

Therapeutic Community Elements:

Theory, Model, and Method



George De Leon

Center for Therapeutic Community Research at NDRI, Inc.

New York City

The Therapeutic Community Perspective:

Four Interrelated Views

View of Disorder ☹

Drug abuse is a disorder of the whole person involving some or all the areas of functioning.

- Cognitive, behavioral, emotional, medical, social and spiritual problems
- Physical dependency must be seen within the context of the individual's psychological status and life style
- Problem is the person, not the drug

The Therapeutic Community Perspective *cont'd* :

View of the Person ☺

Rather than drug use patterns, individuals are distinguished along dimensions of psychological dysfunction and social deficits.

Some shared characteristics:

- **Poor tolerance for frustration, discomfort, delay of gratification**
- **Low self-esteem**
- **Problems with authority**
- **Problems with responsibility**
- **Poor impulse control**
- **Unrealistic**
- **Difficulty coping with feelings**
- **Dishonesty, manipulation, self-deception**
- **Guilt (self, others, community)**
- **Deficits (reading, writing, attention, communication)**

The Therapeutic Community Perspective *cont'd* :

View of Recovery ☹

The goals of treatment are global changes in lifestyle and identity.

Some assumptions about recovery:

- **Recovery is developmental learning**
- **Self-help and mutual self-help**
- **Motivation**
- **Social learning**
- **Treatment is an episode in the recovery process**

The Therapeutic Community Perspective *cont'd* :

View of Right Living ☺

Certain precepts, beliefs and values as essential to self-help recovery, social learning, personal growth and healthy living.

Some examples:

- **Truth/Honesty**
- **Here and Now**
- **Personal Responsibility for Destiny**
- **Social Responsibility ("Brother's/Sister's Keeper")**
- **Moral Code Concerning Right and Wrong Behavior**
- **Work ethic**
- **Inner Person is "Good", but Behavior Can be "Bad"**

The Therapeutic Community Perspective *cont'd* :

- **Change is the only certainty**
- **Learning to learn**
- **Economic self-reliance**
- **Community involvement**
- **Good citizenry**

The TC Approach: Community As Method

- ❖ **The *purposive* use of community to teach individuals *to use* the community to change themselves.**

Community as Method

Four Components

Community as method is described in terms of *four* interrelated components:

- Its *context* of peer and staff relationships, and the daily regimen of activities
- Its *expectations* for individual's participation
- Its *assessment* of the individual's progress in meeting these expectations
- Its *responses* to individual's meeting or not meeting expectations

Community as Method

I. Community Context Component ☹

Context consists of the elements of the community - the program structure, daily regimen of activities, and social relationships which are the tools to be used for self-change.

The fundamental assumption of community as method is that individuals obtain maximum therapeutic and educational impact when they participate fully as members of the community – that is, when they use the context, the community elements, as tools for self-change,

- **The groups**
- **Meetings**
- **Work**
- **Seminars**
- **Relationships**
- **Multiple social roles**

Community as Method

II. Community Expectations Component

These are the standards set by the membership concerning the goals of participation and use of the community as tools for self-change. These expectations are described in terms of the following:

- Performance
- Responsibility
- Self-examination
- Autonomy

Community as Method

III. Community Assessments Component ☹

These are various strategies for evaluating whether and how residents are meeting expectations. These typically consist of the following:

- Exposure
- Teaching
- Testing
- Challenging

Community as Method

IV. Community Responses Component ☺

These are the community's positive and negative reactions to its assessment of the individual's efforts in meeting expectations. These reactions may be -

- Supportive
 - Affirmative
 - Critical
- or
- Corrective Actions
 - Sanctions/privileges

They are implemented as various consequences to promote the individual's participation in and use of the community.

Components of a Generic TC Program



- Community separateness
- A community environment
- Community activities
- Staff roles and functions
- Peers as role models
- A structured day
- Work as therapy and education
- Phase format
- TC concepts
- Peer encounter groups
- Awareness training
- Emotional growth training
- Planned duration of treatment
- Continuity of care

TCs or Not TCs Diversity of Programs

- ◆ **The TC approach and model has been successfully adapted and modified for various populations and settings. However, within the wide diversity of programs that represent themselves as TCs many do not actually implement the TC approach that has proven success.**
- **This often results in variable treatment outcomes and fosters misperceptions of the therapeutic community as an effective evidenced based approach.**
- **The credibility of the TC modality in Health and Human services will require classification of the diversity of programs as well as the development of standards of quality assurance.**

TCs OR NOT TCs: Classification

- ◆ A classification of TC programs is essential to assess their appropriateness and effectiveness for different populations. A suggested 3 category classification, derived in part from earlier field survey studies: *TC- Standard, TC- Modified and TC- Oriented*.
- ◆ These broad categories are based upon the extent to which a program is guided by the TC theory (i.e., perspective on the disorder, recovery and right living), adheres to the method (i.e., Community as Method) and retains essential components of the program model (e.g., community meetings, seminars, peer groups, resident organizational structure, etc.).

Standard TC Programs

- **Guided by the TC perspective**
- **Retain essential components of the program model and**
- **Utilize community as method as the primary approach.**
- **They are mainly housed in residential settings, with longer planned durations of treatments, serving the more severe substance abusers.**
- ❖ **Primarily Client driven**

Modified TC Programs

- **Guided by the TC perspective**
- **Retain essential components of the program model**
- **Adapt community as method for special populations (e.g. Co-Occurring Disorders; criminal justice substance abusers, juveniles); and settings (hospitals, shelters, prisons)**
- ❖ **Client and staff driven**
 - ✓ **Key Adaptations**
 - ✓ **More staff directed**
 - ✓ **Greater emphasis on individual differences,**
 - ✓ **Moderated intensity of group process,**
 - ✓ **More flexible program structure and planned duration of treatment**
 - ✓ **Incorporate strategies and services for special problems and special populations including pharmacotherapy (e.g., methadone, buprenorphine, psychotropic medications),varieties of counseling and family therapy)**

TC oriented Programs

- **Not guided by the TC perspective**
- **Do not utilize community as method**
- **Select elements of the program model (e.g. community meetings, peer support group) but mainly utilize services and practices that are not specific to the TC.**
- **Typically, these serve less severe clients in short term residential or day treatment settings and are eclectic in their approach.**
- ❖ **Primarily Staff Driven**

TC: An Evidenced Based Program

- ❖ **Standard and Modified programs may employ other evidence based strategies e.g., cognitive behavioral therapy (CBT), motivational enhancement therapy (MET, Seeking Safety, Family therapy etc.).**
- ❖ **These strategies are incorporated as *enhancements* of, not *substitutes* for, community as method, the primary treatment approach.**

Comment

- ◆ The expansion outward of the TC has been at the expense of inward refinement of the approach itself.
- ◆ Some effects of these changes may be described in terms of *dilution* of the TC approach and *erosion* of treatment fidelity.
- ◆ TCs must refine *community as method* as the primary treatment ingredient through a focus on Fidelity.

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