

## DOC 3.4: Introduction to the Good Practice Study

A good practice (GP) can be a lot of things, from an overall attitude to a single case management practice, and from a juridical disposition to a type of group meeting.

In short, it is a practice you observe when you visit an institution which seems of peculiar interest to you. It is not necessarily directly related to your learning objectives, but it appeals to your professional experience and you'd like to deepen your understanding of it.

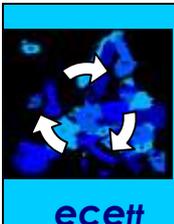
Good practices is about analyzing and explaining why something works, why something is a success. Questions like “what are we good at?” and “Why does it work so well?”, are central elements in the analysis.

Typically, your study goes in three phases:

### 1. choose a good practice

While visiting your host institution, **choose a good practice**, state its general objective, explain why you chose it, and select the eventual TC standards it is related to...

<b>Name of the Good Practice (GP):</b>	Individual treatment plan
<b>Name of the Host Institution:</b>	Coolmine TC
<b>Dates of the traineeship:</b>	28/08/2007-04/09/2007
<b>General objective of the GP:</b>	Elaboration of a recuperation strategy at the time of the residents' participation in the therapeutic programme.
<b>Topic to which the GP is related:</b>	Therapeutic community
<b>Reason for choosing the GP:</b>	Lack of effective individual treatment plan in Solidarnost
<b>TC standards* related to the GP (Physical Environment):</b>	1.1 1.2 1.3
<b>TC standards related to the GP (staff):</b>	2.1 2.2 2.5
<b>TC standards related to the GP (Joining and Leaving):</b>	3.1 3.2 3.3 3.4 3.8 3.9
<b>TC standards related to the GP</b>	4.7

	Period of traineeship	1-week		
		Trainee	Host	Helpdesk
	Name of person			
	Mobile phone			
	Email			

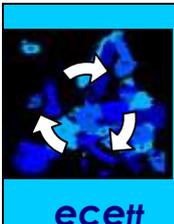
(Therapeutic Environment):	4.2 4.3 4.4 4.6
TC standards related to the GP (Treatment Programme):	5.1 5.2 5.3 5.4 5.5 5.6 5.7
TC standards related to the GP (External Relations):	6.1

\* the *Service Standards for Addiction Therapeutic Communities* (Communities of Communities, 2006) are widely recognised standards for good practices in TC. You can download them in this GP module. Have a look at them and select those related to your GP.

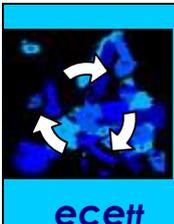
## 2. describe your good practice

Then, *describe the good practice* you observed. Try to do this in cooperation with your host coordinator.

Description of the GP (+/- 500 words):	Coolmine philosophy and addiction model is based upon the principle that substance misuse and dependency is the symptom of <i>personal underlying factors</i> within the dependent individual. Common Addiction Treatment Plans_ will help to guide person towards and maintain a drug free status through productive habilitation or rehabilitation. It will help client to identify specific areas he/she needs to address in relation to their programme, their substance misuse, potential direction in life, and overall recovery. The ITP is unique to each individual client and it is focusing on the more personal, underlying factors that the client may present or root causes to addiction and dysfunction. The Coolmine case management system is divided into three basic sections. They are:
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	<ol style="list-style-type: none"> <li>1. Assessment</li> <li>2. Care Plan Implementation</li> <li>3. Six-weekly care plan reviews</li> </ol> <p><b>Assessment</b> entails all relevant information pertaining to client demographics, that is client age, address, family relations, etc. but also Cognitive processes, Emotional expression and management, Behavioural issues, Physical/Health issues, Social which includes – Relapse Prevention, Education, Employment, Relationships, Legal Status, Financial, Accommodation.</p> <p><b>Care Plan Implementation</b> is formulated between the client and the residential/day programme key worker.</p> <p><b>Six-weekly Reviews</b> are conducted regularly. The care plan review involves the client, the key worker and the case manager/manager sitting together for one hour to discuss these care plans. There are documents named “Staff ITP Review” and “Resident ITP Review”. These documents should be filled out by both parties in advance of the review. Then there are a client self-report and a staff clinical observation of all client progress and goals achieved or not achieved to date. The case manager should then write up the review findings on the sheet attached “Care Plan Review” and set a date for the next review.</p>
<b>Type of target group:</b>	Residents
<b>Description of target group:</b>	Adult men and women - participants in the therapeutic programme
<b>Means:</b>	Questionnaires
<b>Skills involved for the staff:</b>	The team must be skilful in leading a structured interview, to be able to work with questionnaires and based on them to build up a strategy for the residents.
<b>Resources (Human, tools, financial...):</b>	The case manager and the resident, the questionnaires
<b>Notes:</b>	

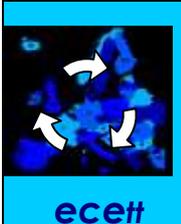
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<b>Hypothesis/risks:</b>	
<b>Comparison with own practice (+/- 200 words):</b>	<p>In Solidarnost we apply the Trampoline's diagnostic questionnaire. After filling in the questionnaires we don't always make up a complete individual treatment plan to work with client and this is a weakness on our part. We normally stuck to the common treatment plan, while the individual planning came as a result of the client's behaviour. The clients hardly even took part as an equal partner when preparing the individual plan. That resulted in his inadequate participation in the programme. Quite often the client could not keep deadlines for passing from one level to the next , because the staff focused on his acting-out instead of on the essential causes for his behaviour.</p>

### 3. Critical analysis of the good practice

And finally, still together with your host coordinator, **make a critical analysis** of the good practice, considering the following:

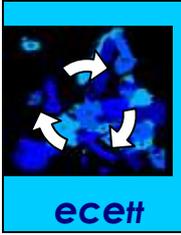
<b>Why is this a Good Practice? (+/- 200 words):</b>	Because it complies with the standards of EFTC, because it replies of criteria of the good practice, because determines where and how to intervene in order to achieve the main goal of the recuperation process i.e. reintegration to society
<b>Is the GP achievable?:</b>	Not only achievable but also part and parcel of recuperation process.
<b>Is it realistic?:</b>	Yes, it is not required to have specific psychological skills while the same time the questionnaire takes into account the psychological, social, financial ... problems caused by the addiction.
<b>Is it critical to the quality of the TC?:</b>	Yes, the ITP enables the residents to connect with the values and principles of the TC.
<b>What are the benefits?:</b>	<ul style="list-style-type: none"> <li>• Generally unique to each individual client</li> <li>• Focusing on the more personal, underlying factors that the client may present or root causes to addiction and dysfunction</li> </ul>

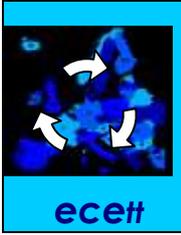
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	<ul style="list-style-type: none"> <li>• Done through specific, ongoing assessment and review and based on a holistic and psychological approach</li> <li>• Formalised treatment planning worked out between client and primary care worker and signed off by both parties</li> <li>• Ongoing liaison between managers and care worker to monitor progress of all treatment plans (case management review)</li> <li>• Six weekly follow up and reviews by case managers, care worker, and client</li> </ul>
<b>Is there 1 path or more paths?:</b>	There is very structured way to build up the ITP that I already described.
<b>Is it understandable?:</b>	Yes
<b>Is it measurable?:</b>	Yes, using standardized questionnaires
<b>Is it adaptable to a range of settings?:</b>	Yes through translation and standardization
<b>Would the implementation of this GP in your institution be desirable and why?</b>	Yes, because it facilitates the residents access to autonomy and social reintegration and because it makes the work of the staff achieves a higher quality.
<b>Could you suggest a link about the GP?:</b>	No
<b>Do you have a picture describing the GP?:</b>	No
<b>Do you have another picture describing the GP?:</b>	

At last, you will have produced one complete good practice study. To be recognized as an ECEtt good practice it will have to be assessed by a Jury of ECEtt Tutors (May 2008).

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	Period of traineeship	1-week		
		Trainee	Host	Helpdesk
	Name of person			
	Mobile phone			
	Email			

	Period of traineeship		Host institution + place	
		Trainee	Host	Helpdesk
	Name of person			
	Mobile phone			
	Email			