SOCIAL THERAPY UNIT. (3B)

BRIEF DESCRIPTION OF THE UNIT 1973

The Social Therapy Unit (S.T.U.) is located in the maximum security Oak Ridge building and is comprised of Wards E, F, G, and H. Each of these [redacted] wards is serviced by two daytime shifts of three or four attendant staff, with a single attendant in charge during the night lock-up shift (11.00 p.m. to 7.00. a.m.). The Professional staff complement consists of a half dozen individuals drawn from a broad spectrum of disciplines, with one psychiatrist in charge of this team and of the Unit.

The typical patient member of the Social Therapy Unit appears rather intact and articulate. Most are, in fact, diagnosed as some variation of character disorder: few are strangers to total institutions; many have long histories of antisocial behaviour. Average age is somewhere between 20 and 23.

Philosophical Background

The chronic shortage of professional help at Oak Ridge has been an advantage in the development of Social Therapy Unit programs. Our philosophy is founded on ideas similar to those of Martin Buber--open and spontaneous dialogue is the meaning and goal of psychotherapy, and symptomatic behaviour is simply failure to relate effectively. With ideological guidance of this sort, it's immediately clear that the patients themselves possess the means to treat each other: it's only necessary that there be a person at each end of some relationship for it to be therapeutic. In fact, as our patients acquired greater skill at understanding themselves and each other, it became clear that for many situations they could operate more effectively in this regard than could a professional. Similarities in experience, of course, allow patients a "head start" at empathy---but more important, the fact that one's therapist has been formally identified "as a nut" allows one to compensate for his psychological astigmatism.

The role of therapist carries some responsibility. The success we've had at filling the role with patients has encouraged development of the idea that these very dangerous people, in some situations, can be trusted to behave responsibly with minimal overt control. With the establis of therapeutic communities as the vehicle of patient/patient therapy, it was unavoidable that patients would occupy positions of authority, and while ultimately answerable to the staff be directly monitored only by other patients. Since then, the practice of teaching responsible behaviour by simply requiring it has elaborated itself into a system that makes some patients a replacement for staff in control or service of particular programs.

An accumulation of considerable experience with therapeutic communities operating through the initiative and energy of patients, and nearly independant of staff involvement except in a supervisory capacity, has enriched our appreciation of the processes central to therapy. A notion currently growing in strength throughout the unit is that Community heals - i.e. that involvement as coparticipant in and commitment to a group sharing beliefs and trust is sufficient to restore wholeness to the violent, anomic, self-conflicted people with whom we deal.

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Some S.T.U. Features

The Assessment Unit

To minimize the disruptive effect produced in the communities by the entry of admissions fresh from the prison subculture, a pre-treatment training program is operated on E. Ward. The special emphasis of this program is control: almost all of every day is spent in groups supervised by "Teachers" - patients of known loyalty who are also veterans of milieu therapy. The groups sessions are devoted to study of papers on interpersonal behaviour, but actually the most important training comes with the privelege penalties for such behaviour as calling Attendants "screws" or referring to Teachers as "joint men": new admissions must learn that they are in a mental hospital and that the prison ethic (in the style, "do your own time and I'll do mine) is out of place here. Though there is much discussion about therapy in these group sessions, none takes place here: The Assessment Unit must also deal with people sent by the courts of 30 and 60-day Warrants of Remand for psychiatric observation---these people must not be subjected to anything even faintly resembling treatment.

The Communities

Wards G and F contain therapeutic communities. The G Ward community operates with a social system assigning specializations and specific responsibilities, a bureaucratic pattern adapting well to patients who are reluctant to cooperate with peers and unwilling to work with or for The Establishment. The F. Ward community is systematically isocratic, structured so as to accommodate those more motivated patients who already understand the ground rules. The program routine for both communities involves variously-sized group meetings and all-community Ward meetings usually from 8:00 a.m. to 4:30 p.m., in which patients must find time to discuss individual problems in living--as well as effect solutions to the everyday problems in ward and community maintenance.

Chemical Adjuvants

Major tranquilizers are used to a limited extent in the Social Therapy Unit--situationally, for the most part, and only as is necessary to alleviate symptoms interfering in some gross fashion with the milieu therapy processes. Uncommon in mental hospital tradition is our use of these psychotropics functioning chiefly as pathology amplifiers. Scopolamine, Amytal-Methedrine, Dexamyl-Tofranil, and sometimes LSD-25 have been used in the community setting in ways that have vividly uncovered deep disturbances underlying the virtually seamless personalities of our patients. The point is, of course, that only problems which can be seen can be solved.

The Total Encounter Capsule

An almost totally distraction-free area has been set aside on F. Ward for special sessions in leaderless encounter therapy. The Capsule is a small, windowless room containing a toilet, a sink, and as many as seven nude patients who have volunteered to share those conditions, for periods ranging from three days to above two weeks. Food is liquid, (soups, milkshakes, etc.) served through plastic straws fixed in the wall.

The flooring is four-inch foam covered with deep-pile carpet. Patients service and monitor the capsule, from the outside, by means of a closed circuit television: at night it is observed and attended to by three patients working shifts; during the day, by five. Within the Capsule, stripped of the artifices and the diversions normally allowing or justifying or even promoting distances between people, patients are free to explore the truths of their game-playing patterns. As an opportunity for patients to test a variety of behaviour styles and to receive direct feedback from their social environment, the capsule is unequalled. S.T.U. patients recognize it as an important path in the search of understanding of one's self and others.

Other Programs

Deserving at least of brief mention are: MAP - the Motivation Attitude Participation program retraining, under conditions of severe deprivation, those who have proven extremely disruptive in other programs; E. Ward - operating a relatively low-intensity program for the relatively "together" patients, which combines a minimum of structured interaction and a maximum of paid work in the Industrial Therapy programs; the Sunroom -people who are psychotic, or for other reasons, unable to fit into structured program, may be kept in the F. Ward sunroom group. This program is small, unstructured and total: up to seven people living together in a large room 24 hours a day. The Sunroom is serviced and observed by the group of patients handling the Capsule.

Communication

A tradition of security considerations has kept the four wards isolated from each other to a considerable degree. On the whole, this has enhanced the community experience by discouraging members from significant social investment elsewhere. But recently, interward communication has been expanded at new levels: we currently publish a weekly newspaper for the S.T.U., and we are near completion of a four-ward video hook-up. Ultimately, we will have all our communities allied in a Social Therapy Village.

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SYSTEMS FOR DECISION-MAKING

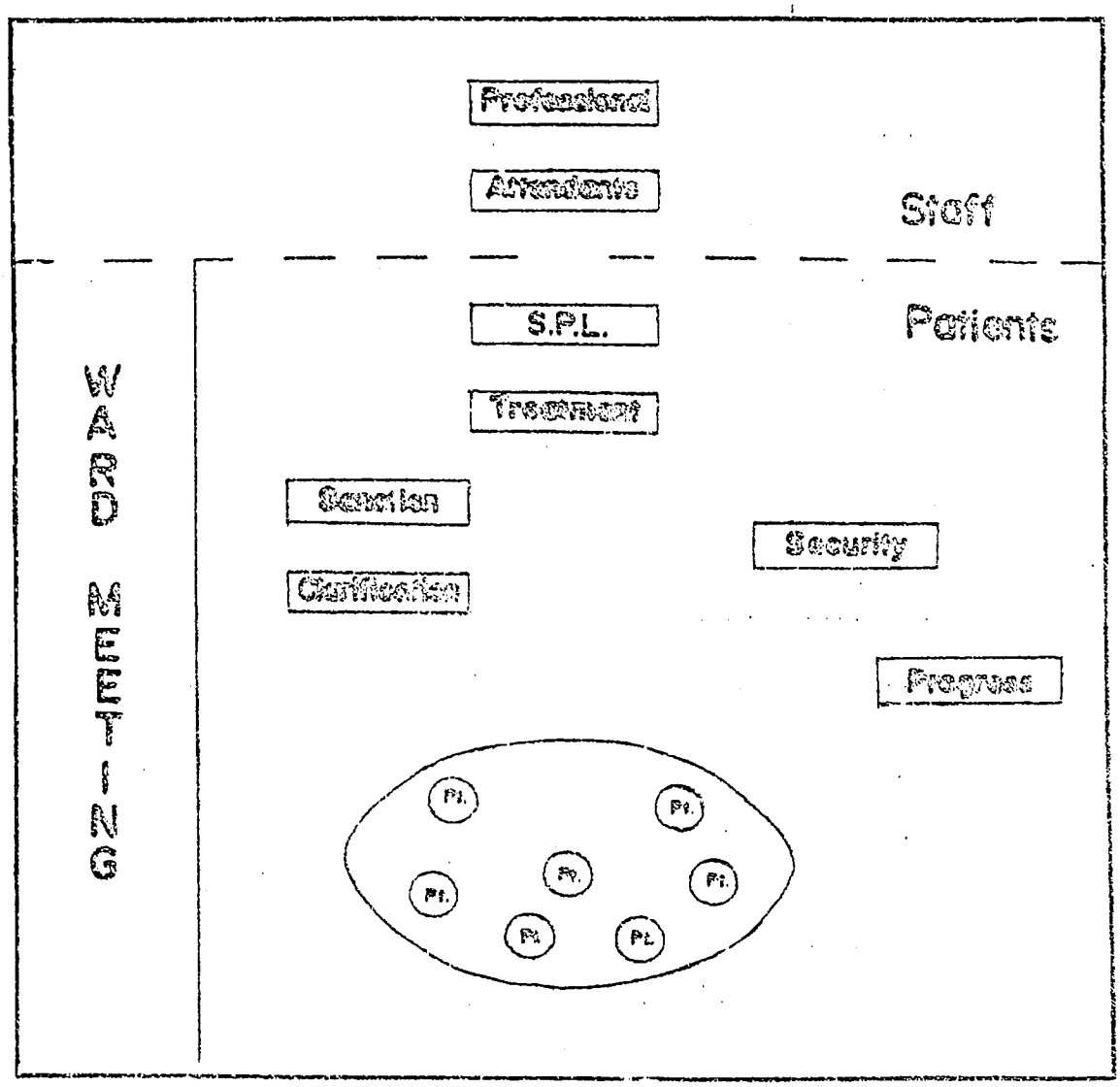
IN

OAK RIDGE COMMUNITY ORGANIZATIONS

People, together, interact. Oak Ridge contains people who are kept together; these people interact. Every Oak Ridge resident acquired his right to live here by demonstrating insufficient adaptability to his community or, to put it another way, by demonstrating an inability to interact in ways most people would consider appropriate. With these considerations, it's seemed reasonable to organize the Oak Ridge residents into communities especially geared for coping with problems in interacting or in community involvement.

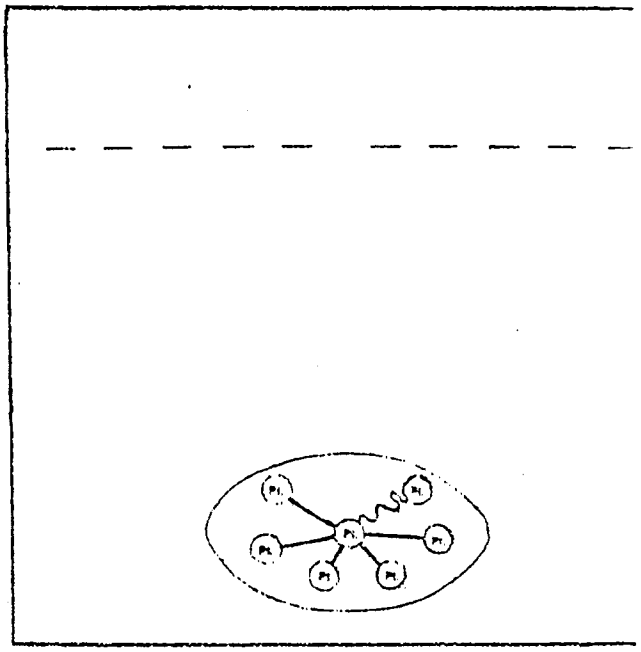
Prepared by:

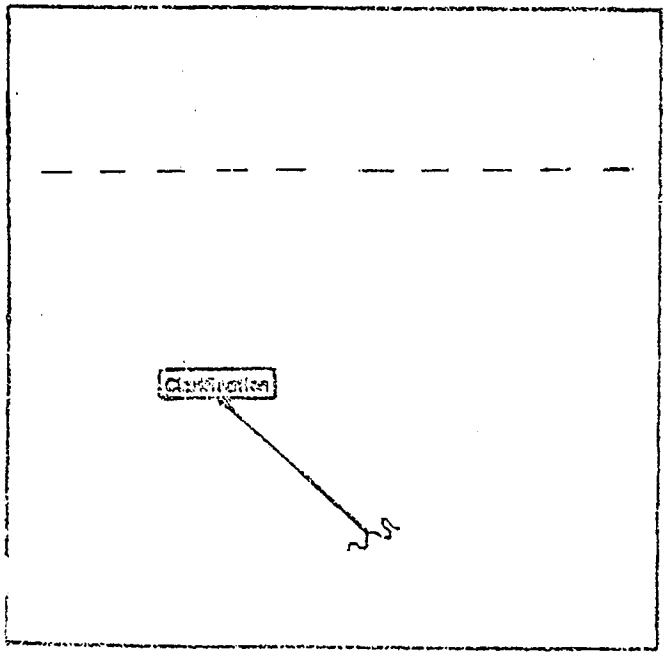
part one



the Committee Syste

The Committee System is one of the organizational schemes that has proven effective in our communities. To explore its operation we could begin by looking at what happens when interaction occurs that is stressful to participants or to bystanders (see squiggle in diagram). Unpleasant happenings between two individuals - for example, mutual intimidation - will often be "referred". That is, it will be brought to the attention of a committee assigned the function of investigating such incidents.





This committee - Clarification Committee - interviews the participants and other interested people (bystanders, friends, etc.) in order to find out what happened and what it meant to those people. The committee should not be seen as a model of a law court, of course, though there will usually be pressure from the many patients with criminal histories to consider the Clarification proceedings as a preliminary hearing. Clarification Committee is only to investigate interactions and incidents as far as is necessary to determine the facts and the feelings involved.

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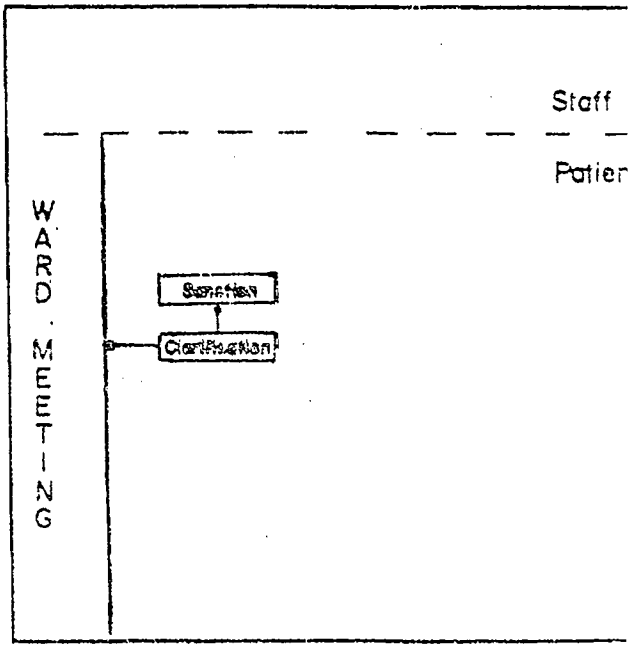
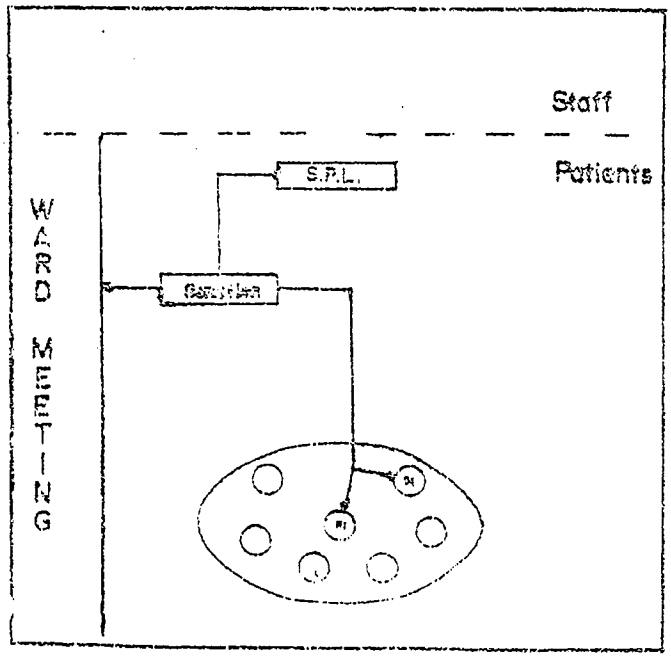
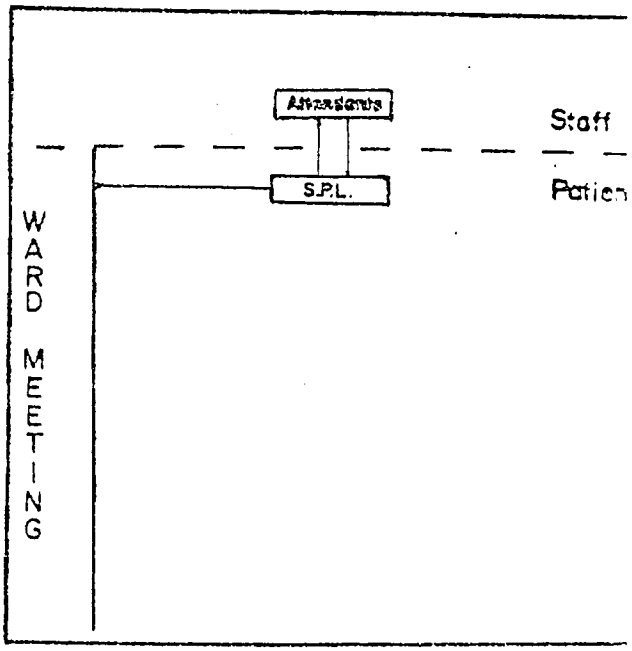
After interviewing as many people as seem to have something pertinent to contribute, Clarification Committee will discuss the various aspects of the matter that they feel are significant. The result of the complete investigation - the facts uncovered and the relevant opinions of committee members - are summarized in a written report representing the consensus of the committee. This report is read to a Ward Meeting: at this point, any member of the community may question or comment on the summary. The entire report - the summary as well as the transcripts of the interviews - is passed on to the Sanction Committee.

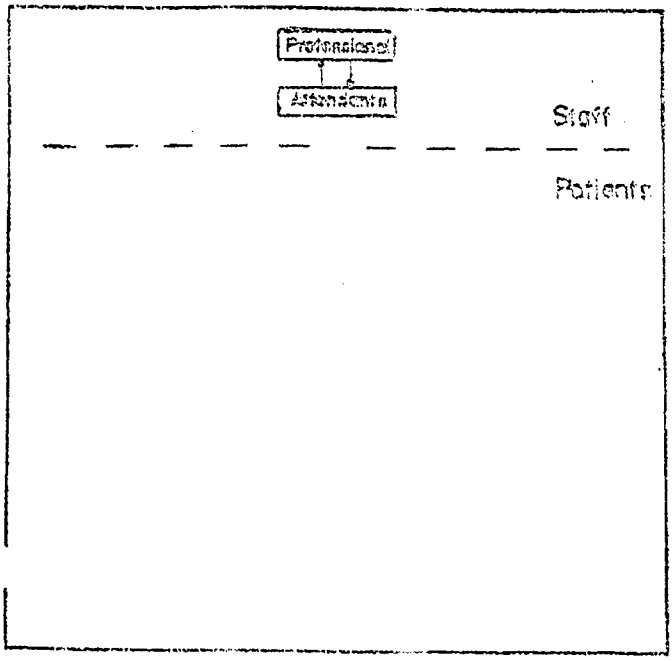




Sanction Committee deliberates on the Clarification summary and the comments evoked by its presentation in the Ward Meeting; from this, and from what they understand of the personalities involved and the history of the interaction in question, they come to some decision about action to be taken Sanction Committee is to be responsibl for taking steps to curb deviant behaviour: when it appears to them that either participant (or both) is clearly in the wrong, they may recomme some form of punishment. These sanctions commonly involve assignment menial ward cleaning chores or loss of some privelege when an individual's attitude toward his community or towar people in general seems to require correction. When the committee feels that it would be profitable for two conflicting people to get to know each other, the sanction recommended might require that they spend an hour or so together daily. All recommendatior from Sanction Committee are reported orally to a ward meeting before being passed on to the Staff-Patient Liason committee.

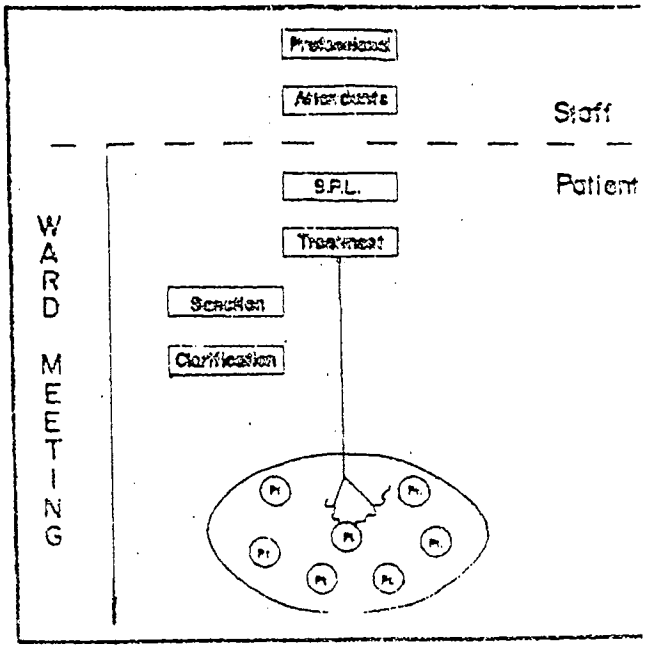
Staff-Patient Liason committee - usually referred to as S.P.L. - is composed of patients who are especially skilled at anticipating staff needs and at interpreting community activities for the benefit of the staff. It's necessary, obviously, that these patients not only have considerable previous experience on other committees, but that they also enjoy the confidence of the staff. All recommendations representing the decisions of other committees are discussed by S.P.L. with the Attendant in charge of the ward. The final decision - the staff decision - is reported by S.P.L. in a Ward Meeting, along with the minutes of the committee's discussion with staff. It's useful to keep in mind the fact that S.P.L. doesn't make decisions affecting the community except as they are permitted to do so by staff; staff are the final authority in all matters.

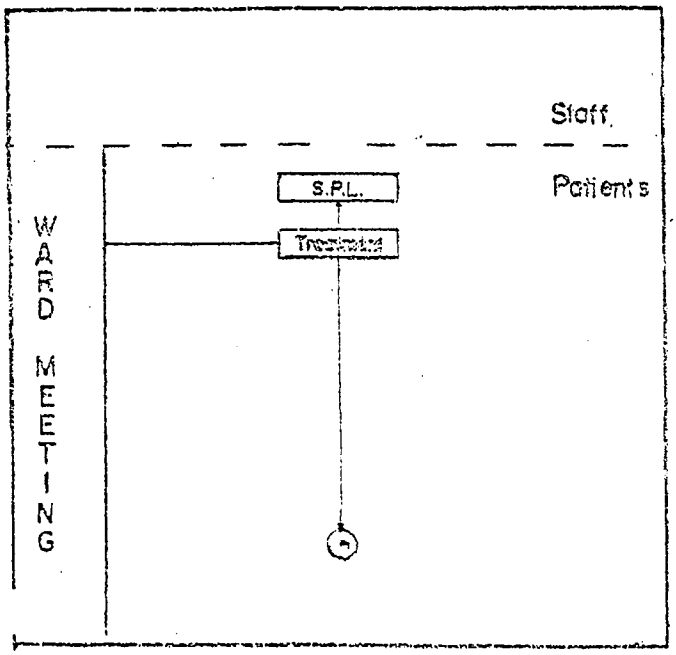




As far as possible, Attendant staff and Professional staff work at finding agreement in all areas relating to ward policies or the treatment plans for individuals. Though Attendants are chiefly concerned with matters of secur and professionals with matters of psychotherapy, there is a great deal of overlap in functioning and either group will frequently consult the other. In their frequent discussions together, st will explore topics like committee chan drug treatments, transfers from the community, etc.

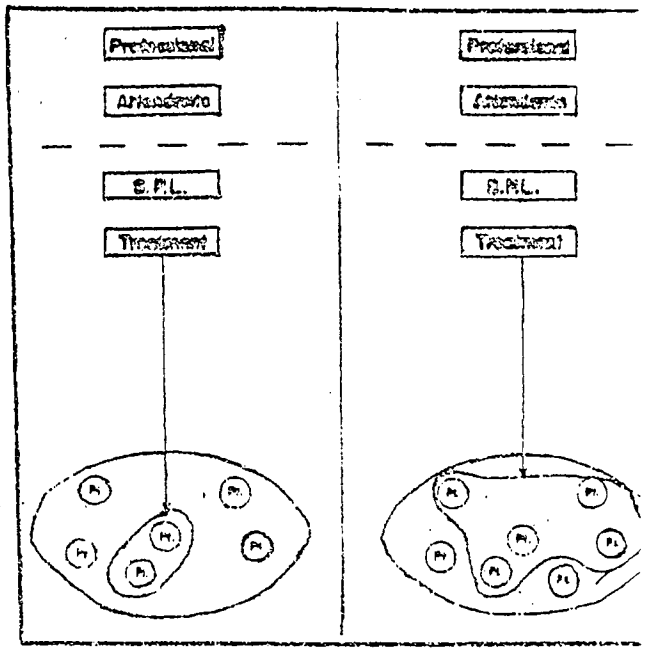
Sometimes an individual's attempt at relating come to be noticed as faltering or incomplete, For example, some may be consistantly withdrawn and unable to establish any sort of friendships, or may seem to feel very much out-of-place in the community. Behaviour of this sort - not containing threats to others and not causing others anxiety, but still indicating that the individual himself is troubled or unhappy - is likely to be investigated by Treatment Committee rather than Sanction Committee.

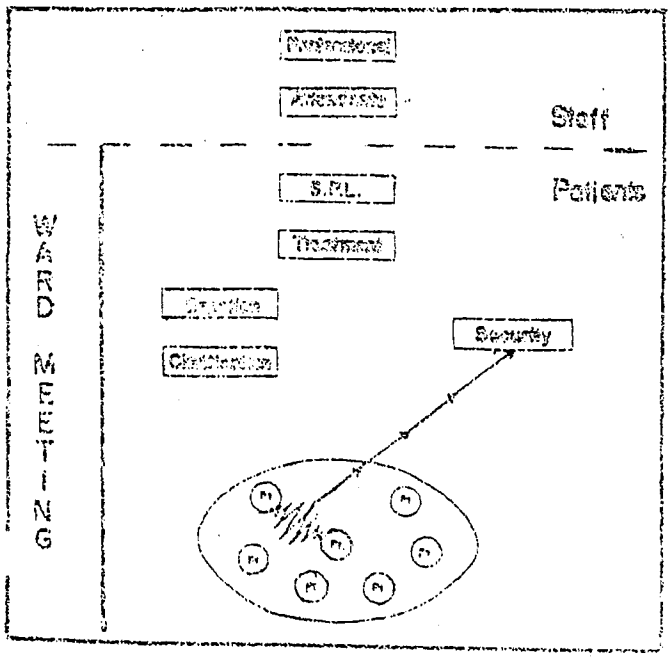




Treatment Committee explores individual's situations in depth, in order to make recommendations that will assist their acceptance by and involvement in the communi Drug treatments, tranquilizers, special grou etc. are examples of the types of recommend that Treatment Committee relays to Ward Meet for discussion and to SPL for approval. Quite important also are the interviews conducted by this committee. Treatment Com meets every night to assess the people who appear most upset, most likely to harm themselves or others. Those who appear to be risks will be recommended for safe conditions overnight:- sleeping stripped of dangerous articles in a "safe room", for example, or with three others who will obse him in shifts through the night (an I.C.U. - Intensive Care Unit). Interviews for assessment of risk also take place during t daytime: it's only through Treatment Commi that people are recommended to come off special restraints. Treatment Committee re all interviews and reports them in Ward Mee usefully keeping everybody informed of the whereabouts of all the stray psychos.

Routine duties of Treatment Committee include regular review of dyads and discussion groups. Dyads are hour-long, agenda-free, two-person sessions usually scheduled for five days a week. Discussion groups are selected with care, in the hope of providing each group member with an atmosphere in which he can express himself with relative freedom. Recommendations are submitted to S.P.L. before any changes are made; final approval usually awaits discussion about the matter among Professional and Attendant staff.





Because most of our people arrived and are kept here as a result of a propensity for violence, it isn't completely surprising t our interaction sometimes develops hostilit near to violence. When violence occurs (i. "acting out") or when someone is discovere the act of suicidal gesturing (i.e. "actin or when something along those lines seems imminent, a bystander will call "Crisis!". Acoustics on our wards being as they are, members of Security Committee will hear th Immediately, the area will be flooded with presence.

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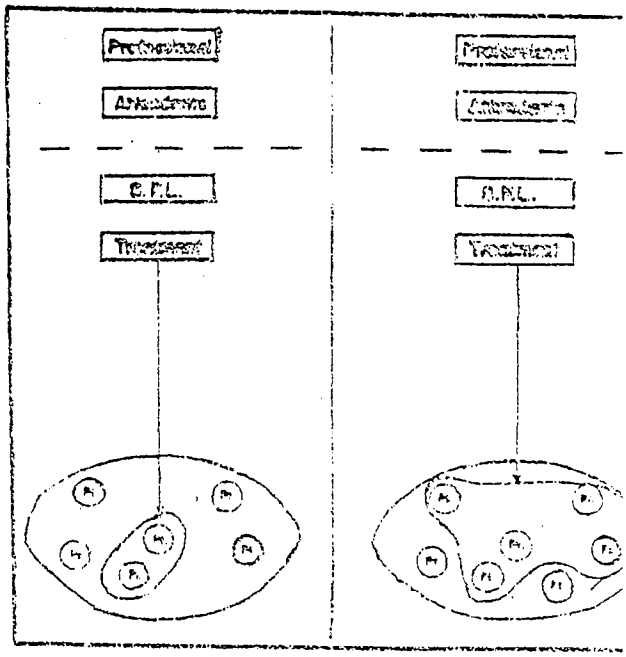

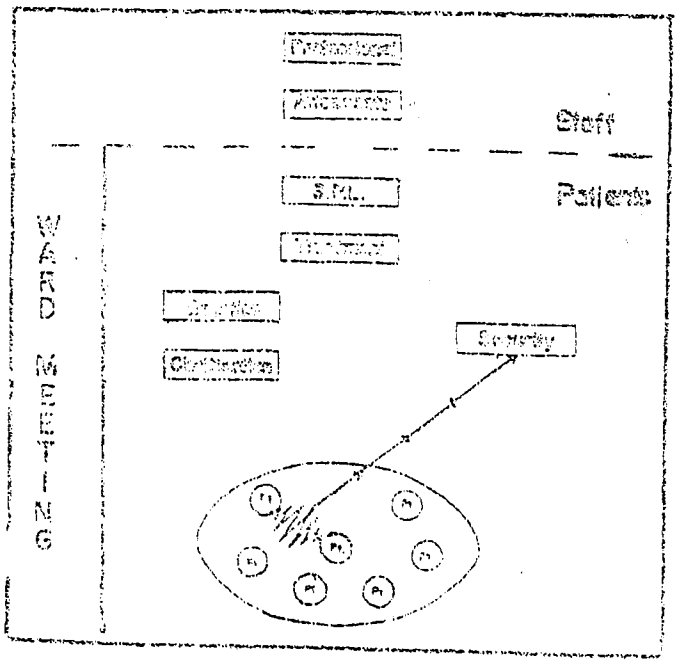

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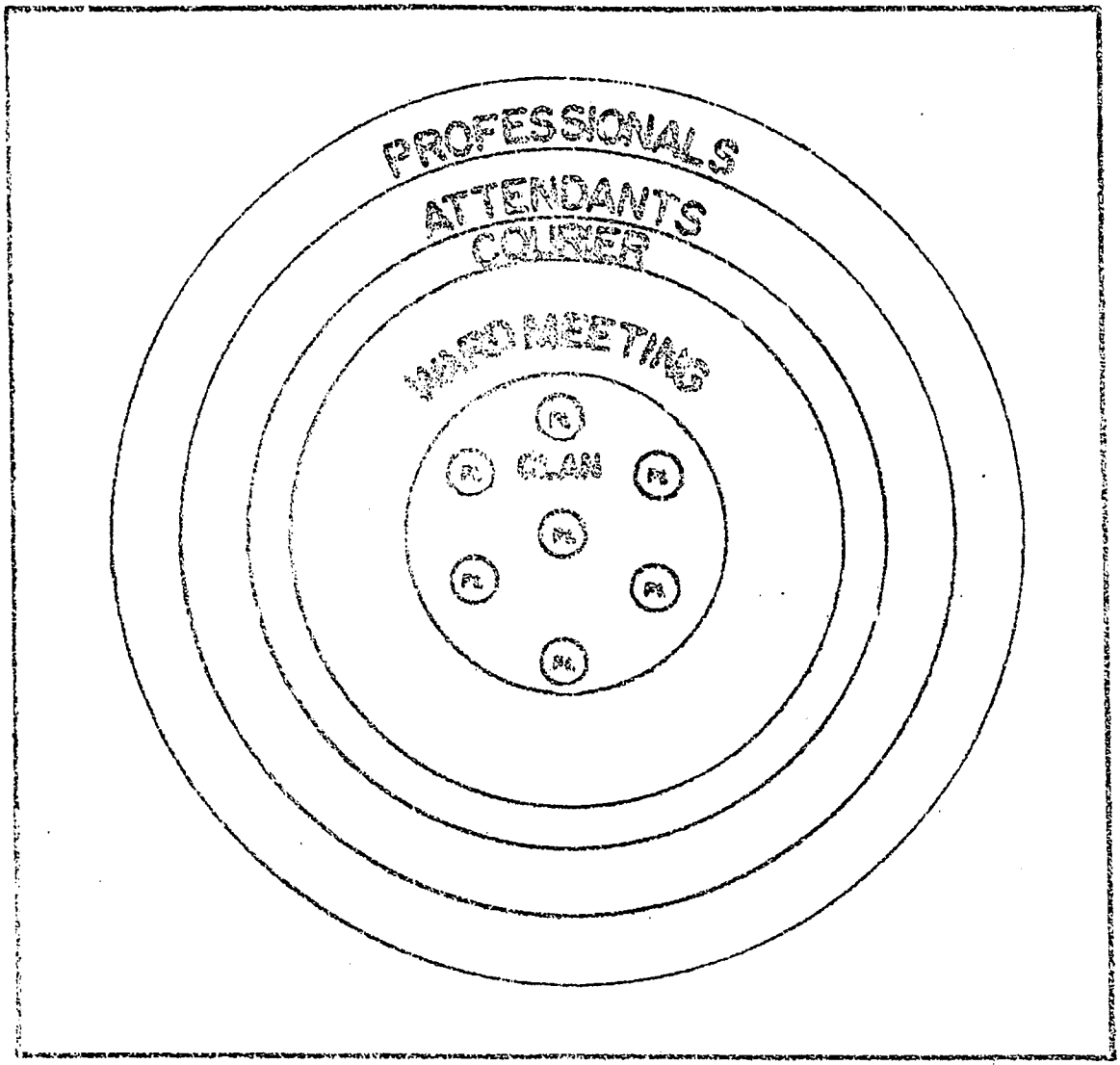
part two



the Tribal System

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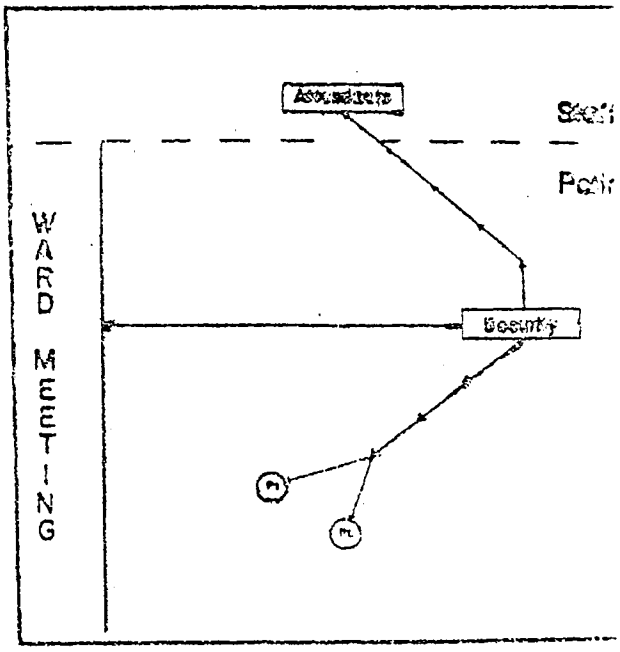
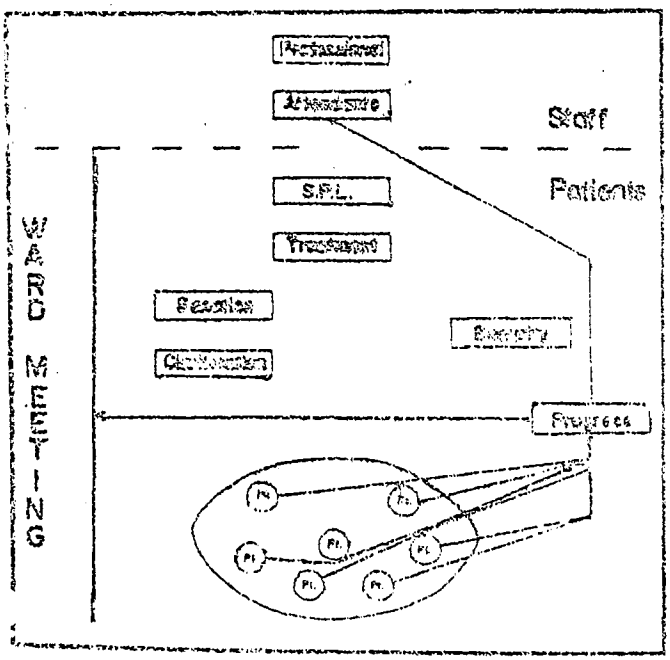
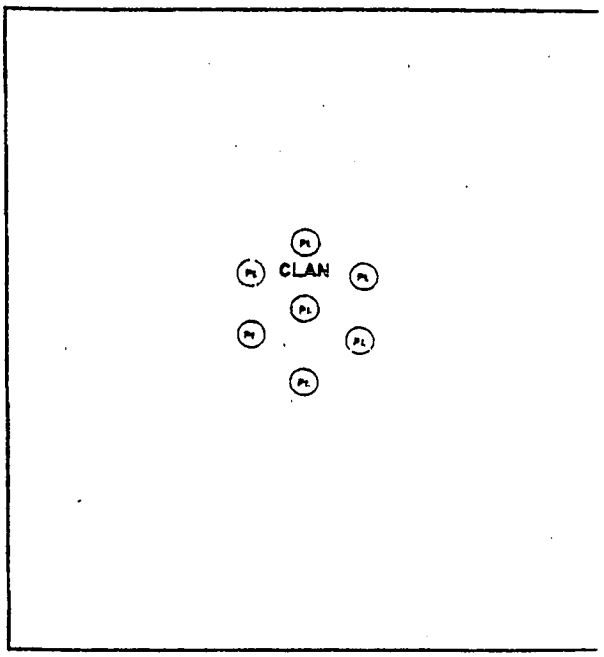
Security Committee's first duty on arriving at the scene of the incident is to prevent further violence. If a fight is in progress, participants will be bodily restrained; to prevent further violence, one or both may be placed on special restraints (i.e. "cuffs"). Staff are informed immediately, usually giving immediate approval to whatever action the committee sees as necessary, and a report is presented in the next Ward Meeting.

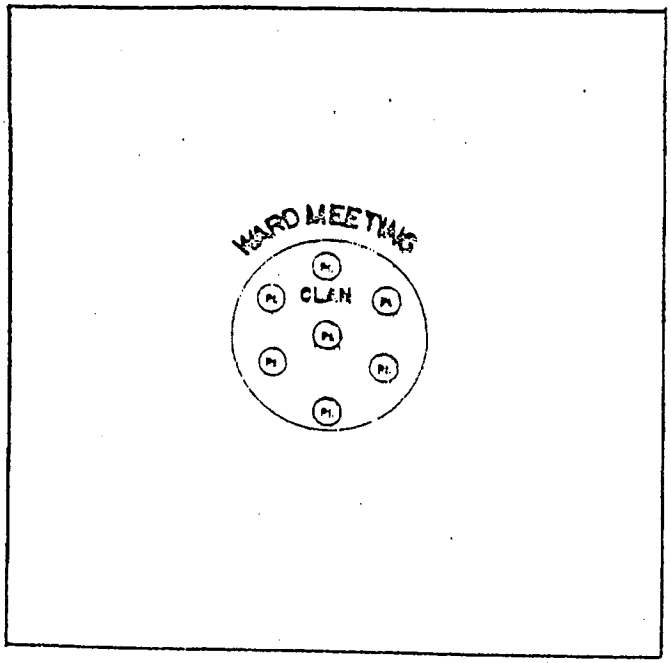




Prior to a patient's appearance in front of a Review Board or hospital conferenc a report on his progress and current mental status will be required from his fellow patients. Progress Committee w these reports, but collects all its information by interviewing those who often come in contact with the individu concerned. Regular reports, usually covering progress over two-month perio are written after the same pattern. T reports are read out in the Ward Meeti before being given to staff.

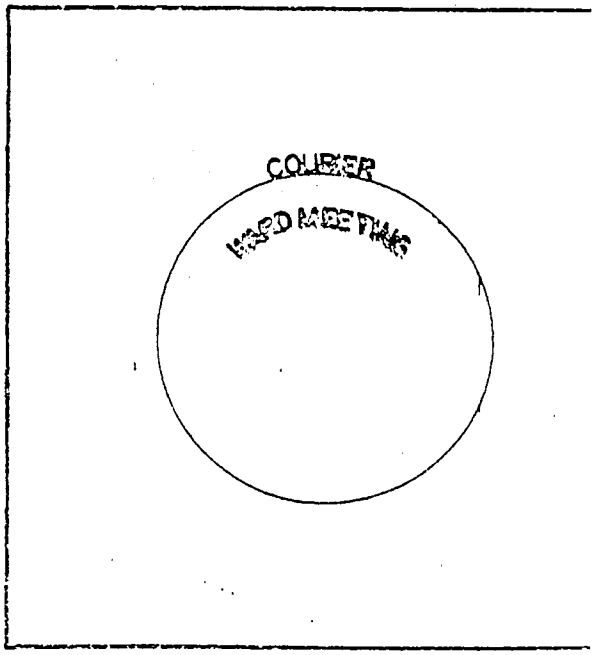
Another important organizational scheme employed in Oak Ridge communities is the so-called Tribal System. Each member of the community, in this system, is assigned membership in one of three Clans approximately equal in size. The Clans are important as immediate social environment to each of their members: kept to the same membership for six months, often meeting several times daily, Clans are thereby encouraged to work out necessary mutual adjustments. Theoretically, intimacy is virtually forced; as a result of this process, partcipants will gain in confidence and ability at relating. Clans also act as combination Clarification/Sanction/ Treatment/Progress committees for their own members. Every Clan has an elected Moderator, but all Clan decisions are reached by voting: the will of the majority is the will of the Clan.

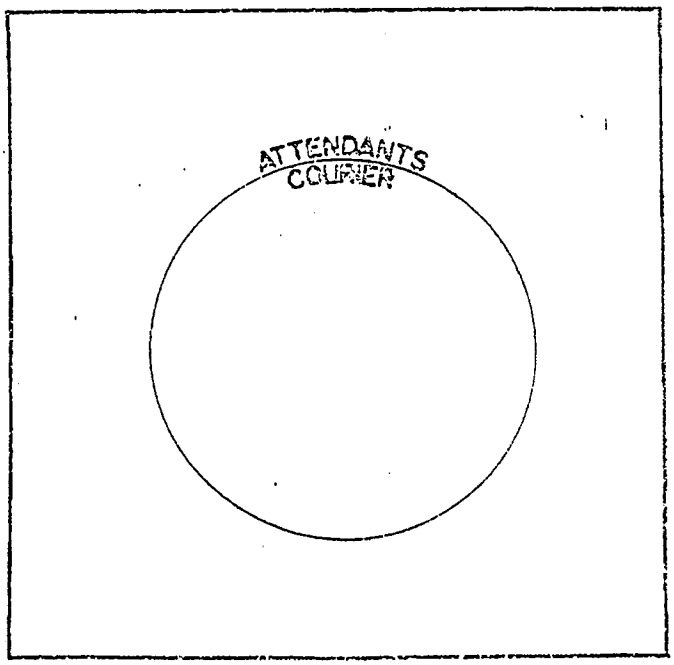




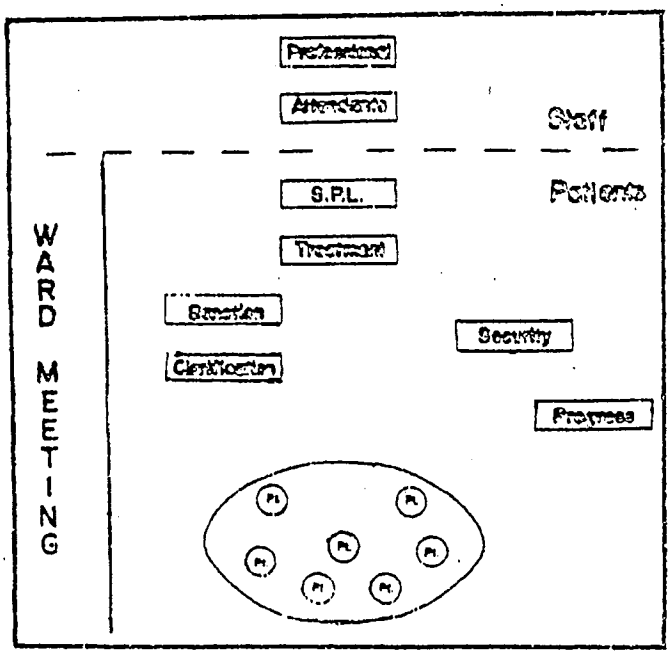
The Clans, when they meet together, are a Ward Meeting. Into this arena, under the direction of an elected Ward Moderator, all information of any importance to the community. When a Clan voices its agreem on some matter in the form of a recommend the recommendation is presented in a Ward and must be voted upon. All community me participate in this process - no abstenti are allowed; people must vote "for" or "against" on any question put to the comm The community's consent to any recommend is represented by no less than a two-thir majority.

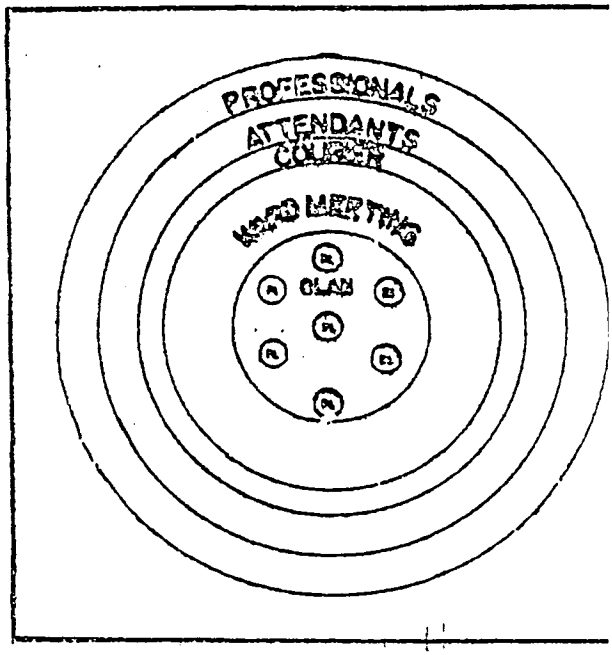
The Courier, by filling the information gap between staff and patients, completes the SPL-like function of the Ward Meeting. The Courier's role is normally filled by every member of the community, one at a time of course, in weekly rotation. There is no authority attached to this job: the community's tradition forbids the Courier carrying personal or Clan messages to the staff, representing his views as the views of the community, or making decisions for the community. The Courier is simply an information-carrying agent of the Ward Meeting.





The other half of the Courier's role involves his function as an agent of staff. Attendant staff closely observe the community through all program phases: their ideas and opinions, coup with the information brought to them by the Courier, result in decisions convey back to the Ward Meeting through the Courier. It's not unusual for Attenda staff to discuss a Clan's affairs direc with that Clan, or to address a Ward Meeting directly; the Courier, though, i available to Attendants at any time— whether or not meetings are in session.





The diagramming employed here may suggest some differences between the two systems. The Committee System stresses lines of decisions descending as lines of information ascend - and reports to Ward Meetings may be seen as side issues. A very businesslike structure, with every individual's responsibilities in relation to those of every other clearly defined, this very efficient system will sometimes resemble a precision machine in its operation. Authority is stressed.

The Tribal System, however, provides for a more "organic" sort of community experience: information and involvement happen in all directions simultaneously. Each member of the community is surrounded by those to whom he is responsible, the degree of closeness proportional to the degree of responsibility. The consensual, total-information procedures for handling decisions and the absence of fixed roles demand the participation of each member of the community - beyond merely voting when called upon to do so. Immediacy and direct relating are stressed.

But these are rather subjective remarks; it's more accurate to say that some patients benefit from the Committee System and not from the Tribal System, while for others the opposite is true. And, of course, the communities employing these systems are far more complicated organizationally than we have represented in this brief paper. We have dealt with merely a single aspect of these multifaceted and constantly-evolving organizations, the thread of decision-making in complex webs of interaction.