based upon philosophical assumptions which believe that people are generally 'OK', that everybody has the capacity to think, and that, as individuals, all people decide their own destiny (Tudor & Hobbes, 2002). In accordance with this value base, TA is implemented by the basic principles of 'contractual method' and 'open communication' - broadly humanistic ideas that emphasise the individual's responsibility for their own behaviour (Stewart & Joines, 1987). In practice this means that all interventions should be within the boundaries of a clear agreement between the staff member and resident. In order for this to work effectively all staff, residents and day members at Connect are educated about TA and how it works within the Connect.

This is opposed to interventions being carried out by the expert to the naïve person seeking help. It is intended that the staff member and resident relate to each other as equals and share responsibility for changes the resident wishes to make. Thus it is incumbent upon the staff member to openly communicate why they are proposing a certain course of action, as well as obtaining the resident's agreement to it (Stewart, 1996). From this theoretical and philosophical position Connect attempt to empower residents and diminish the hierarchical dynamic inherent in the traditional practitioner-patient relationship. This is evident in their employment of the term 'peer', as opposed to 'resident', 'patient', or 'client'.

The therapeutic approach employed within Connect is derived from the Cathexis school of TA (see Schiff, 1975), which emphasises the importance of 'reparenting' in therapy. This is based on the premise that emotional and behavioural difficulties are largely the result of inconsistent parental messages (Nelson-Jones, 2006). Connect thus aim to provide more consistent and useful parental messages to clients as a primary aspect of their therapy. At a practical level this involves the consistent confronting of 'discounts' and 'redefinitions'. 'Discounts' are likened to 'blind-spots' in the residents' conscious awareness, whereas 'Redefinitions' are when residents redefine aspects of reality in order to be congruent with their dysfunctional processes (Stewart, 1996). The confronting of such processes aims to bring them into the client's awareness as areas of therapeutic concern. As the philosophy of Connect attends to the person as a whole, other legitimate subjects for therapeutic intervention include thinking, feeling, behaviour, physical well-being, unconscious motivations, relationships and group dynamics.

Group structures are vital within Connect. They provide a 'containing' function, making an essential contribution to safety (Belnap, Iscan & Plakun 2004). They also provide a 'reactive environment' where open communication and active responding to each other is encouraged (Stewart & Joines, 1987). For example, if someone begins to act passively, others are expected to bring attention to this by confronting it immediately, in a caring and non-persecutory way, and call for group problem solving (Stewart & Joines, 1987). The daily structure at Connect is considered to be very important and planned in such a way as to be therapeutic in itself. The predictability and consistency of events, such as meals and group therapy sessions, provides peers with the psychological security they need in order to commit to the therapeutic work (Robinson, 1998).

There has been some investigation of the attitudes and experiences of TC residents (e.g. Melnick, Hawke & Wexler, 2004) using qualitative-based research where you gain deeper insight into the experiences of TC residents. There appears to be a lack of research on the experiences of ex-residents having completed their TC program. Such individuals have the added benefit of hindsight, and time to internalize their learning experiences. Findings from such a perspective may enhance knowledge within this area and potentially inform the clinical practice of TCs, and mental health programs in general.

This study therefore represents an attempt to address this; it focuses on the experiences of peers who have successfully completed their program at Connect. The use of semi-structured interviews for the method of data collection was chosen to for its potential to provide rich accounts of their experiences from entry into Connect to life afterwards.

Methodology

Sample

Thirty-one peers were admitted to Connect over the past ten years, of these 8 were excluded for inappropriate or violent behaviour, 2 had their funding withdrawn by the health authority, 6 decided to leave

before completing their therapy. Therefore 15 individuals that had completed their therapy were eligible for inclusion in the study. Letters were sent by Connect to these individuals, inviting them to take part. The contact details of interested individuals were then passed on to the researcher who arranged the interviews. Nine people were interested in taking part; however, one individual was unavailable and not included in the study. The final sample consisted of seven females and one male. Details of the participants are presented in Table 1.

Table 1: Participant Details

| Participant | Age Range (yrs) | Sex | Diagnosis | TPS Admission | TPS Discharge |
|--------------------|------------------------|------------|--|----------------------|----------------------|
| 1 | 36-40 | F | BPD, Eating Disorder | 206 | 43 |
| 2 | 26-30 | F | BPD, Self-harm | 25* | 0 |
| 3 | 51-55 | F | Depression, Self-harm | 150 | 0 |
| 4 | 26-30 | F | BDP, Self-harm | 229 | 126 |
| 5 | 46-50 | F | BPD | 17* | 0 |
| 6 | 51-55 | F | Depression, Affective Disorder | 77 | 27 |
| 7 | 41-45 | M | Major depression, OCD | 205 | 90 |
| 8 | 26-30 | F | BDP, Bi-Polar, Self-harm, Bulimia | 200 | 14 |

The Total Pathology Score (TPS) is the primary tool of psychological assessment employed by Connect to indicate the level of intervention required and to measure progress. The TPS summarises the test results of the second edition Minnesota Multiphasic Personality Inventory (MMPI 2), a validated tool that provides reliable information about the mental health status of an individual (Hathaway and Mckinley 1989). The TPS is unique and is only used at Connect; it was developed by their former director Jenny Robinson (a UKCP United Kingdom Council of Psychotherapy registered psychotherapist and former Home Office psychologist). The TPS at admission and discharge are included in Table 1 to present a quantitative measure of progress. The TPS ranges from 0 to 495+ and is divided into six bands.

*N.B TPS scores below 50 may indicate denial, where individuals are not being honest or downplay their mental health as seen in participants 2 and 5.

Data Collection

The participants were interviewed using a semi-structured interview schedule, developed in order to draw out their experiences of Connect. Five participants were interviewed face to face at Connect, three received telephone interviews due to their location. The interviews lasted between thirty and forty-five minutes and were recorded by dictaphone for transcribing. All participants were informed of the purpose of the interview and of their right to withdraw from the study anytime without prejudice. Full consent to be part of the study was given prior to the interview; to ensure anonymity all interviews were identified by numbers.

Data Analysis

Thematic content analysis was used as the method of analysis. It is a widely used method of eliciting meaning from text and a reliable means of analysing qualitative data (Priest, Roberts and Wood 2002). It was felt appropriate for the study as it is a useful approach for identifying key elements of respondents' accounts (Green & Thorogood 2004). Analysis of the data began with several readings of the interview transcriptions in order for the researcher to become immersed in the data. Initially a number of significant statements were identified. These transcripts were continually compared with each other to identify reoccurring statements. This process generated a number of sub-themes, which were organised into groups. These naturally evolved into three overarching themes that represented the key aspects of the participants' experiences: Therapeutic Environment, Therapeutic Attainment and Leaving Connect.

Interview Findings

Therapeutic Environment

The participants' attitudes about the nature of the therapeutic environment at Connect constituted a large portion of the data. The participants mainly spoke of the therapeutic approach, safety and intensity.

Therapeutic Approach

One of the major aspects that came from the participants was the therapeutic approach. All spoke of the unique approach provided at Connect, which was considered to be very caring and personal. They spoke highly of the commitment shown to them by staff in making them feel accepted and encouraging a sense of belonging, which was felt to be very supportive and important in their therapy:

Amazing its very unique, it just worked, it was human, personal it didn't feel like a model, like a medical model it was personal to me (participant 8)

It was tough, strong and loving/ supportive in a real sense, like a family (participant 7)

They don't make you feel like you're ill, you're somebody and they're there to help you go through it and the one thing that helped me, the one thing that I held onto was that they never give up on you (participant 4)

Connect was felt to be very different compared to their previous clinical experiences. The participants welcomed the variety of therapy and interventions offered. Specifically they referred to the expectation of being involved in the running of the house, which included them having a number of responsibilities despite their difficulties:

It was so different here there was an expectation that I would get up in the morning and I would do things, in hospital I would stay in bed all day, I wouldn't get dressed (participant 3)

There was a high expectation of us at all times we were always involved in cooking shopping cleaning maintaining the place we had a lot of serious problems and we still had to manage the place and get the shopping done (participant 5)

Intensity

Despite the value of being a resident at Connect all reported that the experience was extremely intense and difficult for a number of reasons. The experience of being challenged and confronted about their behaviour

was quite significant. At times this was felt to be overwhelming. It seemed that some of the participants underestimated the intensity of the work and the impact this would have on them.

As a result some participants expressed that there were times when they felt like running away. Despite this they understood that this confrontational approach was useful in tackling their problems head-on.

I found it very very hard, it wasn't quite how I had imagined...quite painful and uncomfortable at first, but its valuable and something that you wouldn't get in everyday life, its valuable and brought me closer to members of the community (participant 7)

Here I thought was quite confrontational so you can't run away from your problems really...you have to confront it and work it through (participant 1)

If you got into a bad place with somebody you had to face it, you had to say what you had done, how you had done it, what you were going to do different (participant 5)

Safety

For the participants an important aspect of the therapeutic environment was the physical and emotional safety provided by Connect. The consistency of the daily structure was found to be essential, providing a sense of psychological containment that reduced anxiety helping the participants to address their difficulties:

The difference in connect is that it is a secure place where you can work out your problems (participant 1)

They helped me in providing a safe environment, here I settled down in a way that I couldn't anywhere else...So here I was able to be safe and that meant stopping my self harm behaviour (participant 2)

I think the main thing for me was the structure how it is set there's a straight forward structure so you know how everything is, it takes a lot of pressure off you (participant 4)

Therapeutic Attainment

The participants reported a number of therapeutic achievements as a result of being at Connect. For them the most significant attainments were learning how to take responsibility for themselves, forming positive attachments with others, self-management skills and increased self-confidence.

Being responsible for oneself

Learning to take responsibility for their own actions and realising that everybody's behaviour has an impact on others were important aspects of the participants' attainment. These seemed to constitute powerful and enlightening lessons that allowed them to realise the significance of taking personal responsibility in their own lives. The value of caring for self and others was also included within this theme:

One thing I never realised was that whatever changes you do you have to do it for yourself and you have to care about yourself and keep yourself safe you can't do it for someone else and that's one thing I've really understood here (participant 1)

It was a lot of learning about the consequences of your own behaviour on other people... I came from a place where I was so discounted that I didn't really think that I had an impact, but I had to deal with it

It appears that an important step towards taking responsibility was getting in touch with emotions and understanding the past. The participants found the therapeutic environment at Connect helpful in this aspect of their personal growth, empowering them to move forward:

I've learnt to know what I want and feel and that I can go for it and get it, that's a huge thing (participant 6)

Looking at incidences that had happened in the past and getting in touch with suppressed feelings at that time and finding out it was ok to have those feelings (participant 5)

Forming Attachments

Forming attachments was felt to be an important aspect of the therapy. The participants found they were able to learn healthy ways of relating and forming positive relationships with others. This was felt to be a new experience for many of them who in the past have felt isolated and experienced difficulties in this area:

My turning point was my attachments really that I built here because once I built an attachment with somebody to me that was quite big because I never had attachments before that so having someone here and knowing that they care and that they're here for you made a big difference for me (participant 4)

Now looking back it was learning how to relate and be with people if that's all I did that was the most important thing...I've never had that anywhere else (participant 3)

Self-management

Throughout their stay at Connect the participants attained a number of tools and skills which they use to maintain their mental health and live to their best ability in the community. Learning to ask for help, maintaining relationships with others, staying grounded and using the theory of TA were all felt important factors in their self-management:

Reaching out for support from people, using my knowledge to ask for help and practical advice, doing the self-nurturing stuff (participant 6)

Keep busy, more involved with people more regularly, cycling, canoeing, holidaying, knowing that you've got someone to talk to, understanding yourself much more, being self supportive and aware of my limitations, If I think I need help I'll ask for it (participant 7)

I've taken on a lot of the theory that's used here TA and its around ego states so I've spent quite a bit of time taking care of myself having fun getting grounded. I put energy into my adult ego state, planning things, writing a list for myself and also phoning people and meeting others (participant 2)

Increased Confidence

The participants expressed having an increased confidence and self-belief as a result of their stay at Connect. They expressed a change in their self-perception and the way they interact with their environment:

It's completely changed the way I see my self and the way I operate in the world...I'm much less scared I'm confident and outgoing, I see myself as a capable person and somebody that other people will want to know (participant 6)

Leaving Connect

The analysis found the process of leaving Connect to be an area of significance for the participants. This was a difficult experience for many of them, for a number of reasons. The main key themes found were the leaving process, the challenge of recovery and a life-changing experience.

The Leaving Process

Leaving Connect was initially found to be challenging and scary. This seems to be related to the support of Connect no longer being physically present and immediate, although participants acknowledged that support was a phone call away. There were positive comments about the support received around this time and the gradual reduction in contact which helped them to adapt to the impending change at their own pace.

Really hard in the first few months, first month was really hard and scary being around so many people then not having anyone around even though I knew I could call I was ready to finish and ready to set up my own life (participant 8)

I like that it was gradual, it's not like you're there for 9 months then have to go, its gradual, really slow (participant 8)

In other places you have to go and don't come back as you're supposed to be cutting ties and getting on with it and most people can't because its such a long process, but here I never felt like I couldn't come back (participant 1)

The Challenge of Recovery

The participants reported having difficulties and periods of feeling low and alone since leaving Connect, but no major crises. They felt they were experiencing the usual ups and downs that everybody experiences. One participant who had been a resident for a long period of time had incidences of self-harm since leaving. Although the participants had left and made plans to move their lives forward they appear to maintain the relationships they made at Connect. For some of them this has never occurred before and is very significant. The continuity of the relationships formed with Connect appears to provide a secure and lasting foundation necessary for the participants to move on and continue with their recovery.

I went down the road of self-harm, struggling without the structure and not being around people that I know I had support from Connect who told me that I could change things and fix it, I'm living in supportive accommodation now this helps (participant 4)

I felt that after I left that I could get the support when I needed it and I made several attachments and relationships with people that is still ongoing and I can see this lasting forever (participant 6)

Life Changing

Since leaving Connect the participants have had time to reflect on their experience, which they all describe as life-changing. Many of the participants entered Connect desperate, depressed and suicidal. They openly expressed that their experience at Connect helped to change this and gave them hope for the future:

I think if I hadn't come here the best I could have hoped for would be to self-harm less and perhaps do some educational activities at a day centre or would have ended back into secure services again whereas what I have now is an independent life... I'll be looking for work which is something I would never imagine I could do (participant 2)

The health people said I was never going to have an independent life I was never going to be able to work and I've got everything now, I've got a family I've got a job and I'm very happy and its all fell into place. (participant 1)

Discussion

Therapeutic Environment

O'Brien, Woods and Palmer (2001:6) believe that any therapeutic community should have a clearly visible therapeutic orientation. One of Connect's successes was their ability to maintain a therapeutic environment that was considered to be highly supportive and beneficial. Their therapeutic alliances are underpinned by humanistic principles, which engender respect for the individual. In TA this is exemplified by the belief that "People are OK" and despite their behaviours everybody has intrinsic worth, value and dignity (Stewart, 1989). To be regarded in this way was a unique and powerful experience for the participants. Due to lack of research in this area it is difficult to ascertain whether this is an isolated finding or supported by previous studies.

Although the confrontational aspect of the environment was found to be intense and challenging, this is a necessary aspect of living in a TC. Stewart (1989) states that 'Confrontation' is not necessarily the use of harsh or aggressive interventions, but an approach the practitioner employs that invites the peers to test dysfunctional beliefs against the here-and-now reality. The therapeutic shift away from these beliefs is often achieved at the cost of temporary discomfort to the peers (Stewart, 1989).

A sense of safety was also an important aspect of the therapeutic environment. Haigh (2007:114) believes that containment is the internal experience of safety despite disturbance. In Connect, as in other democratic TCs, this containment is provided by the daily structure, rules and boundaries. The majority of the sample in this study have the diagnosis of BPD and are the typical client group at Connect. Successful treatment of this group requires an environment that can hold and contain them (Belnap, Iscan and Plakun 2004). This allows

for the exposure of their symptoms in a treatment context that responds in a more understanding and supportive way than the outside world (Belnap, Iscan and Plakun 2004).

Therapeutic Attainment

In terms of the therapeutic attainment gained within Connect, the participants specifically referred to the significance of taking responsibility for themselves and their behaviour. This is an essential aspect of TCs, which are intentionally organised to encourage personal responsibility and empowerment (Campling 2001). At Connect this is further supported by the philosophical assumption of TA that “everyone has the capacity to think”, and are ultimately responsible for their own choices.

A large amount of research supports the findings of this study regarding the central importance of ‘attachments’ in a therapeutic community. The qualitative study by Miller, Sees and Brown (2006), regarding key aspects of psychological change amongst residents of a prison TC, found that positive change was defined in terms of the connections they made with others, and their increased ability to form close relationships. Forming secure attachments is one of the leading problems for individuals with Personality Disorder (Sarkar & Adshead, 2006 cited in Main House, 2007). For the participants, Connect provided the opportunity to form positive, safe and healthy relationships. This is an area that had proved problematic for them in the past. The emotional-relational and behavioural impairments that characterise this client group are typically embedded in damaged and traumatic early relationships (Bloom, 2000 cited in Cameron, Maxwell & Kapur, 2007). In order to overcome this, Haigh (1999) suggests clinicians need to actively engage with residents to encourage attachment to the team. This is accomplished by providing consistent and predictable emotional-relational experiences, thus contradicting their unpredictable and damaging past experiences (Cameron, Maxwell & Kapur, 2007).

O’Brien, Woods and Palmer (2001:5) believe that TCs should be structured to enhance an individual’s opportunity to develop the necessary skills for independent living. All participants used a number of different skills and tools in their self-management; the majority of which was based on the TA theory learnt at Connect. TA works upon the philosophy of open communication, which encourages residents to learn the theory and share responsibility for their therapy (Stewart and Joines 1987). However, the participants also demonstrated that this knowledge is beneficial beyond formal therapy, and may become an integral part of everyday living.

Leaving Connect

The participants found the experience of leaving Connect difficult for a number of reasons. Previous research has acknowledged the challenges and complications involved in leaving a TC (Rawling 2007). Especially for individuals who have formed strong attachments, in which case the ending of therapy can be catastrophic (Campling 2001). As a result of this, the use of day member programmes is becoming more commonplace at TCs (Campling 2001). At Connect, the reduction of therapy to the day member programme is one way of alleviating some of the distress associated with leaving and ensuring that the experience is a gradual process. TCs ultimately provide a stepping-stone for moving into the community, where individuals can continue to discover and rediscover themselves (O’Brien, Woods and Palmer 2001:8). This notion is supported by the accounts in this study, whereby participants acknowledged that recovery was ongoing and that challenges and difficulties are all part of this process.

Although the participants described their experience as life changing, there is limited research in this specific area to support or contradict these findings. The majority of the research focused on current residents as

opposed to those who had completed therapy. This study is therefore providing a unique contribution. Further follow-up studies are required to ascertain the long-term experience of individuals after leaving a TC.

Limitations/Critical Commentary

The data collection within the study may have been limited by the skills of the researcher. The sample was typical for Connect, but would have benefited from more males and individuals from Black and Minority Ethnic (BME) groups to discover their experience at Connect. Historically Connect receive a small number of referrals from BME groups, this is not uncommon as explored by Jones and Stafford (2007) who found that the reasons for this were multi-factorial. Furthermore, data collection only included residents who had successfully completed their course of psychotherapy at Connect. Due to the subjective nature of the qualitative analysis, findings were also subject to the biases and interpretations of the researcher.

The study did not include much emphasis on negative aspects and experiences, which limited its capacity to inform the future practice of Connect. This may be explained by previous research, which has found that participant evaluations of drug treatment programmes are much more favourable from individuals who successfully complete them, compared with those who leave early due to disagreement or conflict (Melnick, Hawke & Wexler 2004). It may therefore have been useful, in terms of identifying potential improvements to the service, to obtain the views of those who had not completed the programme, or had been excluded from Connect. For example, such individuals may have spoke about specific difficulties entering and living in the community as found by Coakes, Miles and Lawson (2007) which in turn may help inform future selection and preparation processes (see Bracey et al 2007).

Conclusions and Further Research

This study has highlighted the key themes of participants' experiences of working through Connect's program, which included aspects relating to the Therapeutic Environment, Therapeutic Attainment and Leaving Connect. This is important as it builds on the small amount of qualitative research of residents' experiences of TC living. This study has provided a unique contribution to the literature as it focuses on a democratic TC that incorporates the principles of TA into its structure. In addition to this, the study is also unique as it includes experiences of leaving and life after the TC.

One of the most significant aspects of the findings was the belief that Connect provided a very positive experience in comparison to other mental health services. This emphasises the importance of TCs in providing services more suited to the needs of specific client groups. Perhaps this is why therapeutic communities are in an enviable position in contrast to mainstream services (O'Brien, Woods and Palmer 2001:8).

Another highly significant finding was the participants' knowledge and use of TA. This not only assisted their progress within Connect, but was also used as a tool for self-management after discharge. Further research may attempt to corroborate whether the retention of useful therapeutic theory is common to ex-residents of other TCs, or if it is the result of the 'open communication', 'contractual method' and core assumptions of TA.

Future investigations may also explore the use of quantitative questionnaires in order to test or further support the qualitative accounts. In order to gain more insight into areas for improvement, participants could be encouraged to explore potential changes to the programme. A specific area for consideration might be the process of leaving, which seemed to represent a focus of significance for the participants.

Reflexivity

Jonathan Rousseau

I currently work as a Trainee Psychotherapist at Connect, and as a Social Therapist at Main House, in Northfield, Birmingham. I was asked to assist the principle author in the writing of this paper, with specific regard to the way in which Connect implement the theory of TA practically, within its structure. This project provided me with insight from an extremely valuable and unique perspective. The retrospective perception of the entire process at Connect would have been unavailable to me if I did not participate in this research. I am therefore happy to have taken the opportunity to enhance my personal knowledge, and hope this paper makes a significant contribution to the literature, and to the awareness of existing treatment options. I had no contact with Yvette until a rough draft of the paper was already written. I also had no part in the data collection, and was totally blind to the participants included in the study.

Reflexivity

Yvette Brown

I am a Senior Lecturer in Mental Health Nursing at Coventry University. I had no prior knowledge of Connect before undertaking this task. I spent a morning there prior to collecting the data to get a feel for the environment and meet the team. I found this enjoyable and enlightening experience, I was particularly inspired by the interviews and narratives of individuals' recovery. This project has complemented my teaching; as a result I was able to incorporate aspects of the study into teaching and learning activities with students and bring my teaching to life. Writing the paper with Jonathan was also a learning curve as it was good to discuss and look at the study from different perspectives; fortunately we worked well together and were able to complete the task.

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