WHAT IS A THERAPEUTIC COMMUNITY?

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A TC is a structured method and environment for changing human behavior in the context of community life and responsibility.
Distinctive Features of TC’s

- TC Language
- Community-as-Method
- Rational Authority
- TC Views of the Disorder, Person, Recovery and Right Living
Views of Disorder

- Disorder of the whole person
- Virtually every aspect of a person’s life is affected

Views of the Person

- TC residents are able to change their behavior and become productive members of society.
Gradual building or rebuilding of a new life.
TC View of Right Living

- Honesty
- Responsible concern for others
- Work ethic
- Active and continuous learning
THE METHOD

Community As Method

Individuals are taught to use the peer community to learn about themselves, to change lifestyle and identity.
14 Basic Components of a TC

1. Community Separateness
2. Community Environment
3. Community Activities
4. Staff as Community Members
5. Peers as Role Models
6. A Structured Day
7. Stages of the Program and Phases of Treatment
14 Basic Components of a TC

8. Work as Therapy and Education
9. Instruction and Repetition of TC Concepts
10. Peer Encounter Groups
11. Awareness Training
12. Emotional Growth Training
13. Planned Duration of Treatment
14. Continuance of Recovery after TC Program Completion
Basic Concepts of Community-As-Method

- Variety of Roles
- Continual feedback from peers and staff
- Role Models
- Friendships and healthy family-like relationships
Basic Concepts of Community-As-Method

- Collective Learning
- Internalization of TC culture and language
- Hierarchical work structure and communication system
- Open communication and personal disclosure
Understanding Addiction

The three stages and characteristics of substance use

- Experimentation
- Abuse, and
- Dependency / Addiction

Six models of the Causes of substance use

- Biopsychosocial
- Medical Biological
- Clinical / Psychological
- Social
- Moral
- Spiritual
The Community-as-Method Approach and its (8) Basic Components

- The community-as-method approach is a social learning process.
- Residents learn by identifying with others, through participation, observation, and interaction with others to change thoughts, feelings and behavior patterns.
- Learning also occurs through formal instruction (classes, seminars, etc).
- Staff must gain skills in promoting the community-as-method approach.
T.C. “Essential Elements”

- Peer Interpersonal Relationships
- *Staff Roles and Rational Authorities*
- Staff Ethics and Self Care
- The TC Social Structure and Physical Environment
- Work as Therapy and Education
TC Treatment Methods

- Behavior Management and Shaping Tools

T.C. Groups

- Staff and Residents learn to express identification, empathy and compassion when using these treatment methods.
**Concept**
New behaviors are learned in increments and time is given to internalize change. Patterns of success and failures are given time to emerge.

**Stages of the TC Program**
- Stage I - Assessment
- Stage II - Safety Net
- Stage III - Treatment & Interphase
- Stage IV - RE-Entry
How Residents Change in a TC

- Residents are not simply adopting behaviors and attitudes to comply to TC Rules. Residents are expected to make changes in:
  - Self care
  - Self control
  - Self management
  - Self understanding
  - Self identity

- Residents will internalize change when they begin to accept, practice and apply what they are learning in the TC to new situations inside and outside of the program.
TC Rules

- Cardinal
- Major
- House
The primary purpose of work in a TC is to reveal and address residents' attitudes, values, and emotional growth issues.
Typical Characteristics Addressed by Work in the TC

- Personal habits
- Work habits
- Work relations
- Self Management
- Work Values
Work in the TC is used to:

- Shape personal behavior
- Promote positive interpersonal relationships
- Create a sense of community
- Instill attitudes that promote right living
- Teach job skills
Relapse Prevention Skills

1. Help clients identify their high-risk relapse factors and strategies to deal with them.

2. Help clients understand relapse as a process and as an event.

3. Help clients understand and deal with alcohol or drug cues as well as cravings.

4. Help clients understand and deal with social pressures to use substances.
5. Help clients develop and enhance a supportive social network.

6. Help clients develop methods of coping with negative emotional states.

7. Assess clients for psychiatric disorders and facilitate treatment if needed.

8. For clients completing residential or hospital-based treatment, facilitate the transition to follow-up outpatient or aftercare treatment.
Relapse Prevention Skills

9. Help clients learn methods to cope with cognitive distortions

10. Help clients work toward a balanced lifestyle

11. Consider the use of a pharmacological intervention as an adjunct to psychosocial treatment

12. Help clients develop a plan to manage a lapse or relapse.
Right Living in a T.C. means:

To Change Lifestyle Identity by

- Abiding by community rules
- Remaining drug free
- Steadily participating in daily regimen of groups, meetings, work, and educational functions
- Meeting all obligations
- Maintain a clean physical space
- Maintain a clean personal hygiene
Right Living in a T.C. means:

- Act responsibly to self, others and community
- Display socialized behavior such as, civility, manners, respect, and keeping agreements
- Role modeling TC values of right living like being honest, self-reliance, responsible, concern and the work ethic.
TC Treatment Staff

Roles and Functions

- Staff as Facilitator / Guide
- Staff as Counselor
- Staff as Community Manager
- Staff as Rational Authorities
Staff Competencies

1. Understanding and Practicing the Concept “Acting as If”

2. Understanding Program Stages and the Privilege System

3. Staff Members Serve as Positive Role Models

4. Understanding Social Learning vs. Didactic Learning

5. Maintaining Accurate Records

6. Understanding and Facilitating the Group Process
7. Understanding and Discouraging the “We-They” Dichotomy

8. Understanding the Relationship Between Belonging and Individuality Within the Community

9. Understanding the Need for a Belief System Within the Community.

10. Understanding and Promoting Self-Help and Mutual Help
Standards and Goals for Therapeutic Communities

Therapeutic Communities represent a design of treatment which is directed primarily towards recovery from substance abuse through personal growth and which requires abstinence from mood-altering substances, including prescription drugs used illegally.
The members of the World Federation of Therapeutic Communities are required to:

- Recognize the human and civil rights of all persons associated with their therapeutic community and clearly state the rights, privileges and responsibilities of clients and staff.

- Vest in each individual within the Therapeutic Community the right to be free from threat of the negative use of power by any individual or group.

- Develop a statement on the philosophy and goals of the program.
Standards and Goals for Therapeutic Communities

The members of the World Federation of Therapeutic Communities are required to:

- Adopt regulations for their Therapeutic Community which afford protection from apparent or actual abrogation of local and national laws.

- Function within environments which provide maximum opportunity for physical, spiritual, emotional and aesthetic development and which will ensure the safety of everyone.

- Facilitate the structure of a society/community based on the optimal use of the integrity, good will and humanity of all its members in which the dignity of persons is a priority value.
The members of the World Federation of Therapeutic Communities are required to:

- Train and provide adequate supervision for staff.
- Be accountable to an external Executive or Community Board with meetings predetermined and at regular intervals during the year for the purpose of maintaining supervision and responsibility for the activities of the program and each facility.
- Produce an annual audited financial report, authorized by the member’s Executive or Community Board.
THE END