



The treatment of alcohol dependence by total abstinence: The experience of residents at Studio House, Nottingham

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EXECUTIVE SUMMARY

Background

The aim of this project was to explore the treatment of alcohol dependence by total abstinence from the perspective of present and past residents of Studio House, Nottinghamshire. Studio House is an abstinence-based dual-diagnosis Therapeutic Community run by Two Ways Ltd., which can host a maximum of 20 residents.

Studio House is run by 10 staff and 15 volunteers, with the majority of staff having experienced an alcohol and/or drug recovery journey either at Studio House or through a different service. Residents commit to an abstinence model of recovery, which means that no drugs or alcohol can be consumed during the programme. Successful completion is defined as the attendance for the entire programme period, which is around 12 months.

Studio House uses the principles of therapeutic community (Vanderplasschen *et al.*, 2013). It includes forms of group psychotherapy (feelings and encounters groups facilitated by Studio House staff members), practical activities (photography, sewing, cleaning duties), attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, and skills development (such as maths and literacy). The nature of the approach is also holistic as it pays attention to physical and mental health and wider personal and financial issues. The programme normally lasts between nine and 12 months and is divided into three stages: Induction, Community and Senior Stage. All group work takes place within the Phase 1 residence which also accommodates Studio House headquarters. During each phase residents live in three distinct buildings¹ and follow a specific part of the programme.

Methods

The research sought to understand the facilitators and potential barriers that exist for residents who undertake the recovery programme at Studio House for the successful completion of the programme.

A small purposive sample of eight Studio House residents was recruited. This included both current (five) and former (three) residents. Three participants were male and five were female. Semi-structured interviews were carried out alongside observations over the period of the programme.

The small sample means the findings of this report may not be representative of all residents and time periods at Studio House. However, all the participants provided positive comments on the experience at Studio House independently of whether they completed the programme or dropped out. Those who left early believed that the learning from Studio House would help them cope outside.

¹ For a description of the properties see <http://www.studiohouse.org.uk/life-studio/our-sites/>

Findings

The Participants' journeys start when, having reached a turning point - due to personal difficulties ('rock-bottom experiences') caused by their alcohol dependence, they contact (either directly or via health workers) Studio House. Through each stage residents are expected to make the required changes and *learn* to live without alcohol dependence.

Phase 1. In the 'Induction Stage' (usually lasting around four months), residents follow a 'Day Programme' including working within the residence (cleaning and cooking duties, for instance), training and attendance at therapeutic groups. The main focus of this stage is behavioural change through learning 'by doing'. Residents are expected to identify those behavioural issues that they need to address to overcome their alcohol dependence. As one resident put it:

"I am being brainwashed but in a good way".

Induction Stage can be a difficult time, and participants described how they resisted the changes required by the programme. The 'consequence system' (a system of highlighting resident behaviours that need to be changed) was often perceived at this stage as a form of punishment (rather than learning), though this perception changed through group work and introspection.

Once residents are assessed as ready, they move on to the 'Community Stage' (Phase 2). Not all residents move onto this phase, though relapse does not automatically result in having to leave the programme. Practical issues, such as the withdrawal of benefit payments, may also lead to an early exit from the programme – though this is rare.

The 'Community Stage' lasts between four and six months, during which time residents take responsibility for some aspects of the day-to-day running of the project through taking on one of five 'Coordinator' roles, responsible for: induction, maintenance, cleaning, catering and grounds. Residents are only allocated these roles if staff assess them to possess the required abilities. A resident's refusal to take on a Coordinator role when offered could prevent them from continuing with the programme.

In Phase 3, the final 'Senior Stage', Residents involve themselves in voluntary and learning activities outside Studio House, pursuing personal interests and living in a shared household. They are expected to determine their own standards of living and maintain their abstinence lifestyle successfully, with support from staff at Studio House. They also meet with keyworkers at regular intervals to discuss any concerns they may have. It was noted that mental health issues may play a role in relapse among some residents at this stage, but this could not be shown conclusively given the small sample size.

Implications for practice

The 'consequence system' is a potential barrier to completion. The system should be explained clearly to new residents to ensure they understand the expected role it plays in creating links between consequences for behaviour and the behavioural changes needed to achieve recovery.

The coordinator roles at stage two are very important in terms of the recovery journey and personal growth. Given the significant amount of work involved in Coordinator roles, it is recommended that need for additional support is assessed at regular intervals, including assessing whether the role of coordinator creates some resentment among other residents. For those residents that cannot take on a coordinator role, it is recommended that complementary roles are identified.

To prevent the relapse at the last stage of the programme, it is essential that residents' wellbeing is monitored. It is recommended that the existing Health and Wellbeing volunteer role is made permanent and a formal health and wellbeing assessment put in place. A priority should be the identification of potential funding for the development of this post.

More clarity around financial arrangements should be provided in order to clarify the service cost for residents. This is especially relevant in instances in which resident statutory benefits are stopped. Clear procedures should make the process transparent and understandable by those affected.

The structures already in place to monitor the wellbeing of residents at Induction and Community Stage should be further reinforced especially in relation to the mix and dynamics of a peer group. This is to prevent the abandonment of the programme of particularly vulnerable residents who cannot manage, in certain instances, the pressure of living with peers.

Women's wellbeing should be regularly assessed and monitored within the first period of the programme. This recommendation is aimed at strengthening the existing rules at Studio House for the protection of vulnerable individuals.

BACKGROUND

Public Health England (PHE) estimates that around 595,000 adults in England are in need of specialist alcohol treatment (Pryce et al., 2017). The 2012 *Government Alcohol Strategy* makes it clear that if alcohol dependence is not addressed effectively, the human and financial costs associated with it will continue to rise. However, the welfare context for drug and alcohol services is characterised by continuous financial cuts and policy changes (Alcohol Concern, 2018; ACMD, 2017; DCLG, 2017).

Residential treatment for alcohol dependence (in short 'rehab') is offered by around 136 organisations (PHE, 2017) in the UK including the NHS, private and third/community sector organisations.² About half of these rehabs are Therapeutic Communities (TC). In a TC, staff and clients are part of a social and learning community (Vanderplasschen et al., 2013). Treatment in TCs usually lasts between six to 12 months divided in distinct stages and it is mainly appropriate to meet the needs of individuals who need an intensive form of treatment. TC programmes can take different forms but usually they are organised around hierarchical structures and stages. Each stage of the programme is characterised by distinct activities, degrees of freedom and responsibilities for the residents. The main features include therapeutic group work, one-to-one keyworker sessions, the development of practical skills and interests, education and training (PHE, 2017).

A recent report published by Helena Kennedy Centre for International Justice and Phoenix Futures (2017), provides evidence on the effectiveness of residential treatment. According to the report (p.5) "an effective and recovery-oriented treatment system must include ready access to residential treatment for alcohol and drug users both to manage the needs of more complex populations and for those who are committed to an abstinence-based recovery journey" (p. 5). According to the report, there is also robust research evidence on the benefits of residential treatment from treatment outcome studies and randomised trials. Moreover, the report highlights the association between longer duration of treatment and treatment completion and better outcomes.

More specifically, the evidence in the UK suggests a minimum residential period of 90 days for residential treatment and 28 days for in-patient detoxification to maximise effectiveness, while international evidence supports continuity of care, following completion of residential treatment, to avoid the chances of relapse. While it recognised that "completion rates for residential treatment are typically low" (Helena Kennedy Centre for International Justice and Phoenix Futures: p.15), the report also highlights a dearth of studies on the reasons for these low rates and how to improve them.

This report intends to make a contribution towards filling this gap by presenting the findings of a qualitative study exploring the treatment of alcohol dependence at Studio House, a residential dual-diagnosis³ TC based on total abstinence and located in Nottingham, UK. The service is run by Two Ways Ltd. a community interest

² Authors own calculation based on Public Health England data

³ This is a term used to describe the combination of a mental health condition and a substance misuse problem.

company legally set up in 2004 to provide a supported housing structured programme for former dependent users of drug and alcohol (thereafter 'residents').

Project aim

The main aim of this project was to explore issues around the treatment of alcohol dependence by total abstinence from the perspective of present and past residents of Studio House. It run from January 2017 to December 2017.

The main research question was:

What are the facilitators and potential barriers that exist for residents who undertake the recovery programme at Studio House for the successful completion of the programme? A successful completion is defined as the attendance of the entire programme period that is around 12 months.

The Studio House Programme

Studio House can house up to 20 residents and is run by 10 staff and 15 volunteers, with the majority of staff having experienced an alcohol and/or drugs recovery journey either at Studio House or through a different service. Residents commit to an abstinence model of recovery which signifies that no drugs or alcohol can be consumed during the programme. The service at Studio House is based on a therapeutic community principle (see introduction). As stated in the literature provided to residents, the approach at Studio House is based on milieu therapy principles (Vanderplasschen *et al.*, 2013), and includes forms of group psychotherapy (feelings and encounters groups⁴ facilitated by Studio House staff members), practical activities (photography, sewing, cleaning duties), attendance to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings and skills development (such as maths and literacy). More specifically, the programme normally lasts between nine and 12 months and is divided in three phases. During each phase residents live in three distinct buildings⁵.

Phase 1, the 'Induction Stage' is envisaged to last around four months during which residents follow a 'Day Programme' (Appendix 1). However, this can last longer as experienced by some of the participants. This includes working within the residence (cleaning and cooking duties, for instance), training and attendance to therapeutic groups. At this stage the programme envisages that residents identify those issues that they need to address to overcome their alcohol dependence and become abstinent. The main focus of this stage is on behavioural change. All group work takes place within the Phase 1 residence which also accommodates Studio House headquarters.

⁴ "Encounter groups are the central element of TC treatment. These non-hierarchical meetings take place three times a week and last for about two hours. Residents (in mixed groups of 8 to 10 people) are required to confront the negative behaviour or attitudes of their peers. Because TC members are asked to 'act as if' they have no problems during their stay in the TC, the built-up tension leads to intense expressions of emotion during encounter groups. It can be considered as a tool for social learning, leading confronted residents to new insights into themselves and to identification with values of 'older', more experienced residents (Vanderplasschen, Vandeveldde and Broekaert, 2014).

⁵ For a description of the properties see <http://www.studiohouse.org.uk/life-studio/our-sites/>

Phase 2, The 'Community Stage' lasts between four and six months, during which residents take responsibility for some aspects of the day-to-day running of the project acting as Coordinators. There are five Coordinator roles each with a focus on a different aspect of programme management: Induction, Maintenance, Cleaning, Catering and Grounds Coordinators. All residents are expected to take on one of these roles when reaching Phase 2.

During Phase 3, the final 'Senior Stage', residents involve themselves in activities outside Studio House, pursue personal interests and live in a shared household. They are expected to determine their own standards of living and maintain their abstinence lifestyle successfully, with support from staff at Studio House. Senior residents meet with keyworkers at regular intervals to discuss any concerns they may have. Since November 2017, a volunteer holds the role of health and wellbeing worker with the specific aim to work with senior residents on health and wellbeing aspects of their recovery.

During each stage residents will have to develop some written work that will help them focus on the requirements of the different stages of their recovery journey.

Financial aspects

The service is paid through residents' own financial commitment. The majority of residents pay the service through their statutory benefits. There are two parts of the service: supported living which is paid through housing benefits and the day programme which is paid through non-housing benefits such as income-related Employment and Support Allowance (ESA).

METHODS

In the light of the project aim and research question, a qualitative research design was set up. It involved the active participation of a sample of Studio House residents. While losing statistical representativeness in terms of age, ethnicity, and gender, the proposed design had the advantage of allowing the researcher to work with residents who could provide insight into the factors that facilitate or prevent the completion of the abstinence programme. The advantage of this approach was also in terms of having access to current residents for the entire period of the programme (approximately one year), which allowed the participants and researcher an in-depth exploration of barriers and facilitators in following the alcohol abstinence programme from the residents' perspective (Hillen, Cree and Jain, 2014).

While the advantage of this project was the easy recruitment of residents attending the alcohol recovery programme at Studio House, the research team were aware that potential biases might arise from the selection of participants who voluntarily chose the programme and from the researcher integration within the group to be studied, with both participants and the researcher providing a favourable view on the programme. To avoid potential biases, a steering group was set up with the aim of providing quality control for the project through the examination of research tools (interview topic guides), data analysis, and themes that adequately reflected the experiences of present and past residents. This approach ensured research integrity.

Moreover, the study was conducted in an ethical and secure manner. Studio House has in place strict ethical guidelines. The study followed these guidelines to ensure that access to residents, informed consent and anonymity were addressed appropriately and that all residents and participants were treated with dignity and respect. The project was conducted in accordance with the Data Protection Act 1998 and Studio House's policy on data protection.

The project design envisaged the participation of current and former residents. Three former residents provided evidence of their experience at Studio House. The selection of former residents differentiated between residents who completed the programme at SH and those who left the programme before the twelve-month completion. For current residents, the original aim was to follow them for nine-twelve months i.e., the normal length of the recovery programme. In practice, two current participants left the programme at induction stage, another current participant left at community stage, while a fourth one was still attending community stage at the end of the project. Two of the current participants who left the programme continued to take part in the research project with the aim of understanding the continuous impact of the Studio House programme, if any. An additional current resident at senior stage was then recruited to explore their understanding of the programme and help with identification of barriers and facilitators through the different phases. Thus, five current residents were involved in the project.

Given the small number of the research participants, table 1 below presents only participants' length of stay in the programme and their age group. Overall, there were three male and five female participants.

Pseudonym initial	Age group	Length of stay
J	50-60	4 months
P	50-60	18 months ongoing
A	30-40	13 months
R	50-60	5 months
H	30-40	7 months
R	40-50	15 months
M	40-50	12 months
V	30-40	33 months ongoing

Table 1 Length of stay at Studio House of research participants

The research design was organised around two main components, in-depth interviews and observation sessions.⁶ The in-depth interviews with past and present residents explored facilitators and barriers encountered while following the residential abstinence programme. Past residents were interviewed only once at the start of the project, while current residents were interviewed at regular intervals for the duration of the project. These interviews took into account the wider context of residents' lives and the Studio House programme which stresses self-responsibility for recovery. If at any point a participant decided to leave the programme an exit interview was undertaken, if possible, to detail events and circumstances leading to this decision. A pilot interview was conducted to fine-tune the topic guides for the interviews. Observation sessions of group work and therapeutic sessions (feelings and encounters groups) were attended by the researcher to observe the research participants' interactions with other Studio House residents and staff.

Data analysis

All in-depth interviews and observation sessions were recorded (with participants' consent) and transcribed and formed the main source of data for analysis. The transcripts were thematically coded. Relevant themes were initially developed from the literature reviewed and the interview topic guides. The analysis was an iterative process, driven by the data itself, and researcher's reflection. This process was carefully documented, to ensure both transparency and rigour. The steering group met at regular intervals and provided feedback on the soundness of the findings and the overall project.

Limitations

The study explored the experiences of eight residents at Studio House who followed the residential programme for a range of periods varying from three months to two years. It is thus representative of the participants and those who attended the programme while the project was ongoing. It was not possible to include former residents who were no longer in contact with Studio House. Also, the project is from the perspective of residents, as staff were only consulted on specific aspects of the programme. This report offers a snapshot in the experiences of Studio House

⁶ The term 'observation session' is used instead of 'participant observation session' to avoid confusion with the term 'research participant' used throughout the report to identify residents who took part in the project.

participants for the period January 2017 – December 2017. The findings may not be representative of all residents and time periods at Studio House.

Participants were selected because they either had entered Studio House at the start of the project or because they had attended the first stage longer than the expected three months. This approach meant that the project team did not “cherry-pick” participants who would give the most positive views on the programme. Moreover, the researcher was able to attend work groups without any prior notice given to Studio House. The only consent requested was from residents at the start of the session. This freedom meant that the researcher was able to observe group work as it would normally be conducted without any attempt to create an artificial research setting.

FINDINGS

The Journey

The findings are presented in relation to the stages and transition periods of the recovery programme at Studio House. These stages are envisaged as points in an 'ideal' journey towards recovery. Presenting the findings as stages in a journey allowed the research team to identify facilitators and barriers at specific points in time. Programme and recovery processes were differentiated as while some participants left the programme early, their alcohol recovery process might have continued outside based on the learning from the Studio House's programme.

At each stage and transition period, themes were identified and within each theme facilitators and barriers highlighted. As the programme at Studio House is based on an approach of self-responsibility and understanding of the programme, it seemed that the 'journey' metaphor could reflect well the changes expected in residents throughout their stay at Studio House. More importantly, the presentation of the findings in this form (rather than a focus on each single participant) allowed the project team to protect the anonymity and privacy of all participants.

Induction Stage – Phase 1

Participants' Background: 'get help or die'

All participants reported problematic long-term alcohol dependence ranging from 10-20 years. They described how their excessive and problematic level of drinking led them to experience serious physical injuries, financial difficulties, job loss, social isolation from family and friends, loss of contact with their children and to attempt suicide. The decision of participants to start the programme at Studio House was taken because of this long history and consequences of their alcohol abuse. For some the decision was taken due to pressure from family or health workers.

All participants described a catalogue of 'bottoming-out' experiences (DePue, Finch and Nation, 2014) that led them to want a change. As put succinctly in a participant's life story⁷:

"I thought there is only two ways out, get help or die".

The participants' decision to enter the programme had come after the realisation that they could not recover on their own from alcohol dependence. Participants had tried to overcome their addiction in the past, managing to conduct a sober life for a couple of months up to a year. However, these attempts had failed. For participants there was an awareness that despite their injuries, the social, financial and health problems related to alcohol abuse, they needed support to overcome their drinking dependence through total abstinence. For some participants Studio House was the first experience in rehab, while for others it was a further recovery attempt after a series of previous unsuccessful rehab experiences:

⁷ Written work produced at start of Stage 1.

"I was just a career relapser really and then I ended up in really a dark place just before I came into Studio and I've got a friend that I've known through the [AA] fellowship⁸ for years who had actually been in rehab a different rehab with before and it hadn't worked for [my friend] but Studio had and so when I was kind of homeless and totally rock-bottom, [my friend] gave me the number for [Studio House]."

Another resident described a relapse after a long period in hospital due to an alcohol-related fall:

"I came out of hospital [after] three months in intensive care and being on a ward, and then I had two and a half months on my own and I didn't touch drink and to this day I don't know why I picked the glass of brandy [...] I was hooked yeah I was hooked so I started drinking again and then it got worse because each time I stop I can do two weeks but I can't do more on my own for two weeks, and each time I go back [it gets worse]."

There was also a recognition of the impact of their addiction on others:

"When I first came here for the assessment [I felt] a lot of fear a lot of anxiety, shame, guilt, embarrassment based on my using in the past, I didn't realise until I came here what damage I actually had put through people that were close to me in my life."

The majority of participants had entered the rehabilitation programme at Studio House on their own accord. They had received information about Studio House from health professionals, A.A. fellow members, friends or they had actively researched for rehabs in Nottingham and found information on the Studio House website.

Having decided to enter Studio House meant that all participants were committed to the programme at the start of their journey. They expressed a desire for change not only in their drinking behaviour but in other aspects of their life. Some residents described reaching a 'turning point' (DePue, Finch and Nation, 2014) in their life, a direct consequence of the negative events they experienced as a result of their alcohol dependence. A participant described a turning point experience in relation to the loss of their child custody as the pivotal moment for the start of their recovery journey:

"I lost my [child] through my addiction, my [child] was in foster care. I'd gone to court, and the court decided that [my child] was to go into long-term foster care, then that's when I realised, that's when I realised that I wasn't going to get [my child] back until I sorted myself."

⁸ AA stands for Alcoholics Anonymous "a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism." What is AA? An Introduction: <https://www.alcoholics-anonymous.org.uk/>

Reasons for starting: 'got to do it for me'

Participants who had entered the programme due to family members' insistence or because of other external events describe a change in attitude while going through the programme.

"[My support worker] tried to get me into [Studio last year]... I said no... I did say yes and then I changed my mind... [after that] I've only come into Studio for everybody else and now I've been here [x] months I realised through the program listening to everybody that, I now realise it's got to be for me, I've got to do it for me.

"People [peers and staff] would say to me that I needed to do it for myself and that it just wouldn't work me doing it for [someone else] and it took me a while to figure that out but then I don't already say when it clicked but then something clicked and then I sort of realised what they were talking about."

Entering Studio House: 'still in the madness'

To enter Studio House, residents undergo an assessment aimed at understanding their suitability for the programme. Once the assessment had taken place and participants had been accepted to enter the programme at Studio House, they were keen to start the recovery journey as soon as possible. Participants appreciated the flexible approach adopted at Studio House which meant that where possible significant efforts were made to meet residents' needs. For instance, those who had travelled quite a long distance from home or those who felt they needed to be away from their normal area of residence to overcome their addiction were able to start the programme immediately, if the conditions for admission were present, for instance detoxification had been completed. This flexibility was judged positively by all participants. Both of the following extracts emphasise this aspect:

"... I went to have a look at another rehab in [place name] but the problem with that was it was funded so it would have took longer to get in, 'cause I would have to find the funding for me to go there ... where [at Studio House] you get the funding ourselves so that's why I decided to come here 'cause I didn't think I had much time left [to live]."

"I had been in the detox for 10 days and then I came in [Studio House] for my assessment but usually then [...] they say to you we will give you a date [...] whenever there is a bed as soon as possible [...] but that wasn't [what happened to me], because I got two reasons why I got a bed that day [...] I passed the breathalyser test [...] and [...] I was suicidal [...] so [staff at Studio House] pulled a lot of strings [name of staff] which will be forever grateful for and I came that day which is four weeks today yes and I haven't looked back since, so that's how I got in here."

Though participants' understanding of the programme at this stage was minimal, they were aware that it was abstinence-based and preferred this approach to controlled drinking.

"Yes, reduced [drinking] I tried but I couldn't reduce, it was either [no drinking] or all for me... yes, I don't know why I couldn't reduce because once I tested [it] once I started drinking I couldn't reduce."

'Living in the bubble'

Once they have entered Studio House, new residents have a settling in period during which they familiarise with their new living environment and the weekly activities. Awareness of the programme is very low at this stage and residents learn about the programme as they go through it. Phase 1 is a protected environment organised around dedicated support for new residents. Residents have weekly sessions with their keyworker where they are set pieces of reflective written work. They live surrounded by staff, volunteers and other peers. Residents are accompanied by staff if they need to go outside, for a medical appointment as an example. Many past and current residents refer to this stage as 'living in the bubble'. This definition was explained as living in a protected environment and having easy access to staff and keyworkers.

"... we have a key worker, once a week and they tell you if there is anything like that, I mean your key worker is walking around all day so even if it's not your appointment to see the key worker or you can just grab [keyworker] so did take you in the office because there has been quite a few times that people said [they had] problems and gone straight in the office."

However, not everybody agreed on the view that Phase 1 compares to living in a bubble:

"I supposed, it was like being in a bubble you are protected but you got a choice you have a choice of whether to stay there or not, so really no [it's not like living in a bubble]."

As expressed by this participant, it is important to stress that residents are free to leave at any time (a 28-days leave notice is required, though this cannot be enforced) if they change their mind about attending the programme at Studio House. Staff and peers will engage with a resident who expresses the wish to leave the programme in an attempt to convince them to stay. However, the decision will ultimately rest with the resident and no coercion is exercised at any time.

Programme Facilitators

Holistic approach

The recovery programme at Studio House is based on an 'holistic' approach as explained in the literature provided to residents. Participants felt that having a multi-faceted service - ranging from physical and mental health to wider personal and financial issues – was beneficial for their recovery. Participants explained that having support at Studio House in relation to a wide range of issues such as debt problems or mental health issues meant that they were able to focus on the programme and their recovery knowing that they had the support in place to deal with other issues.

Participants' understanding of recovery reflected this holistic approach. It went beyond alcohol abstinence and included identifying and overcoming a range of issues which could affect their recovery.

"Recovery for me means a lot of things, it means not only not drinking, [it] means to deal with the underlining problems ... that cause you to drink, so I need to focus on both things, not drinking and anxiety ... recovery for me is being able to do everyday things without drinking, panicking, to enjoy life, it's not just about not drinking recovery for me is trying to deal with anxiety so I don't have a drink, so that's what [recovery] means for me."

"[Recovery for me means] a better life, a better life, family back and respect, you know, respect because I want respect out there, and when I got drinking I got none, just my life back, just be normal."

"Recovery is sobriety, you have inner peace ... to live not to exist your life, when I leave here, I'm going to have a life, I'm going to live, not on a day to day existence, through the emotions of getting up of just existing."

The meaning of recovery changes for residents during their journey.

"It's quite different, I think before it was definitely coming into studio, it was just not drinking that was good enough for me yeah, now it's more about living as well, it's about living and being able to enjoy life again, because (...) ever since I was a young lad, if I go for a game of football I go to the pub afterwards, go for the game snooker in the pub, go for a game of golf and have a drink afterwards, so my life really really was working drinking, working drinking, so coming into recovery I found it difficult because again in my social life what do you do in your social life if you then don't go to the pub then what do you do? So I suppose it's learning that, so go for a coffee, going to the pictures, going to the theatre, doing other things which was all new to me because I've never done that sort of things."

Gaining skills

Participants also realised that the programme is also about gaining skills and confidence in their own abilities. They appreciated how gaining these skills and experiences could help them recover from alcohol dependence.

"I didn't realise that rehab [is not only] about groups it's about skills, they put me into a kitchen cooking for 16 people which I would panic about but have been pushed in there and I started to calm down."

Participants described a range of courses (from yoga to photography, maths and literacy and food hygiene) they were attending or had already attended at Studio House or in other venues such as the Recovery College (McGregor, Repper and Brown, 2014) based in Nottingham. These courses helped them to refresh some skills or to acquire new ones. In some instances, they provided participants with the opportunity to help others in the recovery journey through peer mentoring. At later

stages in the programme, residents who plan to develop their future in a recovery-related sector have the opportunity to attend courses such as Mental Health Awareness, Mental Health Act and Safeguarding recording.

Perceived programme barriers

The consequence system

At the start of the recovery journey, residents have little understanding of how the programme works. This understanding matures with time mainly by taking part in the groups and activities. This process can be defined as 'learning in action' or active learning (Bloom 1956) because residents are encouraged to identify and adopt behaviours that take them away from addiction and towards recovery during everyday activities, rather than being taught the programme prescriptively.

One way to facilitate this learning at Studio House is through the 'consequence system'. In the Studio House literature, it is explained as "a way of highlighting specific areas that need to be addressed [by the residents], i.e. leaving property lying around, bad language, being late for groups, not complying with the program". The consequences of not complying "could be written work that may be set or a task that gives reflective time to think about why the consequence has been issued".

However, at the start of their recovery at Studio House residents may find it difficult to comprehend the 'consequence system'. Some of the participants who had just started the programme perceived it as a sort of punishment at first. The reason for it being in place is clearly explained on an ongoing basis to residents who have just started the programme and for newcomers a 'be-more-aware' warning system is in place. The 'be-more-aware' warnings should give time to newcomers to get acquainted to the way the consequences system works at Studio House.

"When you first move in, you get five "be more awares" so "be more aware that if you do that in the future you will get a xx consequence" so that gives you a certain time to know that that will cost this and whatever else.

For Studio House, the 'consequence system' is part of the recovery journey rather than a punishment system for not complying with certain rules. Consequences are implemented in instances in which residents do not take part in the programme as expected.

"I got a consequence for not putting any slips in [in the encounters group] for two weeks but to me [a consequence] is for ... if someone does something that offend you, you know they swear or they make you feel uncomfortable, that's really bad or they personally attack you ... not personally physically, if you are uncomfortable and aren't happy, you know ... you see something which is inappropriate ... I ignore it, but you are supposed to write it down [in the encounters group]."

With one exception, participants understood the reasons of the system being in place after the initial resistance towards it and its identification with a punishment system:

"Oh, I don't know how many times I got half an hour of consequences for leaving my glasses in the bathroom or on the table you know or on the sofa ...yeah it's not a punishment and you know the things they said to me 'when you get out that's it when you are outside and you if you are at the bus station and you got your shopping and you leave your handbag ... nine times out of ten unfortunately ... no one is going to give you your handbag back you knowso it's all I think in a negative but it's all positive, it's to make you think when you go out in that big world again you are not going to be cushioned."

In addition, there is an appeal process in place for those residents who believe they were unfairly treated and they are supported by staff and key workers throughout the appeal. One participant at a later stage in the programme explained that:

"I was disappointed at getting them [later in the programme] but I wouldn't fight against them no, unless, unless I knew I hadn't done it but there is an appeal system so if you know you haven't done it, there is an appeal system ... it does work because I appealed a consequence and it has been dismissed so it does work if it is right."

In later interviews it emerged that the participants' understanding of the system had changed. For participants who were former residents or current residents at a later stage in the programme, the acceptance of the 'consequences system' reflected their changed understanding of the programme. Taking responsibility for their actions or behaviours - independent of how trivial the action that caused the consequence was (like leaving a dirty mug on the table) - meant they had reached a pivotal moment in their recovery and a clear understanding of the programme.

It is important to highlight that this study involved the participation of residents who maintained a relationship with Studio House whether or not they completed the programme, and who understood the core principle of the 'consequence system' as a way to highlight behaviours that might take them back to addiction. However, some former residents who left Studio House at the initial stages of the programme without completing the Induction Phase might have still perceived it as a form of punishment rather than learning.

'Not getting' the programme

The most important and difficult part of the programme is understanding how it works and what change is required from residents. The main element of the programme is about changing residents' way of thinking. As put by a participant: *'I am being brainwashed but in a good way'*. Taking responsibility for their own behaviours and actions is considered as an important step towards recovery. However, this is not a straightforward change in behaviour. Despite their free choice to enter Studio House due to the need for support in their recovery journey, participants explained that they had a certain resistance towards the programme in the first weeks of their stay at Studio House. This resistance was highlighted by participants who were at later stages of the programme:

"I think when people start out... speaking for myself I think when people start out they are more defiant because they don't understand [the programme] so there is that period of time when you 'don't get it', you are fighting against it but when you just kind of surrender to the programme or [think] if it works for others it can work for me."

"I think [the programme] can work, I think it can work for anybody, I think it depends sometimes on their commitment to change, because you are here to change and ask yourself difficult questions you're here to change yourself so people may find that difficult so that's why they don't complete, some people they think they are ready ... they come in for a couple of weeks, they feel better within a couple of weeks, and think 'it wasn't that bad', and then they go back out."

"Yeah, the drink or drugs it's the easy part, it's being able to deal with our feelings, being able to address our behaviours, my was stubbornness, my pride, things like that as I said ... I had to let people in, so they could help me, so sometimes it is the easy part not drinking, it's tackling other issues [the difficult part]."

Environmental Facilitators

Staff

Participants' viewed staff as skilful and able to support them especially in moments of difficulty. Being able to have access and speak to staff at any time was important.

"If I need to talk to somebody any time 24 hours a day they are available, someone is here, you know staff or keyworker."

Several participants described pivotal moments in their recovery process that had been facilitated by staff.

"I've been doing it really well now, for about three weeks four weeks now, it has took some time, but it's ...I've had that little push and that little push was [staff member], he made me sit in the middle of that room and said 'right, you are taking this group', if he hadn't, I'd have just carried on doing what I were doing."

There were some negative comments, such as *"the staff are lovely, [there] is only one member of staff I don't like"*, but they were addressed to specific individuals and specific situations. Certainly, the ability of staff to connect with residents - due to having experienced recovery themselves, as pointed out by participants - was essential in order to overcome the perceived barriers of the programme such as consequences, to facilitate the overall understanding of the programme and to persevere with the programme.

However, there was awareness among some participants that the effectiveness of the programme might be undermined due to staff moving on.

Peer support

Camaraderie and support among residents can facilitate the recovery process if the conditions are right. Having shared similar experiences and aiming towards the same recovery goal helped at moments of distress and anxiety. A participant recalls the experience of going to the supermarket with a group of residents to buy food for an impromptu event which was going to take place at Studio House that evening.

"[We] went into this big supermarket ... and it was really uhf [exhales] it was half dozen of us and the [staff] in charge of us and we go and get the food and everybody said what they like, we fill the trolley and we went past the wine island I just glanced there [and] there is like a trolley you know on this trolley ... on the top there was a three litre barrel of brandy ... no one else has seen me but [resident] appears [and] saw my look.. [..].. yeh I had palpitations, I was sweating oh goodness ... peers we are always here for each other, it sounds cheesy but we are, it's amazing."

"[the programme] doesn't work for everybody, it's like anything you get out what you put in you've got to be honest, honest with peers ... for me it was the peers who kept me here and staff, so it was my fellow peers who helped me here."

Perceived Environmental Barriers

Changes in the environment

Peer behaviours and the continuous readjustment process due to the arrival of new residents can be disruptive for some residents who are at the start of their recovery journey or at community stage. The environment (described as 'toxic' at times) becomes a barrier to residents' own journey towards recovery. This is relevant at induction more than at later stages of the programme as residents at Stage One are still in a phase of adjustment to the new environment with little understanding of the recovery approach at Studio. New peers who arrive with their baggage of 'old' behaviours can be perceived as disruptors of a newly reached but precarious stability.

The environment itself i.e., the building and the mix of residents can be perceived at the start of the residency as intimidating. This view was expressed by female participants, though they clarified that subsequently that first impression was replaced by an understanding of what the programme was about.

"When I came in, it was all men that was just one woman" [...]; "[the building] was older rundown ... and I was told to share a bathroom, that put me off...but ... it's not about the building, it's about the programme and on what they do for me here."

It is important to underline that female residents are a minority at Studio House and while female participants did not feel intimidated by the environment after the initial impact, it is difficult to say to what extent this factor might have played a role in the abandonment of the programme for other female residents.

While peers provide a support system through which residents can overcome addiction, living together can be problematic with some residents at times feeling singled out.

"You know you are at least with each other ... from 7 o'clock in the morning to 10 o'clock at night, it can be quite stressful and sometime even someone who come and sit next to you ...oh can I just have a bit of space, you know if you read a book or a magazine or watch something on telly but most of the time is fine, it's nice you know."

The intensity of living with peers together with the mix and dynamics of peer groups might contribute to the abandonment of the programme for particularly vulnerable residents.

Ending the programme at Induction Stage

In a given year, half of the residents leave the programme after a few days or within a couple of months.⁹ Though new assessment procedures already in place at Studio House should reduce this number, this figure indicates that the initial phase is the most difficult in the journey towards recovery.

Some of the barriers encountered by residents may lead them to leave the programme at an early stage. These reasons can be grouped as follows: engagement with the programme, rule breaking and practical arrangements.

Engagement with the programme

For some residents the inability to engage with the programme and the challenges deriving from having to face their behaviours and/or feelings may lead to uneasiness with the programme that results in the resident ending the recovery journey at Studio House. Peers will support a resident who expresses their difficulties and their wish to leave, for instance in a feelings group. Also, staff will encourage the resident to express their feelings and to identify the difficulties that are undermining their recovery programme. However, residents are free to leave the programme at any point after having handed in a four-week notice, though this system cannot be enforced.

Having spent some months attending the programme at Studio House can give residents a sense of being in control of their own alcohol dependence. The decision to leave the programme triggered by other factors (such as practical factors) may be facilitated by this sense of security. Residents may have reached a point of understanding of the programme which makes them feel they can control their alcohol dependence in the future.

⁹ Authors own calculation based on data collected by Studio House.

Rule breaking

Failure to comply with Studio House rules may result in residents having their residency terminated. For instance, entering into a relationship with another resident always results in the termination of the programme. By contrast, a relapse does not automatically equate with the end of the programme. For some participants, a relapse (if under control) could be perceived as a moment of growth rather than the end of the programme. Moreover, the system in place at Studio House allows residents to be supported through the peer system.

Practical financial arrangements

Residents pay for their stay at Studio House, usually through their benefits. When the benefits are revoked the resident has to choose whether to continue to stay and pay privately or leave the programme. In one instance the revocation of benefit payment meant the early ending of the programme. The specific participant was left feeling upset about the event as no clear procedures were followed.

From Induction to Community Stage

Transition

To move from induction to community stage residents have to demonstrate that their behaviours have changed. Specifically, that they can engage with other residents and that they are ready to change those behaviours identified at Induction Stage as holding them back in their recovery journey. For some participants this move was straightforward, while for others the transition was more difficult. Residents also need to demonstrate the ability to take on roles of responsibility. Here is an account from one of the participants who was unable to move to Stage two:

"I've done my written [work] one to four and I've my written five, I read that out on Tuesday [to] the peers, I had to go out of the room and the rest of the peers have a discussion and then you get voted whether to go to community ... but they voted for me not to go on which has really disheartened me, I'm not sure [why] until tonight [when I speak to] my keyworker."

However, participants are generally aware of what is preventing them from progressing and although disappointed by not moving up to the next stage in the programme, there is an effort to understand.

"I used to run away and isolate that's one of my biggest problems ... run away isolate and drink ... and while you're drinking it takes that problem away temporary and you do that ... in groups they give you feedback on that and they want you to explore a bit more in that feeling, something like that like behaviours, I put down what behaviours I think I've got [to address] but obviously other people might think 'no you have a behaviour ... I want you to look at this behaviour' [or] I don't know, 'you have to work that one out.'"

Community Stage – Phase 2

Independence

At this stage residents have a good understanding of the programme. For the community of peers and staff at Studio House, residents reaching this stage have addressed specific behaviours that could have held them back in the recovery journey. After the months spent in induction, the 'Community Stage' is a step towards independent living and the taking up of more responsibilities as project coordinators. Residents are still required to attend some of the work groups if these groups do not clash with their work as coordinators. Reaching the role of coordinators is an important step though not all residents will be holding these roles as staff assess residents' ability to undertake such roles. This can be quite difficult to accept for residents who are excluded from such roles, though this does not imply that the resident will end either the programme or the recovery journey.

Coordinator roles

Residents take on roles of responsibility. Holding a coordinator role has been described by some participants as an opportunity and as a challenge by others:

"... a lot of growth from being a coordinator and ...definitively the best part of the programme ... being a coordinator helping new people.. having that responsibility."

"Community, I found it a bit strange to start with being in a [separate] house, having a bit of freedom, the coord role is getting very difficult because it's three of us and [working together can be challenging]."

Relapsing and learning in action

Relapsing at Community Stage has been explained by participants as the inability to manage 'old' behaviours. Any situation can trigger a relapse at this stage, such as being in a very difficult encounters group or feeling singled out. However, not all residents going through difficult group work have relapsed. Some participants put into action the learning from the groups, while other 'lapsed'. The latter term was explained by participants as a single drinking episode which does not lead necessarily to alcohol misuse again. Also, a relapse does not automatically trigger the ending of the programme for the resident.

In the immediacy of the event a participant recounts a lapse experience noting a change in behaviour after the event:

"I did relapse again and I did have a drink, but after that day to this day I do not know what's changed in me but something has changed in me ... but what I am getting in to is like ... I don't know what I am learning but ... I've been in situations like that... afterward after that [lapse] and I went straight to office and talk to a key worker or went straight out and sat with somebody and talked to somebody."

Reflecting on this event after several months had passed the participant explained again that,

"... everything [at the time of the lapse] was getting on top of me, but since I brought myself up, everything is level and I'm getting easier I'm not stressed I'm coping with it more, any problems I stand back weight them up, you know what I mean."

From Community to Senior Stage

Awareness

To move from Community to Senior stage, residents must show that the actions they planned in terms for instance of voluntary work were undertaken. This is also the stage when residents recognise with their peers the parts of the programme which they avoided and how these difficult parts were addressed. During this transition period, residents who receive positive feedback on their written work will be issued with a peer statement and then move up to the last phase of the programme.

At such an advanced stage in the programme the awareness of what behavioural changes are required to move on in the programme are clear. However, it is possible that the programme is ended at this stage when not enough work and personal behavioural changes are recognised by the peers and staff to the resident.

Ending the programme at Community Stage

At times, there might be a conflict between the requirements of the programme and the willingness of a resident to follow those requirements for instance in relation to the consequence system. This makes it difficult for the resident to continue on the programme even in instances in which the programme has been tailored to meet the needs of a specific resident especially in instances in which rules are broken.

"I got into a debate with [another resident] and [resident] told me to go away but in a more abrupt kind of manner so I did and I couldn't handle what was going on in here and ... I run out of the [Studio House], I run out of [Studio House] when I shouldn't have done."

In this instance, running away from the programme resulted in a 28-day notice to leave the programme. At this stage, residents are considered in charge of their own actions and consequently have to take responsibility for their choices. How this confrontation could have been avoided, for instance by the presence of senior residents or staff who could have prevented its escalation is an issue which could not be explored. Verbal confrontations among residents may reflect the specific dynamics created by the mix of residents at a specific point in time. These dynamics are apparent during group work such as feelings and encounters especially if a resident is not recognised as having progressed enough in terms of changes or not complying with the programme, as detected during some of the observation sessions.

While this event might be a one-off, the transition period from Community stage to Senior stage can be difficult for some residents who found the programme challenging. However, for some participants the Induction stage was longer than normally expected due to difficulties with committing (from the perspective of Studio House and peers) with the programmes and the changes required. Consequently, this lack of engagement (which was recognised by the participant) made it difficult to continue on the programme. Despite the ending of the programme the participant expressed their belief that the learning at Studio House will be used to sustain abstinence outside:

“Relapsing, I do feel pretty strong and confident in myself to make sure that, you know, I can maintain an abstinent life out there, because you know, I’ve been doing weekly planner for the next few weeks, nearly every single box’s becoming to be, you know, something in place every single day, [there] is not going to be one day while I’m doing absolutely nothing.”

Senior Stage - Phase 3

‘Giving back’

Having reached the Senior stage, residents organise their own time and live independently in another property. Residents do not take part in group work but can help with the running of the programme. The residents can choose activities in relation to their interests and plans for the future. One participant was successful in gaining full time employment as a support worker.

At this stage, support from the programme is at the discretion of the resident and to their own identification of needs. Reaching the final stage of the programme is an important achievement in the residents’ journey towards recovery. It is the recognition of their commitment to changing behaviours which might have taken them back to addiction. The risk of relapsing and adopting old behaviours is minimal. However, when a relapse occurs it may be linked to some of the residents’ mental health needs which require specific support. These needs have recently been addressed by the establishment of a Health and Wellbeing volunteer who has the specific task to monitor the health and wellbeing needs of senior residents.

Mental health issues

Given the small size of the sample of residents involved in this project, it is difficult to assess exactly the extent to which mental health issues that affected some of the participants contributed to their relapsing and the related abandonment of the programme. A recent report (Helena Kennedy Centre for International Justice and Phoenix Futures, 2017) highlights better outcomes in a residential setting for those not affected by psychiatric disorders. However, relapsing and abandonment of the programme at this stage does not necessarily lead those involved to alcohol dependence even if affected by mental health issues (see also Giorgi *et al.*, 2015 for support after residential period).

“Later on down the programme my mental health deteriorated ... that was when I moved to the final stage of the programme, yes I think for me and I think I can only talk for me, I think there is something missing in the senior stage because you come from induction, when you are in induction you are in a complete bubble, for 4 months I was totally in a bubble then on community even though I had the opportunity to go out now and then because you were coordinator you were still [at Studio] a lot of the time so I did have days off occasionally but I was still ... in the bubble, still quite in that bubble and then to go from there to senior you're out of that bubble quite quickly ... I became depressed, depressed ... until I ... at one stage relapsed.”

Regardless of issues which may have affected their recovery journey, the main sentiment expressed by senior (and community) participants was one of reciprocity, or 'giving back' to Studio House, for the support received. For instance, through volunteering in different roles in Studio House or providing peer mentoring in other alcohol recovery services.

Summary and Implications for Practice

Like all residential rehabilitation facilities, Studio House operates within a context of welfare reform and financial cuts. Consequently, the implications for practice have to take into account resources availability. The following recommendations are put forward in order to improve the likelihood of residents completing the programme and hence improving their chances of maintaining their recovery journey.

All the participants expressed their commitment to making a change at the start of their recovery journey. The first phase of the programme is consequently fundamental for the retention of residents throughout the programme at Studio House. As the interviews with participants showed one barrier could be their understanding of the 'consequence system'. The system should be explained clearly to residents in terms of the links between consequences and behavioural changes needed for their recovery.

The coordinator roles at stage two are very important in terms of the recovery journey and personal growth. Given the significant amount of work involved it is recommended that the need of additional support is assessed at regular intervals, including assessing whether the role of coordinator creates some resentment among other residents. For those residents that cannot take on a coordinator role, it is recommended that complementary roles are identified. This recommendation takes into account the current flexibility accorded to some residents in terms of programme activities implemented to meet their specific needs.

To prevent the relapse of residents at the last stage of the programme, it is essential that their wellbeing is assessed at regular intervals. Currently, a Health and Wellbeing volunteer regularly assesses the health and wellbeing of senior residents. It is, however, recommended that this role is made permanent and a formal health and wellbeing assessment put in place. A priority should be the identification of potential funding for the development of this post.

More clarity around financial arrangements should be provided in order to clarify the cost for residents in instances in which their statutory benefits are stopped. Clear procedures in place should make the process transparent and clearly understandable for those affected.

The structures already in place to monitor the wellbeing of residents at the Induction and Community Stages should be further reinforced, especially in relation to the mix and dynamics of the peer group, to prevent the abandonment of the programme of particularly vulnerable residents who cannot cope with the pressure created by living with peers.

Given the gender imbalance in the programme, with women being a minority, it is recommended that women's wellbeing is regularly and formally monitored and assessed during the first period of the programme. This recommendation is aimed at strengthening the existing rules at Studio House for the protection of vulnerable individuals. In terms of age differences, the project has not identified recovery barriers specific to different age groups as highlighted by a recent report (Wadd and Dutton, 2017). Some of the specific age group needs as recounted by participants were addressed by Studio House staff through a flexible approach, such as allowing less strenuous physical activities for older residents during the weekly outdoor walks.

In conclusion, all participants expressed positive comments on the experience at Studio House independently of whether they completed the programme or dropped out.

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APPENDIX 1 – Example of day programme at Studio House

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.00	Wake Up					Community Period	Community Period
7.15	Morning cleaning session						
7.30	Morning Meeting/JFT					Morning Reading/breakfast	Morning cleaning session
7.45	Breakfast/Medication						
8.00	Needs Slot					SMART group (Nottingham City Centre)	Optional feelings group
8.15	Break						
8.30	Encounters Group	Feelings group	Feelings Group	Encounters Group	Feelings group	Family visits	Freetime
8.45	Reflective write up						
9.00	Break					SMART group (Nottingham City Centre)	Family visits
9.15	Feelings Group	Skills	Yoga	Feelings Group	Activites (Lunch/medication organised take out)		
9.30	Reflective space			Reflective space			
10.30	Medication Slot					Medication Slot	
10.45	Lunch		Lunch	Lunch	Acitivites	Lunch	
11.00	Basic Requirement	Skills	Maths & Literacy/TA	Introduction to Steps		Acitivites	Community Period
11.15					Pre-Admissions		
11.30	Reflective Break	Skills	Break	Break		Acitivites	Family visits
11.45	WW/Life Story/Share group	Break	Photography	A.C.T group	Acitivites		
12.00						Break	Skills
12.15	Break	Break	Evening clean up	Break	Residents Council		
12.30						Break	Break
12.45	Break	Break	Freetime	Free time	Evening clean up		
13.00						Break	Break
13.15	Break	Break	Freetime	Free time	Evening clean up		
13.30						Break	Break
13.45	Break	Break	Freetime	Free time	Evening clean up		
14.00						Break	Break
14.15	Break	Break	Freetime	Free time	Evening clean up		
14.30						Break	Break
14.45	Break	Break	Freetime	Free time	Evening clean up		
15.00						Break	Break
15.15	Break	Break	Freetime	Free time	Evening clean up		
15.30						Break	Break
15.45	Break	Break	Freetime	Free time	Evening clean up		
16.00						Break	Break
16.15	Break	Break	Freetime	Free time	Evening clean up		
16.30						Break	Break
16.45	Break	Break	Freetime	Free time	Evening clean up		
17.00						Break	Break
17.15	Break	Break	Freetime	Free time	Evening clean up		
17.30						Break	Break
17.45	Break	Break	Freetime	Free time	Evening clean up		
18.00						Break	Break
18.15	Break	Break	Freetime	Free time	Evening clean up		
18.30						Break	Break
18.45	Break	Break	Freetime	Free time	Evening clean up		
19.00						Break	Break
19.15	Break	Break	Freetime	Free time	Evening clean up		
19.30						Break	Break
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21.00						Break	Break
21.15	Break	Break	Freetime	Free time	Evening clean up		
21.30						Break	Break
21.45	Break	Break	Freetime	Free time	Evening clean up		