

The experience of drug-dependent adolescents in a therapeutic community

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Abstract

Introduction and Aims. Drug treatment programs for adolescents are now more widespread with some evidence of success. However, there has been little in-depth exploration of factors that may encourage or hinder program completion. This ethnographic study of an adolescent therapeutic community aimed to provide insights into the experience of the adolescent residents. **Design and Methods.** Four months of participant observation at a program for drug-dependent adolescents in a metropolitan city in Australia. Twenty-one residents (15 boys and six girls) aged between 14 and 18 years participated, comprising all residents admitted during the study period. **Results.** Vocational Education and Art Therapy are activities that universally engaged residents whereas frustration was evident in Journaling—a core program activity. Group sessions were often used to set up or dismantle social cliques, although they were also useful to expose difficult inter-personal relationships. The risk of residents 'taking off' was heightened during breaks from program activities when strong emotions surfaced. **Discussion and Conclusions.** There needs to be a more central role for creative and vocational activities in adolescent programs and a variety of ways for them to document their journey. Group encounters need to be skilfully facilitated by staff to handle fluid inter-personal dynamics and residents need support outside of formal program time to minimise drop-out. The concept of a navigation-engagement continuum is discussed and the need to see treatment as a series of encounters that may be 'successful' despite 'non-completion'. This study gives adolescents a voice in program evaluation which may help improve retention. [Foster M, Nathan S, Ferry M. The experience of drug-dependent adolescents in a therapeutic community. *Drug Alcohol Rev* 2010;29:531–539]

Key words: therapeutic community, drug treatment services, adolescents, user experiences.

Introduction

Treatment programs specifically for adolescents are more widely available than a decade ago [1,2]. Studies and reviews of adolescent treatment programs, including therapeutic communities, have found evidence of a significant reduction in substance use and life problems in the year following treatment in a range of programs [3–9]. One evaluation concluded 'substance treatment for adolescents is effective in achieving many important behavioural and psychological improvements' [7] (p. 689). While these results are encouraging, there have been few published studies that report in-depth experiences of clients in such programs [10–12]. Some have pointedly criticised the lack of an adolescent perspective in evaluating treatment programs [12,13].

Treatment completion is seen as central to program success [3] and developing procedures to minimise dropout and maximise retention and completion are recommended [7]. However, there are not enough data available to identify factors that may encourage or hinder completion [12]. Others have similarly concluded that much remains to be learned about how treatment processes produce positive outcomes for adolescents [14,15]. Our review of the literature revealed little in-depth research on adolescent's experiences in treatment programs, including therapeutic communities, and none in Australia. One Australian study [10] explored what adolescents would want in a residential service, but did not study actual experiences. The data presented in this paper provide new and detailed insights into the

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Box 1. Modified Therapeutic Communities

Therapeutic communities (TCs) involve residents living in a drug-free community that provides an appropriate context to address underlying causes of addictive behaviour using methods of 'self-help' and positive peer pressure with community acting as a key 'agent of change' [16,17]. Traditional TCs have long periods of stay (15–24 months) [18]. Modifications for adolescent TCs include shorter stays, family participation in the therapeutic process and relying less on life experiences to foster one's understanding of self and behaviours [19].

Box 2. The Program Context

The Program for Adolescent Life Management (PALM) is a modified therapeutic community for adolescents aged 14–18 years. The principal criterion for admission to PALM is that the young person meets the DSM IV criteria for substance dependence [23]. However, drug use is viewed as being related to other aspects of young people's lives and the program aims to build young people's skills to manage their lives effectively addressing employment, training, relationship building, mood management, personal growth and development, and teaches relapse prevention skills. The program takes a harm minimisation approach, but is abstinence based in residence. All residents are considered voluntary clients and can choose to cease treatment at any stage. However, some residents have conditions placed upon them by the juvenile justice system which, if they choose to leave, can have other implications for them. PALM incorporates key features of a Therapeutic Community [20] and caters for up to 16 residents at any one time (10 boys and six girls), admitting young people from the community (self, family or health professional referral) and the juvenile justice system. The setting is two terrace houses joined by a backyard in a metropolitan area of a large city. Girls and boys in the program are separated at night, but spend significant periods each day together during group and recreation time.

experience of adolescents in an Australian substance dependence treatment program based on a modified therapeutic community model—see Box 1.

Quantitative evaluations of the study program show significant improvement among clients on a range of measures (such as substance use and mental health) at 3 month follow up [20]. Clients gave high satisfaction ratings for key program components on exit [20]. However, there are still relatively low completion rates (26.9%) and a large number of participants are discharged with little or no achievement of their action plan (a negotiated case management plan, including goals to achieve in the program). Discharged participants are underrepresented in evaluation data. Low completion rates are typical of residential treatment programs—adult and adolescent [3,15,17]. Further in-depth study of the program and the experiences of residents would allow a greater understanding of aspects of the program that may influence retention. This ethnographic study aimed to ensure the views of clients are heard in program design and evaluation. Research methods which give voice to consumers of drug treatment services are critical given the low level of involvement of adult, let alone adolescent clients, in drug treatment service planning in Australia [21,22].

Method*The setting and residents*

The setting and program philosophy are described in Box 2.

Residents come from varying socioeconomic backgrounds and many have a history of social and family dysfunction, early drop-out from school, and criminal activity. While general population trends show average ages for initiation of drugs, such as heroin, meth/amphetamines, ecstasy, cocaine and injecting drugs, are above 20 years, the program clients began and continued using these substances at much younger ages. For cannabis, the most commonly reported drug of primary concern for 40% of the residents in the study year, clients began using at age 12 compared with an average age of 18.7 years for the general population [24].

Residents stay an average of 40 days. The program length is dependent on the individual's action plan, but is usually around 3 months in duration. Figure 1 shows the program completion data for the study year in which 83 young people were admitted.

Data collection

This study was undertaken in 2006 using ethnographic methods where specific encounters, events and

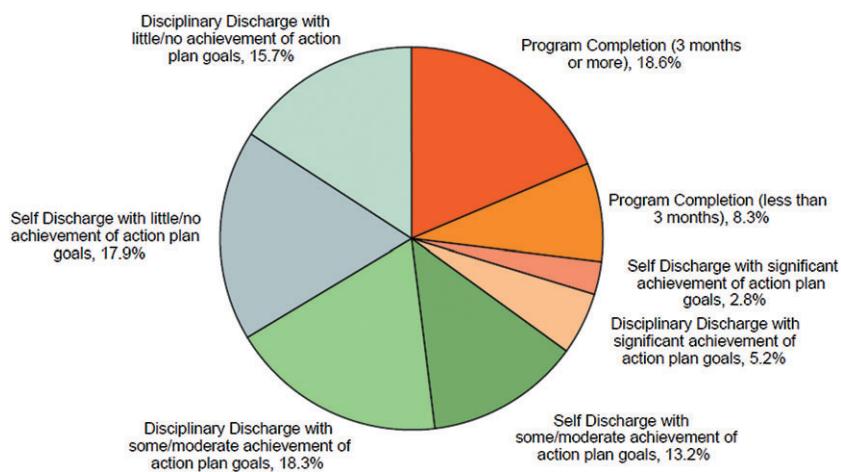


Figure 1. Program completion in the study year.

understandings can be placed into a fuller, more meaningful context [25]. Ethnography has also demonstrated effectiveness when studying stigmatised, hard-to-reach and marginalised populations [26]. Ethnography can be conceived as a 'methodological toolkit' [26]. Four months of participant observation of the resident's experiences were combined with informal interviews [27]. The field researcher spent on average 8–10 h a day at the site including until late evening on a number of occasions and one overnight stay.

Self as instrument and theoretical orientation

Immersion in a culture, such as in this study, turns an ethnographic researcher into an instrument of data collection and analysis, which facilitates the discovery of in-depth data [27]. The ethnographer crosses between cultures such that questions arise as to what extent observations are guided by the researcher's own values, and how it is possible to understand values of others when they are not one's own [28]. The field researcher shared many common interests with the residents of the PALM community, such as music and sport. During the course of this study he would oscillate between the PALM community and his own residential community—a university college, with many similarities in terms of living with boys and girls in close quarters, the way friendships and relationships form and develop, and conflict and its resolution among residents. The findings presented in this paper are interpreted within a constructionist perspective where meaning comes from the researcher's engagement with the object of study: the experience of residents. Discussions between the field researcher and research supervisors were held regularly to promote reflexivity [29]. In-depth field notes were systematically kept through-

out the study, recording observations and subjective records of field encounters.

Recruitment and sample

The importance of building trust with the residents was central to their participation in the study and key friendships developed with particular residents leading to their willingness to share information on a deeper level. Bernard says, 'You don't choose these people. They and you choose each other, over time' [27] (p. 196). The following reflections of the field researcher reveal the rapid development of relationships with the residents:

In the early stages of the project I introduced myself to the residents and briefly explained the study. As the study progressed, much of the initial introduction was achieved by residents introducing me in such a fashion as: 'Don't worry—he's cool—he's not a staff member—he can't tell them anything'. Being similar in a number of ways to the residents, I settled into the community quickly and found that relationships with residents formed rapidly. I was encouraged to attend their groups and outings. I found myself involved in cooking, cleaning, talking, joking, hanging around, and even the odd occasion of discipline.

Twenty-one residents (15 boys and six girls aged between 14 and 18 years) participated in this study over 4 months. Thirteen of the 21 residents were admitted directly from the juvenile justice system, and eight came from the community. Nineteen of the residents admitted to the program during the study formally consented and were included in the analysis. Two additional male residents (voluntary admissions) were discharged from the program before giving formal consent. Participant

Table 1. Participants completion data

Pseudonym	Admission type	Length of stay (days)	Discharge type and action plan achievement
Bryce*	Voluntary	82	Program complete: significant
Camilla*	Voluntary	79, 50	Both program complete: significant
Max*	Juvenile Justice	87	Program complete: significant
Lewis	Juvenile Justice	75	Program complete: significant
Connor	Voluntary	78	Disciplinary discharge: significant
Alanna	Voluntary	22	Disciplinary discharge: moderate
Britney	Juvenile Justice	18, 10	Both disciplinary discharge: some—moderate
John	Juvenile Justice	15	Disciplinary discharge: some
Aaron	Juvenile Justice	32	Disciplinary discharge: moderate
Cooper*	Juvenile Justice	31	Disciplinary discharge: moderate
Jim	Juvenile Justice	14	Disciplinary discharge: some
Chris	Juvenile Justice	15	Disciplinary discharge: some
Ethan	Juvenile Justice	15, 17, 35	Disciplinary discharge: moderate
Robin	Juvenile Justice	35	Disciplinary discharge: moderate
Maria*	Juvenile Justice	11, 63	Disciplinary (none) then self discharge: moderate
Laura*	Voluntary	32, 48	Both self discharge: moderate
Kristen	Voluntary	55	Self discharge: moderate
William	Juvenile Justice	63	Self discharge: significant
Kim	Juvenile Justice	5	Self discharge: none

*Quoted in this paper

recruitment to the study was approved by the University of New South Wales ethics committee.

Analysis

The analysis process began a week after entry to the field and was both inductive and iterative [29] [30]—early identification of themes in the data directed future data collection, with the field researcher staying open to new events or possible meanings. Field notes were read and re-read looking for instances of meaning [31], where a particular event or interaction had significance for residents or staff indicated by their emotional or physical reaction or illustrated a commonly occurring event or pattern of behaviour. Guiding principles in analysis were attention to ethnography's central concern 'with the meaning of actions and events to the people we seek to understand' [32] (p. 5), seeing behaviour in a context [29] and staying grounded in the data, returning to field notes repeatedly to test emerging categories of meaning [33]. Initially around 10 instances of meaning were identified, such as 'fitting in' and 'boredom' and this list of themes or codes was expanded as fieldwork continued to include over 30 inter-related codes.

Results

The experiences of the residents detailed in this findings section have been drawn from field notes and informal interviews conducted opportunistically while

at the site. In this paper, commonly occurring patterns or reactions by the young people to core program activities and during break time are examined with field note excerpts as indented text to illustrate key findings. The findings identify activities which engage and stimulate residents, such as Art Therapy and Vocational Education and those that create frustration and conflict, such as Journaling. Observation of group sessions illuminates the dynamics of inter-personal relationships between residents and the value and risks of 'break-time' from formal program activities. Completion data for the 19 residents who provided written consent are detailed in Table 1. These data further contextualise the data excerpts presented in this paper. In summary, four out of the 19 completed the program, 10 were discharged for disciplinary reasons and four discharged themselves—many of these discharged residents still had some or moderate achievement of their action plans. It is important to note that this study set out to document the kinds of experiences and issues that may influence retention and completion, not prove statistically that a particular experience causes a particular outcome. All names used in this paper are pseudonyms.

Journaling

Over the course of the program, each resident works their way through a structured journal, answering questions and exploring issues related to their drug usage, living skills, conflict resolution, group work, relationships, personal development and plans for life after the

program. The staged format of the journal relates to De Leon's model of a TC, which allows distribution of learning into manageable sections and facilitates staff and peer assessment of residents, as well as self-assessment [34]. Journaling at PALM is undertaken in one formal session for 45 min on a Monday and an additional group during the week when workers are available to assist. Residents are encouraged to pursue journaling during individual time. The experiences of the residents during journaling were a key focus of the findings with journaling precipitating a strong negative reaction among some of the residents. This is well illustrated by the response of two residents when asked to describe journaling to newer residents:

They make us write all this shit in a book. You think it's ok the first couple of times, but eventually you'll hate it . . . I don't find it useful to like, write all my problems down. If I have a problem I'll tell someone. I like to talk about things. (Bryce)

Staff: 'Maria, can you explain to Peter *why* you do the journal?'

Maria: 'Cause you have to.'

Staff: 'But *why*?'

Maria: 'Cause it's part of the program'

Staff: 'But *why*?'

Maria: 'Cause they're arseholes!'

Staff: 'Come on Maria, I know that you did it so well'

Maria: [puts on her forced, instructive, almost mocking voice] 'Nah, it helps you confront your drug and alcohol issues.'

Staff: 'Thank you Maria.'

While the process of completing the journal caused frustration, when residents completed their journal they often demonstrated pride in their achievement.

Maria, upon completing her journal, exclaimed to the group: 'Fuck, I'm cheerin!'" and Bryce did likewise, loudly noting that he had 'Finished!' before moving on to help other residents with their journals.

'But I just want to draw.'

One of the groups residents responded well to was an art therapy group, held every Friday afternoon for 1 h

and run by a visiting psychology student. The group began each week with a short introduction. Following this an art-based game was played, and then the group would move to individual art tasks that required looking at oneself creatively, by modelling with clay, drawing portraits, or creating collages with images and words that represented each person. Residents were given their own sketch books and could use these any time. During the student's placement at PALM, the group developed into an enjoyable and creative experience for residents:

Often I heard residents speak of how much they liked the art therapy group, with some residents describing it as their 'favourite group.' Some of the residents really valued this creative outlet describing it as 'calming', and producing some amazing artworks both in and out of art classes.

Group sessions

Of the group sessions in PALM, two are particularly significant to the residents' experience. 'Feedback' and 'Air Conditioning' (metaphorically 'clearing the air') are both structured groups where residents are given the opportunity to speak, in turn, to other residents about their experiences of them in the program. Air conditioning occurs once a week on a Monday for 1 h. Feedback groups occur on a Thursday for around 1 h with more informal feedback sought in daily morning meetings and end of day wind down meetings. These are *encounter* groups, which De Leon describes as 'the hallmark feature of the therapeutic community', allowing residents to use 'interpersonal exchange' based on 'direct reactions of the participants to each other' [34]. De Leon describes encounter groups as 'lively, emotionally charged sessions'. This was found to be the case at the study site, especially in feedback groups where the ball system is used. One ball signifies *listening* and the other *talking*—the listening ball is given to one resident, and the talking ball is thrown to another, so each resident and staff member can give constructive feedback. Once everyone has given feedback, the resident gives feedback on themselves. Residents are encouraged to 'Speak from the *I*, and not the *we*' such that feedback is from an individual perspective.

Residents would often complement each other on being 'cool' or 'funny' or 'good to talk to', rather than providing constructive feedback on actual behaviour. On occasions when residents did try to provide concrete constructive feedback, this was sometimes of value in creating a more positive group dynamic:

Camilla [who had been in the program before] was receiving feedback from Max [an established resi-

dent]. He mentioned that this time she was ‘more happy and focused in the program’ and was ‘doing good things for people.’ He also provided constructive criticism, saying: ‘not that you don’t talk a lot, you just need to say more in groups.’ Both Max and Camilla mentioned to a new resident on this day that they ‘would appreciate it if you didn’t steal our cigarettes’ and ‘were more respectful in groups, like this morning.’

In contrast, feedback was also used to set up or dismantle social cliques that were forming among residents:

On one occasion, when the number of girls in the house doubled from two to four, there was a dramatic change in the relationship between two existing girls in the house. Whilst Maria and Laura had previously been good friends, Maria determined the two new girls to be ‘cooler’ and used this feedback group as a forum for excluding Laura. When the new girls held the ‘receiving’ ball, Maria jumped in first to give positive feedback, such as ‘Welcome’, and ‘you’re cool’. However when Laura held the receiving ball, Maria joked about how she was ‘a mole’. Laura took offence, and the staff member reprimanded Maria for calling her names. Maria then continued: ‘Ok. You’re an—“ole” with an “m” in front of it!’ Laura was laughing uncomfortably, as if trying to divert the insult into humour.

The Air Conditioning group, which runs on a Monday, provides a structure for conflict resolution among residents. Residents again speak ‘from the I’ to discuss situations with other residents. In the Air Conditioning groups attended, residents were often found to be happy simply discussing weekend events, and dismiss the pro-forma for conflict resolution, even if there were situations of conflict in the house. A staff member said to the researcher following one Air Conditioning group ‘If you don’t bring the issues out, then they all leave and say *everything is cool*.’ When issues were discussed, the group was found to act more as a forum for residents to whinge about other residents, or staff members. When this occurred, the structured format was mostly lost.

On other occasions, Air Conditioning groups were found to provide a positive forum for bringing conflicts out in the open:

Today one of the female residents stated that she was ‘annoyed that people talked about her behind her back.’ She said that people had started a rumour that she was sleeping with two of the male residents, and she said she ‘would prefer if people would say this

when she was there, so that she could back up her case herself.’ The residents agreed, and the staff directed this discussion towards bullying. The residents themselves suggested that if they encountered bullying in the house, they could help each other by sticking up for others, and using each other for support.

Vocational education

Vocational education (Voc Ed) classes are a regular component of the program for every resident. Early in the program, residents work with the vocational education teacher to develop a plan of what they can learn about while in the program. Voc Ed is timetabled on Wednesday, Thursday and twice on Friday for an hour each time with individual projects being pursued outside these times by residents during breaks. These sessions were tailored to the resident’s interests.

Voc Ed classes have a number of different formats, from all the residents working together on a task, breaking off into smaller groups or working individually on their personal tasks. Voc Ed classes give residents more general skills and education. For example, in one class residents were given a pro-forma sheet for a basic resume, and were assisted in filling it out. The reflections from the field researcher highlight the positive experiences of residents in this aspect of the program:

Voc Ed classes usually ran smoothly without complaints from residents of *how much longer?* or *are we finished yet?* Voc Ed was one of the only groups where on multiple occasions the residents wished there was more time allocated, because they wanted to spend *more* time working on the tasks at hand. Steve is passionate about the projects that residents suggest and work on, and often gives residents freedom to choose the activities they would like to do, helps them with tailoring individual learning plans, and find things to work on that they enjoy. The residents have significant respect for him, and think of him as a ‘cool’ guy.

Break-time

Four breaks intersperse the formalities of each weekday for half an hour to 1 h each time. Residents can choose to work on their individual Voc Ed projects or Journals in break times, but they are mostly spent hanging around in the backyard. The afternoons on weekends also include some free time although this time is also for visits from family and friends and recreation outings agreed by the residents, such as going to the beach, movie theatre or 10 pin bowling. The field researcher

observed break-time as important for residents to relax, but also a time when strong emotions surface:

Much of the time in breaks, residents sat talking, or complaining of how bored they were. I remember one day following early return from an excursion, there was over an hour of afternoon break. Max was becoming restless, and was adamant when he said: 'I hate this place! All we do is the same shit each day'. That night things got worse. Camilla, Laura, Max and I were sitting outside around the stairs not visible to staff. It was dark and we were all sitting much closer than usual to keep the conversation private. Max was saying that he was thinking of 'taking off' back home. Camilla said she was thinking of leaving also. I left the conversation to go inside to help another resident with a computer. On my way out from the lounge room I saw Max standing outside around the side of the house with his head leaning against the wall. I wandered slowly around to him (unfortunately setting off the sensor light on the way) and so I simply stood for a minute. After a while I asked 'What's up?' He said he didn't really want to talk. Stu, a staff member, approached a minute or so later and also asked him if he was OK and we stood there, the three of us, and chatted a little. Max said he was feeling homesick, and was worried about leave and visits. We chatted about this, about buses home, about how Stu and I both got that way sometimes, and Stu let him know that the staff were there to support him. We stood and talked for long enough that the sensor lights turned off again.

Discussion

A number of adolescent treatment programs have proven through outcomes based studies to be effective methods of treatment, though they can still have low retention and completion rates [3–9]. An understanding of the experiences of adolescents undergoing treatment in such programs is valuable to service providers and the wider drug and alcohol community—helping to fill a gap in existing literature and providing important insights from the resident's perspective to improve the effectiveness of current programs, as well as for the design and improvement of new programs.

Reisinger *et al.* identified two important concepts related to treatment success in their study of a 20 week adolescent outpatient treatment program [35]. Navigation is defined by them as 'the process by which clients determine necessary requirements for attaining program completion . . . with as little commitment as possible' (p. 783). Engagement is 'a clients commitment to treatment and motivation to change' (p. 784).

Their study included a series of interviews with 25 clients, interviews with eight staff and observation of program sessions. Their analysis of two contrasting case studies point to the need to consider whether clients are truly engaged in the change processes of treatment or simply navigating their way through treatment to meet the requirements without engagement. Engagement is often defined by length of stay and sessions attended which may not actually reflect true engagement. Understanding how engagement happens is crucial to evaluating program effectiveness in addition to treatment completion measures [35] and qualitative studies offer an important avenue for exploring engagement, especially in the context of programs, like PALM, where many are coerced into treatment.

The current study provides further support for the utility of the concepts of navigation and engagement in examining adolescent experience in programs and supports the findings of other qualitative studies which point to activities that may help shift the motivation of those who appear to be simply navigating the program with little commitment to behaviour change [12,35]. However, our findings suggest that navigation and engagement may be better viewed as two ends of a continuum with residents moving between the two at different times and with different activities. For example, Maria and Bryce, who initially showed frustration and lack of engagement with Journaling, went on to complete their journals with high levels of enthusiasm.

An outlet for emotions and personal reflection are likely to be important within drug treatment programs for adolescents. However, the findings of this study highlight the need to consider different mechanisms for personal reflection to suit resident preferences. Expanding the scope of Journaling to include art and other creative media in particular is recommended to improve engagement of residents.

In contrast to experiences in Journaling, the field researcher observed almost universal support and active participation in art therapy classes and Vocational Education where residents got personalised and tailored support and felt some sense of control over the agenda. Other studies have suggested the importance of introducing new concepts relevant to adolescent lives in treatment programs as well as providing life skills and promoting creativity [10,12,15,35,36]. Comprehensiveness of programs, for example, including vocational and recreational elements, are predictive of better outcomes [3]. Vocational Education and art therapy classes at PALM were found to 'engage' residents and offer the kinds of practical and creative experiences that young people are seeking. Youth in another Australian study said an ideal service needed to create 'new experiences' and 'draw out a passion for something more powerful'

than a drug' [10] (p. 430), further supporting our conclusions. Our findings together with those of other studies cement the central role of recreational, creative and vocational experiences in programs for adolescents, not just as a vehicle to fill leisure time, but as a therapeutic tool for lifestyle change. Such experiences are likely to 'engage' most residents hopefully keeping them on track to achieving their goals.

The two main group sessions at PALM, 'Feedback' and 'Air Conditioning' are vehicles for residents to provide feedback to other residents and resolve conflicts. However, the observations at PALM showed these groups could be used to demonstrate social power and ostracise residents from social groups in the house. Other's approval can be an important source of self-esteem for adolescents [37], but the reverse can obviously undermine self-esteem. Adolescents, especially those in drug dependence programs, are particularly vulnerable to attacks on their sense of self [37]. We found these group sessions have the potential to alienate and disrupt the delicate task of engaging residents in the program, but conversely can be used as forums to explore difficult inter-personal relationships in the program and how they can be more amicably resolved, helping the residents learn new life skills. The study findings expose the delicate balancing act for staff in enabling group sessions to function as forums to explore inter-personal relationships in the program and the potential, if not managed carefully, for such groups to alienate residents. The actions of staff in fostering engagement in group sessions warrant further study.

Break times between formal program activities have not been explored in any other studies we found in the published literature. This probably reflects the approach of this study, which was not focussed on attending only 'program' time or interviewing clients about 'the program', but involved immersion in the environment traversing formal and informal experiences and interactions. The findings support the value of break time in allowing residents to reflect and relax, but identified the need for staff to understand this time can lead to frustration and the surfacing of emotional issues and must provide appropriate support.

Throughout the fieldwork, especially in break time, there were numerous instances of residents contemplating 'taking off' from the program. During the fieldwork six self-discharged and nine were discharged for disciplinary reasons highlighting the risk of residents not only discussing 'taking off', but actually deciding to do so or behaving in ways that lead to disciplinary discharge. Others note that adolescents may have a series of treatment encounters rather than just one episode of care [12,17,35,38]. The study findings and data from PALM completion rates for the study year provide further evidence of the need to see treatment as more

than just one encounter. Five study residents had more than one admission with improvement in achievement of their action plans by the end of their journey, even if they did not officially graduate. Such experiences have led us to question whether 'completion' is too blunt an instrument to measure success.

The sample of residents in our study was small, but in-depth and thick descriptions of their experiences are important in building an understanding about what happened for these adolescents in this specific treatment program and in generating hypotheses for further study. It is important to note that what the participants liked or disliked about the program may not reflect what was most effective in addressing their drug dependence issues [37] as may be the case for Journaling. The findings presented here do not provide a comprehensive evaluation of the program or model and can only propose, not test, causal links between program experience and outcomes.

The philosophy, structures and discourses of adolescent drug and alcohol programs as well as the role of staff in facilitating engagement are important foci for future research, including the identities such programs may offer to young people with substance dependence issues and how these young people incorporate, negotiate or resist these identities [39,40]. As this study has demonstrated, an ethnographic approach is valuable in giving residents a voice in understanding how programs operate for them and what may keep them in treatment long enough for change to occur.

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