Therapeutic community effectiveness: a systematic international review of therapeutic community treatment for people with personality disorders and mentally disordered offenders

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Record Status
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Citation

Authors' objectives
This report looks at therapeutic communities in psychiatric and other settings, particularly for people with personality disorders.

Authors' conclusions
This systematic international literature review has led us to conclude that therapeutic communities have not produced the amount or quality of research literature that we might have expected, given the length of time they have been in existence, and the quality of staff we know exists and has existed in therapeutic communities.

There is accumulating evidence, albeit it at a low level of research, of the effectiveness and particular suitability of the therapeutic community model to the treatment of personality disorder, and particularly severe personality disorder. In the absence of conclusive evidence of the effectiveness of any alternative treatment we ought to protect and develop those therapies which can demonstrate some efficacy in treating personality disorder.

There is also evidence of the efficacy of therapeutic communities, modified for prison security needs, in managing difficult prisoners, and significantly reducing serious prison discipline incidents after admission, including fire setting, violence, self-harm and absconding. The placement of a therapeutic community within a secure environment however poses some problems. There are often conflicts between the need to maintain security and control (which is regarded as the primary task of prisons) and the provision of therapeutic community treatment, since therapeutic communities ideally devolve major decisions regarding organisation, rules, treatment, sanctions, admission and discharge, to its clients.

There is evidence that the longer a resident stays in treatment, the better the outcome. Very short stay residents do particularly badly.

Globally, the modified therapeutic community seems to be surviving, and proliferating best (especially in the USA) in prisons, and for substance abusers; and concept-based therapeutic communities appear to predominate, both in terms of numbers of therapeutic communities, and in amount of literature, and research generated - although again much of it is of variable quality and generalisability. Concept-based therapeutic communities have also exercised themselves much more than democratic therapeutic communities about the reasons and prevention of early drop-outs, or 'splittees'. The health service in the main, and particularly in Britain, seems to have neglected the therapeutic community form of treatment, although there appears to be a resurgence of interest recently.

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