

The Ecett network celebrates its 10 years



The editorial was written by two Directors: *Christophe Thoreau from Trepmpoline Belgium and Nicolas Bourguignon from TC Le Fleuve, CEID, France*



Christophe Thoreau,
director of Trepmpoline,
Belgium :

The strategic axis "Human Resources" is a priority in the 2015-2020 Trepmpoline vision.

Indeed, one of the major challenges of Therapeutic Communities (TC) lies in the training of teams to "community as a method". This is vital if we want our staff to use this tremendous lever of change to the benefit of our patients!

«Travel meets the strategic objectives of our human resources management».

Trepmpoline is therefore developing an integrated staff training policy which comprises three parts:

1. The theoretical appropriation of the Community method through reading the book of Georges De Leon "The Therapeutic Community"
2. The practical ownership of the method through seminars and residential weekends where staff experiment "for real" while being accompanied by trainers from Trepmpoline or another TC.
3. "Ecett-Mobility" Travel grants (Erasmus Programme) through which staff can observe firsthand how the "community approach", developed by G. De Leon, is implemented by foreign colleagues. This has a valuable impact on the management of the difficulties encountered in the daily work of our TC but also allows launching innovations in the "2015-2020" vision of Trepmpoline.



The travel grants are therefore supporting a training process that begins with the appropriation of the theory and continues through the exchange of Good Practices with foreign colleagues! This constitutes, in our view, an effective answer to the crucial question of the sustainability of "community approach" within the TC movement.

Nicolas Bourguignon,
director of TC
Le Fleuve
in Barsac, France :



CEID-Addictions is an ancient organization in the field of addiction in France. Our activity is aimed at users with constantly changing behaviors. The association had to show great flexibility, innovation and constantly adapt services and therapeutic techniques. We tend towards a model of "learning organization" based on strong dynamic access to training throughout the career of the staff.

Crossed with a managerial "bottom up" orientation, this choice is today "rewarded" with creativity and a responsiveness recognized by our teams.

« Exchanges in the Ecett European network have allowed us to raise the therapeutic community in Barsac».

In 2007, these immersions abroad offered a quick improvement of professionals skills on methods and tools applied in TC.

The CEID then decided to pursue this Ecett exchange offer for all of our employees in order to improve the quality of the provided services.

Learning through companionship in Europe can improve the knowledge of professionals and fight against burnout but also discover new prospects by being open outward and improve the internal professionalism.



This training offer is part of our HR approach. The Direction and the General Managers integrate Ecett internships with academic training. We were also inspired by the way the British colleagues (Phoenix Futures) included such training in their HR policy!! Today, this offer concerns 15 to 20% of the 160 employees on a two year basis, and more and more collaborators represent the CEID in these European exchanges.

S	Editorial	1
	Innovations	2
M	Europe	3
	New hosts	4
A	Selfreported GPs	5
	Good Practices	6-8
R	News	9-10
	Testimonials	11-12



Innovations after internships

Addiction



A sandbox and toys to help residents and families to express themselves

Klára Brázdová is a therapist at Magdalena, Czech Republic. She visited Trampoline Belgium. Upon her return, she has implemented new creative techniques in her TC and innovative ways of working with clients.

"In spring 2014, I visited Trampoline, Belgium. I was interested in working with patients with a dual diagnosis and their families. I liked the systemic work with families. In family therapy meeting the therapist was not afraid of using different creative tools with families: stones, maps, shells, coins and pictures. I found that this method of communication was more effective than words to approach these families and that inspired me.



The group "morale table" taught their residents to be attentive to the mood of the other group members.

This experience made me more courageous in working with customers, rather than limiting myself to the rigid forms of the morning meeting. What I remember is the desire to be more playful in working with customers to try creative means of expression rather than only focus on speech.

My experience interested my colleagues very much because we also have clients with dual diagnosis. Magdalena then gave me the opportunity to participate in the Sandplay training (sandbox) in the Czech Republic. This is a technique for children that we currently use for groups in the morning. Initially, when I asked my colleagues to bring Kinder toys they laughed at me and when I arrived with a sandbox, the customers were laughing at me. But later they began to enjoy it, they dispute the figure of Superman, playing dinosaurs, etc ... We can clearly see in the sandbox, who is in the center or at the edge of the group. So we have a sandbox with a toy box in the TC group room.



I am always interested to see how other TCs use creative ways to work with customers. I want to access the concrete work between clients and therapists. At Trampoline, I could talk with therapists and with customers but I was unfortunately not able to participate in their joint work. So I would like to see how other colleagues actually work with their clients".

For more details : http://www.ceisformazione.eu/moodle_ecett/

To access the E-learning platform:

- 1) www.ceisformazione.eu/moddle_ecett/
- 2) when you are on the platform → select "Create Account" → choose your password → register on the course "Training File Ecett"
- 3) open "Good Practices: New Database" (from 2015)
- 4) insert title of GP in the "Search".



Youth



If we are convinced of family participation in therapy...

Working with parents of adolescents in difficulty

Interview with Gaëlle De Vlieger, Psychologist and Head of family service to Quai Jeunes which is a service of the nonprofit organization Trampoline in Belgium

Since the Quai Jeunes creation in January 2013, the project has come a long way ... This year, four people did a Mobility internship at Proyecto Hombre Seville and came back with the idea of improving the work with families of adolescents in difficulty. To speak about this experience, we met Gaëlle who has been working in this service for several years.

I visited Proyecto Hombre Seville in May this year. I went with 3 other colleagues and we met Inma Mauriño, head of the prevention service. They developed a project for young people more than 20 years ago which seemed interesting. The project is called "Proyecto Joven".

This trip allowed us to change our way of presenting the service to our beneficiaries. We realized that we need to more firmly believe in our project and be more demanding with respect to the participation of parents and young people in the various activities. We understood that we should neither try to adapt to them at any cost nor be as flexible regarding the participation to the programme.



One thing we changed is the empowerment of the young's parents, helping them to question each other and help each other. For this, we use feedback by questioning

more than the sharing of experience. This technique encourages questioning and diminishes the "preachy" appearance.

We also made mandatory the parental involvement to the support group and this, as soon as the youngster joins the program. This requirement is in line with our vision of the family system and our belief that everyone is affected by the problem. The family is part of the problem but it is also part of the solution. I believe we must avoid stigmatizing and focus on the youngster and consider him as the symptom.

... / ...



For older parents, the changes were difficult to accept because they used to work in another way and did not accept that everything was "messing" with our new ideas.

For the new ones, those who have been there for 2 or 3 sessions, they slowly permeate the new working method and accept it. They have no problem because they do not know another way to work.

It is mostly a personal investment because the ideas that we have already implemented do not require a special financial subsidy. However, these innovations require energy as there is a need to motivate families to participate with the youngster and it is not obvious at all.

For more details : http://www.ceisformazione.eu/moodle_ecett/

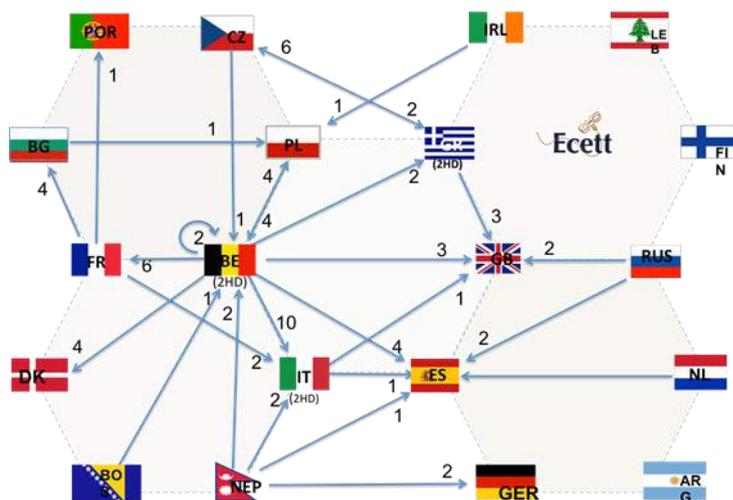
Europe



Erasmus+ Mobility grants approved for Ecett partners in 2015 and 2016

- * Trampoline, Belgium: 17 grants, approved in 2015
- * CEID, France : 21 grants, approved in 2015
- * Magdaledna, Czech Rep.: 28 grants, approved 2015
- * MONAR, Poland: 16 grants, approved 2015
- * Argo, Greece: 12 grants, approved in 2015
- * Amarrage, Belgium : 50 grants (consortium) approved in 2016
- * CoolmineTC, Ireland: 8 grants, approved in 2016
- * Argo, Greece: 8 grants, approved in 2016
- * Archipel, Belgium: 50 grants (consortium), pending 2016
- * Solidarnost, Bulgaria: 8 grants, pending in 2016
- * CeIS Don Picchi, Italy: 8 grants, refused in 2016

Ecett Exchange between countries in 2016



The figures indicate the number of internships between origin countries and host countries. Most internships are funded by Erasmus+ and other by organizations' equity.

Youth Consortium in Belgium

The 14 associations of the youth sector in Belgium have started Ecett exchanges through Mobility grants. The consortium is coordinated by Amarrage and shares 50 travel grants. One partner is Bosnian: Proslavi Oporavak. Indeed, the rules for the Youth Mobility sector enable sharing grants with a foreign partners that would meet consortium of colleagues in Belgium. The 14 organizations identified priority themes for these exchanges:

A. Accompaniment techniques of adolescents :

- ◆ emergency accommodation,
- ◆ assistance for administrative matters,
- ◆ setting autonomy,
- ◆ reception of unaccompanied foreign minors
- ◆ cultural diversity within groups,
- ◆ addictions and various consumptions,
- ◆ parenting support,
- ◆ comprehensive approach to aid

B. Staff and organizations management :

- ◆ motivation of workers and / or users,
- ◆ development and project finalization,
- ◆ work organization,
- ◆ networking,
- ◆ communication tools (with beneficiaries, between workers, between institutions)

We will keep you informed in the next Ecett Bulletin, Facebook and on www.ecett.eu about the the evolution of this ambitious project which will end in May 2018. More information at elisabeth.jauniaux@amarrage.be



New Hosts



Social Work

Addiction

Youth

Herzogsägmühle (Germany)

"Herzog" is an association subsidized by the Ministry of Employment. The total number of residents is about 900 and the recipients of the services are +/- 3000 each year.

The main objective of the organization is professional reinsertion through training and work placement; this is combined with therapy based on target groups. Residents follow a 3-step programme, most of them will be reintegrated into the society within two years.

SERVICES :

This is an entire village with different companies; it offers 41 professional trainings (+qualification) and suitable jobs for several target groups: physical or mental disabilities, mental illness, alcohol and drug dependency, homelessness, immigrants, older people with disabilities, teenagers, etc. :

There is :

- ◆ a farm with a cattle of 250 angus oxen
- ◆ social enterprises
- ◆ sheltered workshops that employ residents
- ◆ an inn, a supermarket, a post office, restaurant, children's playground, garage



Administrative headquarters :
Von Kahl-4 Stasse
86971 Peiting-Herzogsägmühle
Germany
Contact: Ingo Massel
Tel: +49 8861 219-0
Web: <http://www.herzogsaegmuehle.de>

New partners Social Work sector

- ◆ Emploi & Moi asbl, Courcelles (Belgium)
- ◆ BH-P Logement, Hornu (Belgium)
- ◆ Herzogsägmühle, Bavière (Germany)
- ◆ ANUPF, Bukavu (Rép. Dém. Congo)



Addiction

Proslavi Oporavak (Celebrate Recovery) (Sarajevo, Bosnia and Herzegovina)

Proslavi Oporavak / "Celebrate Recovery" was founded in 2008 by former addicts. The experience of the recovery from addiction is at the heart of our organization. Our mission is to motivate addicts to seek help by making them meet people who recovered and reinserted after treatment. The recovered people thus share their experience with others and support them in their journey to recovery.

Proposed services :

- ◆ Assistance to individuals and families dealing with addictions.
- ◆ Primary prevention in schools and outside school
- ◆ Peer Prevention for health and behavior change
- ◆ Groups of speech and support to help drug users to journey toward recovery
- ◆ Contribution to drugs policy at national, European and UN level

Name of the Contact Person : Mulka Mujic
Address : Danijela Ozme 11/2, 71000 Sarajevo, BiH
Telephone : +38733201761
Website : <http://proslavi-oporavak.ba>
Email: info@proslavi-oporavak.ba



New partners YOUTH sector

- ◆ L'Amarrage ((Belgium)
- ◆ Clos du Chemin Vert (Belgium)
- ◆ La Cordée (Belgium)
- ◆ CRES (Belgium)
- ◆ Centre d'Observation et Orientation Van Durme (Belgium)
- ◆ Foyer les Colverts (Belgium)
- ◆ Foyer de Roucourt (Belgium)
- ◆ Mentor Escale (Belgium)
- ◆ Le Moulin (Belgium)
- ◆ Notre Dame de Lourdes (Belgium)
- ◆ Les Petits Sapins (Belgium)
- ◆ La Pommeraiie (Belgium)
- ◆ Les Sentiers (Belgium)
- ◆ Proslavi Oporavak (Bosnia)



Selfreported Good Practices

Addiction



"The Therapeutic Garden" Therapeutic community Le fleuve, CEID Barsac, France

Using herbs in place of chemicals

The therapeutic garden is an original practice to provide a partial answer to the decrease of "avoidable" psychiatric treatment. This activity enables residents to produce herbal teas and enjoy them gradually autonomously. Those who wish may learn the use of herbs with medicinal, pharmaceutical and aromatic properties to deal naturally and economically with disorders such as stomach, head, legs pain, eyes ache ... but also flu, asthma, stress, tiredness ... and other consequences of drug treatments. The somatic problems most often found are:



Neurological: sleep disorders, nervousness, memory loss, anxiety, deficiencies...

- * Gastrointestinal: gastritis, pancreatitis, bowel transit, bloating, appetite disorders
- * Cardiac: disorders of blood circulation, blood pressure, lipid abnormalities...
- * ENT and dental: sore throat, cough, cold, asthma...
- * Sensory: blurred vision, olfaction, taste...

A nurse runs this activity and relies on a group of residents to make planters, choose plants according to their properties (via an internal library consisting of herbs and medicinal plants). They collect them, proceed to drying and everyone can come to the infirmary whatever the time of day with the support (decreasing) of the nurse, recover the amount required for a tea adapted to the expressed need or other concoctions that residents will prepare in the dining room (not in the infirmary).

The medical team can inform the whole team on the decrease processing project and on the use of herbal tea by the resident instead of the use of drug delivery treatments. During the second phase of their stay, the nurse and the doctor notice a consistent decline in the use of drugs of the type "if needed" (i.e. under their own management), for some residents, particularly anxiolytics, hypnotics and ease to decrease for treatment of all types.

For more details : http://www.ceisformazione.eu/moodle_ecett/



Addiction



"The handprint" Trempoline, Belgium

Trempoline has introduced the tradition to leave a handprint of each resident on the walls of the therapeutic community to mark their passage to social reintegration



In 2014, the fingerprints project was born.

When residents know their date of transition to rehabilitation, they coat one of their hands with watercolor, lay it on a white sheet, sign, note the date of the transition and add a sentence in connection with their recovery. They frame their mark and this framework is displayed in the premises of the therapeutic community. All these frames together are a powerful sign of hope to progress and seek courage in difficult times or when the urge to leave is important. These fingerprints allow residents to embellish and decorate their living environment.

For visitors (subsidizing authority, donors, partners) it is an evidence that the recovery process works, that change and get out of addiction is a reality and not a dream.



For more details : http://www.ceisformazione.eu/moodle_ecett/



Good Practices of trainees 1/3

Youth



Involvement of the parents in the support of consuming teenagers

At Proyecto Joven, 50% of the work is carried out with young people and 50% with parents.

Host institution : Proyecto Hombre, Seville, Spain

Author : Thibaud Petit, Phénix Jeunes, Namur, Belgium.

As soon as the demand analysis, the parents and the youngster sign an engagement contract involving them to work in parallel. The program lasts about a year. The youngster and his parents come together at the institution.

For the young people, this is a 4-phase program. The first phase is to respect the regulations signed during the admission interviews. This first phase involves the presence of the youngster at 3 group sessions per week.

During the second step that works on attitudes the young participates at 2 group sessions per week. The third step targets emotions. The last phase is a closure phase where the young people come once a week.

The young people are on average 10 per group and pass from one phase to another according to their individual evolution. It is not a complete group that moves from one phase to another.



The parents participate in two groups. In the first group, with other parents, they express their feelings and their real life experience as parents. They come to this group while their child is involved in a group of his program. They are in average twenty participants and they are distributed according to the phase in which is their child.

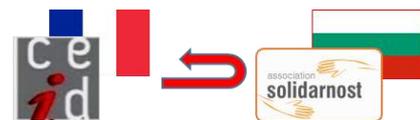
The second group is called "school for parents". This is a seminar on parenting practices to adopt with a teenager (ie non-violent communication, rules, punishments, etc.).

All groups are held in the Proyecto Hombre building where the headquarters of the association are located. The young people as well as their parents wait in the courtyard, then they join the group corresponding to the phase in which the youngsters are. Each group has its room which is empty. Each takes a chair and sits in a circle with the facilitator and the group starts directly with their exchange of information. The role of the facilitator is simply to distribute the time of speech and frame the discussion if necessary.

To access the E-learning platform:

- 1) www.ceisformazione.eu/moddle_ecett/
- 2) when you are on the platform → select "Create Account" → choose your password → register on the course "Training File Ecett"
- 3) open "Good Practices: New Database" (from 2015)
- 4) insert title of GP in the "Search".

Social Work



Working with the Gypsy public in Bulgaria

Professional health mediators, coming from Gypsy communities.

Host Institution : BFPA (Bulgarian Association for Family Planning and Sexual Health) Sofia, Bulgaria.

Author : Krasimira Totcheva, CEID Bordeaux, France

We met with Dr. Radosveta Stamenkova and most of the staff of the Family Planning Association BFPA. They presented many researches they were able to conduct in the Gypsy neighborhoods. This is an extensive program of research and analysis that allowed them to better understand the complexity of the public that should (according to their recommendations) certainly not be considered homogeneous!

The association was able to train and deploy on the ground a large number of health mediators. These are professionals from Gypsy communities, with higher education who perform outreach to the Gypsy public. They carry prevention messages, are mediating between Gypsies and various administrative institutions, health, education ... They perform accompaniments. Because of the complexity and the extent of their scope, they work towards risk reduction at large in this population.

The team has developed many prevention tools for the Gypsy public. For example, to better convey prevention messages of communicable or contagious venereal diseases among the illiterate public, they use images and tables representatives of the human body organs. They also print these images with prevention messages on cards because many men play cards.



Regarding working with drug injector Gypsies (their number is particularly important), these health mediators develop risk reduction actions on drugs: distribution of sterile injection equipment; support for access to substitution treatment and / or treatment for certain chronic diseases related to drug use for those in need.

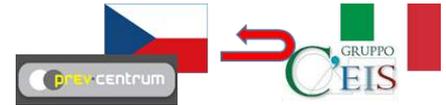
The association is in permanent contact and in close partnership with a number of European and global networks for the prevention of human slave trade.

For more details : http://www.ceisformazione.eu/moodle_ecett/



Good Practices 2/3

Addiction



Three teams in synergy for treatment of dual diagnosis clients in TC

Host Institution : CEIS - Centro di Solidarietà di Modena, Italy
Author : Saša Roubalová From: Out-patient care, Pre-ventrum, Czech Republic

Recently, we have noticed an increasing number of dual diagnosis clients in our treatment centre – i.e. addicted clients with other serious psychiatric diagnosis (psychosis, severe personality disorder or affectivity disorder, eating disorder etc.). Some of the clients are in substitution treatment (buprenorphine). During my traineeship in Italy, I had the opportunity to visit three services in Modena that work in synergy for dual diagnosis clients and other clients in psychiatry.



1) CPAOD: this short term community for emergency and diagnosis is a unique therapeutic community focusing on monitoring and diagnosis of clients with the aim of defining the most appropriate follow-up treatment. The capacity is 20 clients (male+female) plus 2 clients in the attached programme Fuori Rota (emergency help). The clients are referred to the treatment by the public health system SERT (Servizi di Tossicodipendenza). The standard length of the therapy is 3 months. The target group is addicts (all kinds of psychoactive substances, alcohol, clients on substitution) and dual diagnosis clients. At the entrance, all clients have to go through psychiatric assessment and dual diagnosis clients mostly undergo psychodiagnostics (MMPI, WAIS, neuropsychological tests, SCID personality assessment). The dd clients are integrated in the same programme with other clients.



2) TC LA TORRE- This therapeutic community is intended to clients addicted to psychoactive substances including alcohol, to dual diagnosis clients and to youngsters. The capacity is 59 clients (male+female)

among which 12 are dual diagnosis clients. Clients are referred by SERT and sometimes by CPAOD and are coming from whole over Italy. TC is based on 3 modules - traditional TC (addicted clients), double diagnosis programme (addiction in comorbidity with a mental disorder), young clients (18-25). Combination of DD clients within "traditional" TC is a motivation for the DD clients, it helps them making progress in the therapeutic process.



3) TC LA BARCA: this therapeutic community is intended to clients with psychiatric diagnosis (psychosis, severe personality disorders) and not associated with addiction(male+female). The capacity is of 19 beds. The target group is divided in two sub-groups: 1) elderly clients 2) younger clients. Each group has specific needs and goals in the programme. The structure of the TC and the psychosocial care enables to lower medication of clients in a considerable way. The treatment takes around 1 – 3 years. Treatment is followed by sheltered housing and re-integration programmes. The treatment can be longer in the case of elderly clients. Clients are referred by "Servizio di salute mentale territoriale" (within the public health system).

For more details : http://www.ceisformazione.eu/moodle_ecett/



Unsold food processing Fight simultaneously against waste and insecurity.

Social Work

Host : Food Bank of Bordeaux, France
Author : Lysiane Colinet social Relais Urbain de Mons-Borinage, Belgium

SOREAL (Belgium) is a partnership of public and private stakeholders, coordinated by the social Relais Urbain de Mons-Borinage (RSUMB). Its mission is to collect food and distribute it equitably to the poorest. Wanting to develop a canning project, RSUMB agents went to meet the team of the ABC-E project at the Food Bank of Bordeaux to learn and create, on their return, a processor of unsold food products.



The Bordeaux food bank recovers, in the surrounding shops, unsold products that cannot be redistributed as is to the beneficiaries because they are damaged. However, these products may still be useful since they can be converted into jams, purees, juice and others.

It is in this context that the food bank of Bordeaux created the ABC-E project in partnership with technical and financial officers. Its purpose is to support people in professional integration in the development of a very small company whose goal is to transform unsold non-redistributed products into good quality products and sell them at a low price. It combines fight against waste and short circuit production to the fight against precariousness and improves the access to quality food for people in need.

Providing food and a suitable working opportunities, the food bank and its partners were able to train and support 2 people who make and sell products and were able to develop an activity that allows them to earn a sufficient living wage.



For more details : http://www.ceisformazione.eu/moodle_ecett/



Good practices 3/3



Non residential therapeutic program for addicted individuals

Host : ARGO, Thessaloniki, Greece
Author: Klara Zajickova, Magdalena Czech republic

In Czech Republic, we have just one day care center and our clients are confronted to many obstacles because entering a residential program is often difficult for the client and in some cases almost impossible to achieve. Outpatient treatment is often limited to individual contact one hour a week with the client. In the aftercare period, our clients meet also problems when returning to risky environment. The treatment program in ARGO, overcomes easily many of these gaps and obstacles, while delivering the added value of the community.

Comprehensive treatment of ARGO, is divided into several "phases":
 1st phase: the "Guiding station", is a place in the city center where clients are prepared to TC treatment .



- 1) There is a continuity of the entire treatment process. The take over of the client is warm. The same person accompanies the client throughout his whole treatment, since the day one knows where the client is going.
- 2) Work with motivation of the clients: they could enter into the program when they abstain from all illicit drugs and prescribed psychiatric medication. If they fail, they are directed to group of dual diagnoses, and it's rather a "harm reduction program".
- 3) Dealing with an alcohol, which is not completely prohibited, clients learn how to use it in non addictive way through feedback from therapists and the group.
- 4) As TC work happens in afternoon-evening hours, client has the opportunity to pursue his own education.
- 5) Clients know each other and meet together outside TC, so that the group can monitor the negative attitudes of participants through bringing it to the shared space of the group.
- 6) Orientation toward creativity through which individuals can achieve personal freedom within the community. Each client participates in the common creation of something and has a choice of three areas, according to which most attracts him. They develop expression skills in ARGO non-verbal workshops and in drama therapy groups.
- 7) The treatment "phases" in the community determines client's length of stay in the program. During these phases, he attends different types of therapeutic groups: non-verbal therapy group is progressively replaced by drama therapy group; photogram group therapy by art therapy etc.
- 8) Offer of family therapy, which is voluntary, comprehensive and professional
- 9) Premises and team distribution : multidisciplinarity in the true sense of the word.

For more details : http://www.ceisformazione.eu/moodle_ecett/

The benevolent confrontation in a TC,

Making the person aware of his or her wrong behaviors without harassment. This is a behavior change therapy.

Host Institution: Trampoline asbl, Belgium
Author: Binod Aryal RIC-Rose, Kathmandu

Reason for choosing the GP: avoiding authority abuse of staff members against clients. In my TC, when staff confronted directly clients, these were more angry against the staff than open to their message.

At Trampoline any resident can complain about the behaviour of another resident and tell it to the coordinator. The coordinator will propose who will present it to the author of the targeted behaviour. The coordinator and two other residents decide together what will be expressed, how, when and the voice intonation for the message and the duration which is limited to 10 to 20 minutes. This is written on a paper. The coordinator presents the paper to the staff for having the agreement for the confrontation. Mostly, the staff agrees if it seems right and constructive, if the targeted resident has no mental disease and if he is able to understand the purpose of the confrontation. The coordinator is a guarantor for that and a staff member monitors the process. The resident who will be confronted waits, sitting in a room nearby the room of the coordinator. The coordinator and two other residents will confront him. Sometimes, the staff is present to check.



- They invite him into the room and the 1st person says "this is for your benefit, take what is good for you and we are expressing without any anger and resentment".
- The 1st expresses .../...
- The 2nd person expresses .../...
- The 3rd person gives .../...

So, the person feels at the same time different emotions:
 "I did something wrong".

he is touched and hustled in his ego, pride and emotions.
 finally, he becomes more calm and realizes his mistakes.

The whole process happens without pushing him down and in a respectful way. They confront his negative behaviour without touching his personality.

The learner is the main actor of his/her learning journey !
« Even if the money for the flight from Kathmandu to Brussels and for the 24 days in Europe is a big amount for Nepalese living standard, the cost/benefit ratio of this learning experience is nothing when I see what I have learned... »

Testimony of Binod Aryal and Bhuvan Ghimire (Nepal), after visiting therapeutic communities in three European countries.

News 1/2

Addiction

Two Nepalese, made three one week Internships in Belgium, Italy and Germany (may 2016)



RIC-Rose Nepal

Having been facing difficulties related to the starting of a prevention programme and a therapeutic community in Nepal during 6 years, Binod and Bhuvan asked in 2012 to Ecett to observe several therapeutic communities in Europe. Three organizations joined Ecett to design a customized program minimizing travel costs. Visas were granted in 2016 and Binod and Bhuvan spent one week in three TCs : Tremplone in Belgium, Gruppo Ceis in Italy and Fleckenbühl in Germany. They withdrew valuable lessons related to their learning objectives:

- 1) How to better ensure the quality and ethics in relations within a TC ? See "Benevolent confrontation in TC".
- 2) How to develop organic farming in TC ?
- 3) New prevention tools for Nepal.

The welcome at the hosts was done on a reciprocal basis as Bhuvan animated meditation and yoga sessions with the residents and the staff.



Binod's comments: "The whole TC model can be transferred to Nepal. Our people speak about TC, but it has nothing to do with this type of TC. About ethics, I learned in Tremplone that the group itself was a method as part of the treatment and that the staff has some kind of boundaries and limitations to not interfere in the group. I chose the "confrontation" as good practice. In Ceis I learned about mental disorder clients because I stayed three days with them. It helps to understand how one can integrate help to mentally ill people in a community based approach".



Ecett Tour

find here special surveys collected in August 2016

by the president of Ecett-Networks who made 5,000 km by car and crossed 6 countries to visit 15 organizations.

Italy: some original practices found in 9 organizations :

- A therapeutic community for adolescents at "Il Ponte". This psycho-pedagogical center welcomes young people who have "dropped out of school" and are using drugs and aiming for rehabilitation. The program lasts for two years. From 1993 to 2016, 410 young people successfully resumed / completed their education in lower secondary education, or upper secondary education, or university or vocational training.
- Reintegration by helping the elderly at Ceis in Reggio Emilia: meetings between unemployed immigrant women and families of elderly people in need of care. These women are then trained to become home helpers for the elderly.
- Learning about organic agriculture at Ceis in Viterbo: During their stay in a therapeutic community, residents learn organic agriculture by cultivating plots and selling their products: olive oil, honey, market gardening, garden maintenance. It is supervised by a professor in "social agriculture".
- A community structure to welcome immigrants at Ceis Genova (Genoa)
- A shelter for mothers in distress accompanied by children associated with a therapeutic community of 50 people in a 16th century abbey at Oikos near Jesi.

Germany:

- A social and professional reintegration village where 900 people are trained at Herzogsägmühle in Bavaria. The beneficiaries are excluded persons, disabled persons, alcoholics, drug addicts or immigrants who are trained in one of the 41 trades offered in the village in order to find a place in social and professional life. The experience has been working for sixty years.
- A "community of life" where 200 ex-addicts or ex-alcoholics live autonomously (Kibbutz model) at Die Fleckenbühler, near Frankfurt. A farm with organic farming and agriculture, an urban community with small autonomous businesses, a shelter for adolescents in partnership with the Ministry of Justice ... It is like a large self-managed family without professional supervisors. Some are just weaning, others re-learn to live for two years and then reintegrate society and others have lived there for 20 or 30 years and supervise the community.



For more details : http://www.ceisformazione.eu/moodle_ecett/



News 2/2



Addiction



Photofozzie, Solidarnost's photography atelier

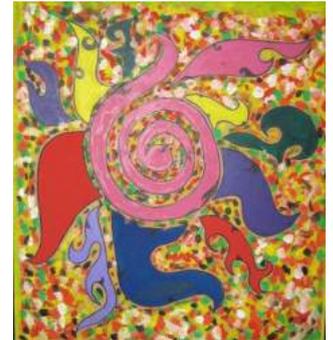
Photofozzie is the newest atelier in Solidarnost's rehabilitation program and was created in 2015 by clients who had successfully finished the program and were in the resocialization phase at the time. They had the help and support of the team and volunteers. Photofozzie's main purpose is to teach clients to use the art of photography as a way of self-expression, to develop new abilities and to support their own process of social reintegration.



Photofozzie's last initiative was a Street photography seminar held on 17 September. The leader of the seminar describes this type of photography as "motion and empathy, story-hunting and a free exercise in peering". After a brief theoretical lecture, the clients went out together to take photos and to feel for themselves the essence of this genre. Their inspiration grew stronger as they saw museums, cultural and religious monuments and landmarks. In the end, they visited an exhibition called "Let it be summer".

Low-threshold centre "Posoka House"

In the beginning of 2016 the new low-threshold centre for addicted people "Posoka House" opened in Sofia. Since then it has provided shelter and support for more than 40 people and over 50% of them regularly use the service. Three days a week the centre provides various services for people suffering from addiction: a washing machine, dryer, shelter from the atmospheric conditions, hot drinks and supporting conversations, and, if needed, consultations with a lawyer, a psychologist or a psychiatrist. For all other needs that the centre does not cover, the clients receive support and accompaniment to other institutions and services in Sofia. Posoka House is a structure of Solidarnost Association and an important part of the organization's.

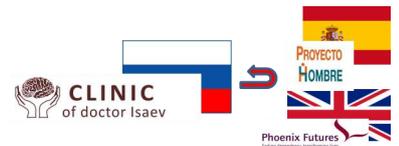


For more details : <http://www.ceisformazione.eu/>

moodle.ecett/

Addiction

Russian interns in Spain and Great Britain



Dr. Ruslan Isayev decided to use Ecett for the training of therapeutic community (TC) teams in the Moscow region. Elvira Ikoeva and Iulia Kuznetsova visited Proyecto Hombre in Barcelona and Guadalajara as well as Phoenix-Futures in London to discover good practices related to "dual-diagnosis" (DD) with the perspective to open an Ecett helpdesk in Moscow.

Elvira Ikoeva's comment : *"Proyecto Hombre has Prepared a very structured and diverse education programme including visits to DD centers, TC with programmes for mothers and children, etc. We had the opportunity to get acquainted with ideas and principles of work from inside which was particularly significant for us. We found ideas for our original goal and for sorting out some issues, we learned a lot about the culture, the involvement of volunteers and international work".*

Julia Kyznetsova's comment : *"I managed to achieve all my objectives thanks to the professional work of Phoenix Futures employees. What is even more significant, I got more than what I initially expected".*



Addiction

News about French TCs



Relief after a long expectance... This announcement was made in the presence of a distinguished speaker, Georges De Leon!

In 2006, the French Interdepartmental Mission for the Fight against Drugs and French Addiction (MILD&CA) has launched a call for projects to launch the TC experience in France and since 2008, several organizations had their projects selected for several years experiment. After evaluation, the President of the Mildeca announced during the National 2015 TC days organized by the Addiction Federation and CEID-Addictions (Ecett helpdesk France), that our institutions were going to leave the experimental stage to be sustained under a (new) administrative status:

Care Center, Accompaniment and Prevention of Addictions-Therapeutic Community. Relief after a longwait : this announcement took place in the presence of a keynote speaker, Georges De Leon! Thus, institutions are engaged for several months in the authorization process and will integrate sustainably the care of the addictions field in France. In 2016, there were 11 Therapeutic Communities in France.



Testimonials and main ideas 1/2

Social Work



Sevan Delfosse of Relais Santé Namur (Belgium) After visiting ABEJ, Lille (France).

"We had the opportunity to discuss with our hosts how they operate and the difficulties they encountered. This allowed us to anticipate the challenges we would have to face in the future and build strategies to avoid them. We had the chance to exchange on the project "at home first" informally around a table out of hours originally planned. This strengthened the trust and the ties between the trainees and the hosts. This also allowed us to observe and discuss team building, very important to the proper functioning of the project. This trip has had a direct impact on our own team cohesion".

Addiction



Gregory Breynart Destination of association, Dinant (Belgium) After visiting Kethea, Athens (Greece)

"The goals set with respect to working with families have been achieved beyond our expectations. We were able to apprehend a very different approach to that which exists in our service. Therefore, new lines of work and reflections will result from this internship. This course has mostly allowed us to shift us from our institutional practices and foundations to consider another approach of the public and families".

Addiction



Klára Zajíčková of Magdalena ops (Czech republic) after visiting ARGO, Thessaloniki (Greece)

« I really appreciated the opportunity to see how they work and to talk about it. They have a complex programme for addiction treatment and the word "alternative" is important, because they work in a different way, which I see as meaningful and innovative. Their way of working with dual diagnosis is in some aspects the opposite to our way, which resulted in discussion about our premises. In my opinion is important to see that there is another way which works, too, and to reflect on it ».

Social Work



Florence Kayaert, HELHa Charleroi (Belgium) After visiting Christiania, Copenhagen (Denmark)

"All of the students who responded to the evaluation highlight an overwhelming experience. They were surprised, interested and excited about the discoveries they made both in building their professional as their personal identity thanks to the experience that "anything is possible, words never will identify the scope of what we learned. What we learned and experienced is to live."

Youth



Gaëlle Devlieger Of Trempoline (Belgium) After visiting Proyecto Hombre, Seville (Spain).

"After internship, I had many thoughts about the life skills that our job requires as much if not more than the expertise (tools). Reflections regarding our consistency, our expectation, our belief in our efficiency. . . . I already started to implement some changes in my way of presenting our service to parents in order to have a more convincing attitude".



Social Work



Renaud De Backer Urban Social Relay, Namur (Belgium) After visiting ABEJ, Lille (France)

"Given the quality and richness of the internship, the objectives have clearly been achieved. As coordinator of the team, this stay fully meets my objective of developing more tools and improving practices with respect to the public that we welcome. Beyond the methodology of work, it must be stressed that the cohesion of the team has been strengthened. This trip allowed us to gain confidence with respect to our practices, develop new tools, strengthen the cohesion of our team and create partnerships".

Addiction

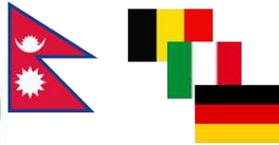


Julia Kyznetsova de Clinic of Dr. Isaïev, Moscou (Russie) After visiting Phoenix-Futures, Londres (Great Britain)

« Everything was organised on a top-level. We had a the possibility to see different centres and approaches. The way staff works is great! The team was very friendly and we could observe understanding between staff and patients. The environment of this visit was very friendly, productive, useful and interesting! We are really grateful for the chance to see the professional work and quality treatment as well as for hospitality and time devoted to our team. I'd like to thank you for giving us the opportunity to exchange experience with colleagues abroad ».

Testimonials and main ideas 2/2

Addiction



Binod Aryal from RIC-Rose, Kathmandu (Nepal)
After visit of Trempoline (BE), Gruppo Ceis (IT) and Fleckenbühl (D)

« About ethics in management of the community life, I learned that the group is a method as part of the treatment and that the staff should respect some kind of boundaries and limitations for not interfering in the group, for helping them to grow in recovery. In Ceis (Italy) I learned about clients with mental disorder. I understood how one can integrate help to mental ill people in a community based approach, and this is very different of giving medication at the hospital. All this can be replicated in Nepal with the same profile of clients. The whole TC model can be transferred to Nepal, but when our people speak about TC, it has nothing to do with this type of TC! »

Social Work



Valerie Albertuccio of HELHa, Charleroi (Belgium)
After visiting Christiania, Copenhagen (Denmark)

"The enchantment of our students (and this is the appropriate term) facing the educational travel offer confirmed two assumptions:

The pedagogy of the trip is a relevant training material in Social Work.

We usually underestimate in our training practices, the support of utopian experience (or at least the experience of enthusiasm and success). Indeed, discovering a positive reality rather than more social distress brings a complementary added value which is indispensable in the baggage of the trainer."

Social Work



Krasimira Totcheva, CEID, Bordeaux (France). After visiting Solidarnost, Sofia (Bulgaria).

"I am completely satisfied with this internship that consolidates the partnership between the CEID and the Bulgarian institutions that hosted us. We followed a busy and very rich schedule. I return full of impressions, ideas, emotions and desire to continue this working partnership with the Bulgarian colleagues (anyway, ideas concerning future partnerships were discussed during this stay)."

Addiction



Christina Vasileiou and Apostolos Balasis from Argo, Thessaloniki (Greece) After visit of Phoenix Futures (Great Britain)

« Sams (Support Advice and Mentoring Service) welcomes ex-drug users that have completed programs. It supports them individually and in group therapies in order to find jobs, they educate them (socially), and the ex-drug users may co-ordinate these groups. It is a very good way to support those people since ex-drug users need a lot of time to stay clean. Sams can provide to someone to become a volunteer mentor and to support someone affected by drugs or alcohol misuse ».

Addiction



Edita Floriánová from TC Salebra (Czech Republic)
After a visit of Trempoline, Charleroi (Belgium)

« I realized that if we believe in what we do, we can transmit enthusiasm and make things work, e.g. how to start working with family, believing that it is important and transmit this message to the family. We should not be worried about clients with DD, but be open-minded, flexible and ready to react in the situation and to be transparent with other clients. Finally, I was personally inspired by people working in Trempoline and by their enthusiasm and belief in what they do ».

Addiction



Alexandros Boulgourtzis from ARGO, Thessaloniki (Greece)
After a visit of Magdalena o.p.s. (Czech Republic)

« I was impressed by the very good organized street work of Magdalena. They aim at harm reduction and work in this direction. They inform the drug users how to make a safer use of drug, provide sterile syringes, condoms etc. The result is a reduction of diseases such as hepatitis C or HIV. They control and clean areas from used syringes, provide clothes, sleeping bags, snacks and anything else that homeless people need ».

