



TC Practitioner Competencies Framework

April 2014

Preface

Our core competencies have been developed for therapeutic community organisations as a guide to the knowledge and skills which TC staff members can develop over time and with experience. A manualised approach to care or treatment is incompatible with our philosophy and we therefore adopt a developmental model of staff training.

There can be no fixed blueprint for the therapeutic community worker to adhere to but rather within the context of their community a particular 'attitude of mind' can be nurtured (Wills, 1977). These core competencies are designed to act as a resource and an *aid memoire* in the process of staff development and training.

We believe that *community* itself has the potential to function therapeutically because the experience of belonging to a community and being valued by others - no matter how damaged a person might be - is reparative. In a therapeutic community, rather than focussing on the fulfilment of individuals, the emphasis is on the participation of all community members - staff as well as clients. This includes participating in the everyday running of the community and in discussing, reflecting on and taking into account the unspoken, hidden or unconscious aspects of group living. Each member's difficulties are seen as being open to improvement by drawing upon the total resources available to the community from all of its members and the planned environment.

Working with clients in this way requires the TC Practitioner to acknowledge and pursue their own development. This includes becoming aware of a specific range of therapeutic community approaches, developing from within this tradition, aligned to an increasingly sophisticated awareness and use of self in relation to others in group settings.

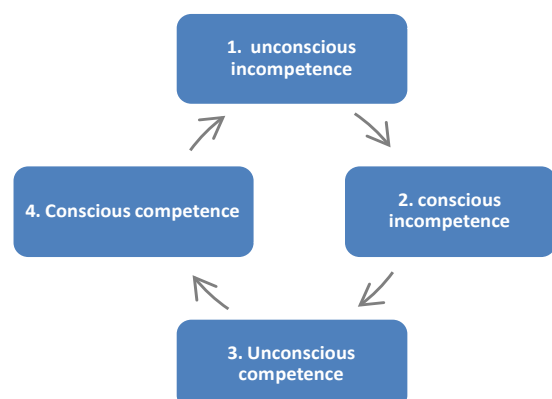
The acquisition of these competences is seen as a gradual process that can be continually enhanced and engaged in at deeper levels. Apart from being a resource for staff development and training the core competencies for TC Practitioners can also help to establish a mechanism for the transmission of the community culture over time.

Andrew Collie (cited in Ward *et al* 2000, 234 - 39) discusses the need for actively transmitting the culture of a therapeutic community, an important process initially raised by Tom Main (1990). Collie draws upon a model of evolving competence which emerges experientially through practice and the worker's openness to learning. Here practitioners move from a limited, novice-like awareness of their ability, known as unconscious incompetence, on a developmental trajectory through several stages towards conscious competence. This model applies particularly well in group and community settings where there is a reliance on the interdependence of the members and where each practitioner's development will be unique to their own circumstances and characteristics.

In the model adopted by the Consortium of Therapeutic Communities (TCTC), however, Collie's stages three and four are reversed (see below). After arriving at stage two, conscious incompetence, where the practitioner becomes more aware of their limitations, they move toward stage three, unconscious competence, by gradual intuitive successes and without a full awareness of why their practice has improved (although this is likely to reflect a process of introjecting aspects of the community culture). They finally arrive at a more conscious awareness of their competence which is the final stage but must be constantly worked for, just as each new area of practice may require working through these stages again.

With the Competencies as a guide and *aid memoire* each TC Practitioner can develop competencies at a deeper and more conscious level while at the same time participating collectively in the 'total culture of enquiry' (Main, 1989). Through the transmission of that culture, its specific theoretical framework and practices, they are also contributing to the self-regulation of their TC.

Dr Chris Nicholson – TCTC Training Group



TC Practitioner Competencies Framework

	COMPETENCY HEADING	DEFINITION - The TC Practitioner tries to...
Role related competencies	1	Understanding of role <ul style="list-style-type: none"> Better understand the boundaries of their role, the place this has within the wider organisation and the outcomes it is designed to achieve
	2	Understanding of client group <ul style="list-style-type: none"> Provide responses of understanding to the particularity of the client within the context of the community Shows developing insight into the clinical issues extent within the client group Relates to others as human beings not as diagnoses or labels
	3	Clinical observation <ul style="list-style-type: none"> Able to accept 'not knowing' and allow time for understanding to emerge Capacity to observe behaviour / mood / interactions and notice the internal and external dynamics involved Capacity to formulate a hypothesis
	4	Capacity to acknowledge and use the boundaries of the TC <ul style="list-style-type: none"> Developing awareness and capacity to regulate boundaries Ability to share authority with all members of the community - 'dispersed authority' Capacity to own and use their own authority Recognises the significance of space and time and how therapeutic structures are established Creative / flexible use of TC structures
Therapeutic practice related competencies	5	Understanding of TC methodologies <ul style="list-style-type: none"> Shows a willingness to learn and engage with 'methods' Emotionally open within a 'culture of enquiry' Developing knowledge and understanding of psychodynamic ideas Desire to acquire both academic and experiential knowledge in a 'living-learning environment' Desire to be a part of a containing matrix of relationships and use the community to address and solve problems
	6	Communication skills <ul style="list-style-type: none"> Openness to both conscious and unconscious communication and recognises behaviours and affects are communication Communicates in a clear direct manner and actively listens and engages with others to further their understanding Can adapt the mode of communication appropriate to the audience Avoids telling others what to think but provides/creates opportunities for understanding to grow / develop / emerge
	7	Use of self <ul style="list-style-type: none"> Sensitivity - attuned and receptive - can takes things in Capacity to use one's interactions with others therapeutically Ability to monitor the thoughts and feelings evoked by others and link these to underlying issues of the client Genuineness - congruence - authenticity - not hiding behind professional status / role
	8	Capacity to work both reflectively and using reflexively <ul style="list-style-type: none"> Can think about one's own capacities and deficits in relation to the work Can work by continually being aware of one's responses to others and one's self Self-reflection / awareness - desire to know why one is drawn to this work Has self-knowledge - able to self-talk - adopt a third position
	9	Capacity to contain anxiety <ul style="list-style-type: none"> Ability to tolerate 'not knowing' An ability to tolerate stress and recognize personal limits Can notice and sustain feeling difficult feelings long enough to understand where they derive from and to take appropriate action Self-contained - can contain their own anxiety Owens their mistakes Capacity to retain ones one identity - strength of character
Organisational related competencies	10	Recognises importance of the environmental setting & external environment <ul style="list-style-type: none"> Uses 'daily living' as opportunities for learning - 'opportunity-led work' Acknowledges the symbolic nature of the environment Understands 'corrective emotional experience', primary care and therapeutic adaptation Political / social awareness - can challenge status quo
	11	Understanding of organisational dynamics <ul style="list-style-type: none"> Can understand and acknowledge issues of authority, power, leadership Can understand the varied reasons for organisational anxiety, the defences which operate to avoid this and one's own role in managing this Aware of own valency - the tendency to take up a familiar defensive role in a group context
	12	Participant observer <ul style="list-style-type: none"> Can observe self and others without being compelled to act before reflecting Can wait, think, talk with others before acting Capacity to learn from direct experience - capacity to explore and be vulnerable - not defensive / avoidant
	13	Recognises the primary task <ul style="list-style-type: none"> Boundaried - able to acknowledge one's own place in the organizational structure Clarity about one's role - engages directly in the key tasks defined in their job description and its relation with the primary task of the community