

Module 2: The History and Evolution of the Therapeutic Community

Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 2, including Resource Sheet, Summary of Module 2, and Review of Module 2.
- Review the following recommended resources:
 - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapters 1, 2, and 25.
 - Hayton, Richard. *The Therapeutic Community*. Kansas City, MO: Mid-America Addiction Technology Transfer Center (ATTC), 1998.
 - White, William. *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute, 1998. Chapter 24.

NOTE: You may choose to use the video *Therapeutic Community: History and Overview*, available from the Mid-America ATTC (see Trainer’s Orientation for contact information). If you use the video, preview it and decide where you will insert it into the module. **Using the video increases the time needed to complete Module 2.**

- Post the newsprint you prepared with the 14 basic components of the TC model.
- Write on newsprint the following names, leaving space for notes:
 - Elton Mayo, M.D., and Joe Pratt, M.D.
 - Bill Wilson and Bob Smith, M.D.
 - Maxwell Jones, M.D.
 - Charles Dederich
 - Monsignor William O’Brien, Dan Casriel, M.D., and David Deitch
 - Mitchell Rosenthal, M.D.
 - The name of the founder of the participants’ TC (if appropriate).
- In addition to the materials listed in Getting Started, assemble the following for Module 2:
 - Flags, noisemakers, or strips of cloth for the question-and-answer game
 - Small, silly prizes for the game (you may want to think of some sort of privilege instead)
 - A packet of 11- by 17-inch colored construction paper OR poster board for small groups
 - Crayons or magic markers
 - A poster or pamphlets of the 12 Steps of Alcoholics Anonymous (AA).

Module 2 Goals and Objectives

Goals: To learn about the origin and history of the TC and to understand the changes in the TC approach since its creation.

Objectives: Participants who complete Module 2 will be able to

- Define “therapeutic community”
- Identify at least 7 of the 14 basic components of a TC
- Identify at least three contributions made by forerunners to today’s TC
- List at least three examples that illustrate how TCs have evolved into the mainstream of human services.

Content and Timeline

Introduction	10 minutes
Exercise: What Is a Therapeutic Community?	20 minutes
Presentation: The Beginning and Evolution of the TC	60 minutes
Break	15 minutes
Presentation: Today’s TCs	30 minutes
Presentation: The 14 Basic Components of a TC	60 minutes
Summary and Review	30 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 5 minutes

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10 minutes



OH #2-1

Introduction

Distribute and review the Module 2 agenda.

If you are conducting Module 2 as a stand-alone session or if you have just completed presenting Module 1, skip the following Module 1 review.

Review

Ask participants what they remember from Module 1. Ensure that the following topics are reviewed:

- The goals and the objectives of the TCC
- The TCA Staff Competencies
- The concept of “acting as if.”

Ask participants whether they have any questions or have had any thoughts about Module 1.

Module 2 Goals and Objectives



Ask participants to turn to page PM 2-1 of their Participant’s Manuals.

Present the goals and objectives of Module 2.

Goals: To learn about the origin and history of the TC and to understand the changes in the TC approach since its creation.

Objectives: Participants who complete Module 2 will be able to

- Define “therapeutic community”
- Identify at least 7 of the 14 basic components of a TC
- Identify at least three contributions made by forerunners to today’s TC
- List at least three examples that illustrate how TCs have evolved into the mainstream of human services.



20 minutes

Exercise: What Is a Therapeutic Community?

Explain that before discussing the history and evolution of today’s TC model of treating substance use disorders, participants should know the definition of a “therapeutic community.”

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OH #2-2



Define a “therapeutic community” as a structured method and environment for changing human behavior in the context of community life and responsibility (from Richard Hayton, 1998).

Emphasize that each word of this definition is significant.

Ask participants to move to their small groups.

Assign one or more of the elements of the definition to each group, and give the groups pages of newsprint and colored markers. Elements include changing behavior through

- Structured method
- Structured environment
- Context of community life
- Context of responsibility.

Ask each group to choose someone to be a reporter for the group.

Tell the groups to think of as many explanations or descriptions of their assigned elements as they can and write them on newsprint in a colorful and creative way.

Allow 10 minutes for this activity.

Ask each group’s reporter to present the group’s work. As each group finishes presenting, ask all participants whether they have anything to add.

Tack or tape the posters to the walls.

Explain that each element of the definition is discussed in detail throughout the TCC training.



60 minutes

Presentation: The Beginning and Evolution of the TC

Explain that as TC staff members, participants are part of a long tradition of people helping others recover from mental or substance use disorders through the use of a *community*.



Explain that it is important to know about the history and evolution of the TC model to understand the rationale for today’s TCs.

Refer participants to the prepared newsprint with names listed.

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Ask participants whether they recognize any names on the newsprint, whether they know what programs these people started, and what they know about the programs.

Add accurate responses to the newsprint; fill in missing information as below:

- Elton Mayo, M.D., and Joe Pratt, M.D.: tuberculosis (TB) hospital physicians
- Bill Wilson and Bob Smith, M.D.: founders of Alcoholics Anonymous
- Maxwell Jones, M.D.: founder of the first TC in England
- Charles Dederich: founder of Synanon
- Monsignor William O'Brien, Dan Casriel, M.D., and David Deitch: founders of Daytop Village
- Mitchell Rosenthal, M.D.: founder of Phoenix House
- The name of the founder of the participant's TC (if appropriate).

Summarize by stating that in this session participants will learn more about some of the key events, people, and organizations that have had significant influence on the evolution of the modern TC.

Explain that although the concept of using *community* to teach and heal is ancient, the term “therapeutic community” is relatively modern.

Tell participants that the modern TC was influenced by a number of individuals and programs, both in the United States and in England.

Mayo and Pratt

Identify Elton Mayo, M.D., and Joe Pratt, M.D., as two physicians who conducted small-group meetings for patients with TB in the early 1900s, using an approach in which

- Patients discussed their conditions and what they could do to get better.
- Patients in better health served as role models to encourage other patients to believe that they too could get better.
- Patients who served as role models reinforced their own recovery.
- Patients recovered faster than with traditional approaches.

Explain that the concept of a patient helping another patient and thereby reinforcing his or her own recovery is known as “mutual self-help.”

Write the phrases “small groups,” “role models,” and “mutual self-help” on a clean sheet of newsprint to emphasize the contributions Mayo and Pratt made to today's TC.



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Alcoholics Anonymous

Explain that

- AA was founded by two people who had alcoholism: Bill Wilson, a New York stockbroker, and Bob Smith, a physician.
- They were both struggling and frustrated by what they saw as the failure of the medical, psychiatric, and social service establishments to help people with alcoholism effectively.
- They met in Akron, Ohio, in 1935, and their mutual sharing about their disorder sparked the idea for an organization of persons with alcoholism helping other people with alcoholism.
- They came to believe that people with alcoholism could help one another stay sober.
- AA meetings use a small-group format.
- A critical component of the AA program is sponsorship, wherein one AA member who has been in the program for some time works with one or more newer members to orient them to the program, offer feedback, and serve as a role model of recovery.
- Today AA is a well-established international support group program based on 12 Steps and 12 Traditions that support the individual through recovery.

Refer participants to the poster (or pass out the pamphlets) with the 12 Steps of AA.

Many of your participants may be in recovery and fully familiar with the 12 Steps, but others may not know about AA. You may want to ask in a general way: "How many of you are familiar with the 12 Steps?" If everyone in your training group is aware of and familiar with the steps, skip reading them.

Ask participants to take turns reading aloud the 12 Steps.

Identify the features common to the TB patients groups, AA, and today's TC as

- Self-help
- Helping others (mutual self-help)
- Role modeling
- Group format.



Add the phrases "self-help" and "mutual self-help" to the newsprint to emphasize the contributions AA made to today's TC.

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Maxwell Jones and the First “Therapeutic Community”

Explain that in England in the mid-1940s

- Maxwell Jones, a British psychiatrist, became frustrated and disillusioned with what he saw as the failure of traditional psychiatric treatment.
- He founded a community to provide structure and content for therapeutic change in the lives of individuals with long-standing mental disorders.

Explain that in this community, Dr. Jones

- Treated difficult psychiatric cases considered beyond treatment, such as “chronic failures” and “troublemakers”
- Based his approach on the theory that a healthy group life would make healthy individuals
- Considered all relationships to be potentially therapeutic
- Placed high value on communication
- Believed that productive work was an essential component of treatment
- Successfully resocialized patients into the outside community.

Explain that

- Jones’ model became the prototype for psychiatric TCs and spread throughout England.
- The term “therapeutic community” came into use to describe this community model of treatment.



Add the phrases “healthy group life,” “resocialize,” and “productive work” to the newsprint to emphasize the contributions Maxwell Jones made to today’s TC.

Highlight the features common to this first TC model and today’s TC as follows:

- They use a holistic approach that goes beyond the single-level approach of traditional psychiatry or medication alone.
- The community that is created affects the recovery of the individual.
- Clients actively participate in the community and engage in work that allows them to return to society.
- Communication and relationships among all members of the community aid the recovery process.

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Synanon

Explain that

- Synanon was founded in 1958 in California by Charles (Chuck) Dederich, a person recovering from alcoholism.
- Dederich created Synanon to provide an alternative to AA, which he thought was limited, especially for people who used illicit drugs.
- Narcotics Anonymous was struggling to establish itself at this time, with only a few groups in California and New York; it did not stabilize into its present form until the mid-1960s.
- Synanon's explicit goals were psychological and lifestyle change; maintaining abstinence was considered only the beginning of the process.
- Synanon began as weekly group meetings, evolving within a year into a residential program to treat people with any sort of substance use disorder.
- Essential elements of today's substance abuse treatment TCs first evolved in Synanon.

Explain that Synanon was a groundbreaking, innovative organization that brought together large numbers of people who lived and worked together in a quest for personal change at a time when "addicts" were considered "incurable."

Present Synanon's founding principles, which continue to apply to today's TC, as

- Self-help and mutual self-help
- A belief that treatment should provoke "dissonance," meaning discord or conflict, to individuals' self-image so they are no longer comfortable with who they are
- Belief in the power of a therapeutic milieu or "total environment" geared to recovery
- A unique encounter group process (originally called "the game") based on the premise that when challenged, people examine themselves and learn new ways of behaving
- A self-help community environment as an agent of change
- A holistic view of recovery.



Add the phrases "create dissonance," "encounter group," "holistic view," and "community" to the newsprint to emphasize the contributions Synanon made to today's TC.

Explain that in the 1960s Synanon

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- Nearly tripled in size
- Spread to other cities in California and Nevada and on the east coast
- Began the first community treatment program in a prison setting, in the Nevada State system
- Made lasting contributions to treatment for substance use disorders, influencing other residential programs throughout the United States.

Explain that although Synanon's original goal was to move people back into the outside community, the program began moving away from this and became more of a permanent "lifestyle community."

Explain that beginning in the late 1960s, substantial changes were occurring in the Synanon model:

- Synanon moved away from its original goal of resocializing residents back into the outside community and became more of a permanent community.
- Treatment for drug use disorders became secondary to recruiting people who were not addicted to join the community and adopt the regimented lifestyle.
- By 1978, Synanon had transformed into an alternative lifestyle community.

Emphasize that, as Synanon was evolving away from its original model of treatment for substance use disorders (and eventually closed altogether), other programs across the country adopted and adapted many of Synanon's original principles.

Daytop Village and Phoenix House

Identify Daytop Village and Phoenix House as two well-known TCs that have been in existence since the 1960s and serve as model programs for today's TCs. Explain that

- Daytop Village, or Daytop, was founded in New York in 1963 by Monsignor William O'Brien, Dan Casriel, M.D., and David Deitch.
- Daytop currently has facilities in six States.

Describe the key features of the Daytop program as

- A phased system of treatment with the goal of returning the individual to the community
- Having a focus on right conduct and right living
- The first to use the term "therapeutic community" to describe the New York Daytop Village in 1965
- Providing community treatment in prisons and jails since 1963.

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Explain that Phoenix House was founded in 1967 and currently is the Nation's largest nonprofit organization devoted to the prevention and treatment of substance use disorders. Under the guidance of Mitchell Rosenthal, M.D., for more than 30 years, Phoenix House

- Currently operates more than 180 programs in 8 States
- Uses the traditional TC three-stage method of treatment
- Applies the philosophy of mutual self-help to enable people who abuse substances to overcome their addictions in a structured environment
- Seeks to empower residents with skills and self-confidence so that they can lead independent, productive, and rewarding lives
- Has established programs in a variety of settings, including prisons, shelters, and outpatient clinics.

Participants' TCs



Ask participants what they know about the history of their TC. Write the key dates and names on newsprint.

Add other information about the history of the participants' TC.



30 minutes

Presentation: Today's TCs

Discuss how TCs have evolved into the mainstream of human services while maintaining essential components of the model.

Identify the following indicators of this evolution:

- **A mix of professionals:** TC staff members now include a mix of professionals—some who have experienced recovery through a TC, as well as traditionally trained professionals.
- **Evaluation research:** The growing base of program evaluation research includes outcome studies.
- **Standards:** There is movement toward program and staff competence standards, credential requirements, and uniform training.
- **Professional associations:** TC professional associations have been established, such as Therapeutic Communities of America (TCA) and the World Federation of Therapeutic Communities (WFTC).
- **Common components:** Fourteen basic program components define the TC approach (these are discussed in depth in this module).
- **Adaptation:** The TC approach has been adapted for special settings, special populations, and public funding requirements, while retaining the common components.



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Explain that over the years, TCs have adapted to changing needs in a number of ways; a TC may have modified its program by

- Shortening the duration of stay
- Adapting to settings such as
 - Prisons and jails
 - Outpatient clinics
 - Day treatment programs
 - Opioid (medication-assisted) treatment programs
 - Alternative schools
 - Community-based homeless shelters
- Adapting to meet the needs of special populations such as
 - Adolescents
 - Criminal offenders
 - People who are homeless
 - Women and their children
 - Pregnant or postpartum women
 - Parents
 - Adults or adolescents with co-occurring mental disorders
 - Adults or adolescents with HIV/AIDS
 - Older adults
 - Individuals with brain and spinal injuries.

Ask participants to talk about what special populations their TC serves.

Note that some TCs have added special services needed to serve these populations fully, including

- Childcare
- Parenting education
- Family therapy
- Individual therapy
- Vocational counseling
- Housing assistance
- Pharmacotherapy.



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Explain that special services in today's TCs

- Enhance the effectiveness of the TC approach rather than modify or replace basic TC components and practices

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- Are incorporated into the TC environment only if they are consistent with the TC perspective and can be well integrated into the daily regimen of TC activities
- Are provided only when residents are stable, have developed a sense of belonging within the peer community, and have an understanding of the TC approach.

Ask participants how they see special services being used in their TC.



60 minutes



Presentation: The 14 Basic Components of a TC

Refer participants to the posted newspaper and to page PM 2-4, Resource Sheet #2-1: 14 Basic Components of a TC.

Explain that every TC has all 14 components.



Define each component, and ask participants how each one is implemented in their facility.

Ask participants to gather in their small groups.



Divide the 14 components among the small groups.

Ask participants to write the components on construction paper or poster board in a colorful and creative way that illustrates the definition of the component.

Tack or tape the posters to the walls of the training room.

Ask participants to remain in their small groups for the summary and review.



30 minutes



Summary and Review

The Question-and-Answer Game

Refer participants to page PM 2-7, Summary of Module 2.

Explain that the review and assessment of learning for Module 2 will be done as a game.



Explain that the game provides an opportunity for participants to have fun together in their small groups, thereby helping build group cohesiveness.

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Consider modifying the game to be similar to one of the popular TV game shows.

Explain that

- You will ask a series of questions (see below).
- Each group will confer and come up with an answer.
- One person in the group will signal when the group is ready to answer.
- You will keep score, and the group that provides the most correct answers will win prizes.

Consider awarding bonus points for the last two questions.

Give each group a distinctive item to wave in the air or a noisemaker to use to indicate when it is ready to answer a question.

Conduct the game as follows:

- Ask the questions one at a time.
- Recognize the first person to signal.
- Correct answers are given in bulleted lists, below.
- If the person gives an incorrect answer, allow another group to answer.
- If none of the groups gives a correct answer, give participants a few minutes to review the Summary of Module 2, then ask the question again.

Questions and Answers for the Game

Who were Mayo and Pratt?

- Two physicians who conducted small groups for patients with TB in the early 1900s

What are two elements of the generic TC component *work as therapy and education*? (See Resource Sheet #2-1.)

Name 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

What are two features common to both the TB patient groups and current AA groups?

- Self-help
- Helping others

Name another 1 of the 14 components of a TC. (See Resource Sheet #2-1.)

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What program first used encounter groups?

- Synanon

What are two elements of the generic TC component *peer encounter groups*?
(See Resource Sheet #2-1.)

Who founded the first psychiatric TC in England?

- Dr. Maxwell Jones

Name another 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

Name at least three founding principles of Synanon that still apply to today's TCs.

- Self-help and mutual self-help
- Creation of dissonance so people are no longer comfortable with who they are
- Belief in the power of a therapeutic milieu geared to recovery
- Using the encounter group process to challenge people to examine themselves
- Creating a residential community that supports the individual change process
- A holistic view of recovery

Name another 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

What are five indicators that TCs have evolved into the mainstream of human services?

- Mix of professionals
- Evaluation research
- Program and staff competence standards
- Professional associations
- Common components
- Adaptations for special settings and special populations

Name another 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

Name three similarities between AA's 12-Step program and the TC.

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- Self-help
- Helping others (mutual self-help)
- Role modeling
- Group format

Name another 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

What are two elements of the generic TC component *community separateness*? (see Resource Sheet #2-1.)

Who founded your TC?

When was your TC founded?

If you have added your own examples of adaptations or historical information to the module, use additional questions if you wish.

Summarize by explaining that

- Participants are part of a long tradition of people helping others to recover from substance use disorders.
- It is important for those working in TCs to “pass the baton” and transfer the knowledge and heart of the TC approach to following generations.

Allow 10 minutes for participants to share their thoughts and feelings.

Thank participants for sharing, and emphasize that there are no right or wrong feelings.



20 minutes



Journal Writing and Wrapup

Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- How important is it to me that I feel a part of a long tradition of people helping others to recover through the use of *community*?
- How can I, in my role, best contribute to the community environment (component 2) in my TC?
- How do I see myself as a community member (component 4)?



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Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 2 or the training in general. Note that participants may say anything on their mind.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.



OH #2-6

Pework for Module 3: Treatment and Recovery—The TC View

Ask participants to read, before the next session, Resource Sheet #3-1: Case Study of Ray—Disorder of the Whole Person.

Resource Sheet #2-1: 14 Basic Components of a TC

1. Community Separateness

- TC programs are housed separately from other agency or institutional programs.
- TC programs are located in settings that allow residents to disconnect from networks of drug-using friends and to relate to new drug-free peers.
- TC programs have their own names, often created by residents.

2. Community Environment

- The TC environment has many common areas for holding group activities and promoting a sense of community. These areas include the dining room, recreation room, family rooms, and group rooms.
- Displays and signs throughout the TC illustrate the philosophy or creed of the program and messages of recovery and right living. The displays serve as constant reminders of TC practices and principles and promote affiliation with the community. Examples of displays include the daily schedule and a bulletin board that list participants' names, seniority, and job functions.

3. Community Activities

- Treatment and educational services take place in the context of the peer community. Virtually all activities occur in groups or meetings where residents can interact and learn from one another.
- Group activities include
 - At least one daily meal prepared, served, and shared by all members
 - Daily group meetings and seminars
 - Jobs performed in groups
 - Organized recreational activities
 - Ceremonies and rituals, such as birthday celebrations and phase graduation celebrations.

4. Staff as Community Members

- Each staff member is a part of the community. He or she is a manager of and elder in this community and helps residents use the community. A staff member is not a “healer” who stands apart from the community.
- Staff members function as consistent and trustworthy rational authorities and as role models, facilitators, and guides in the community-as-method approach and the self-help and mutual self-help learning processes.
- Staff members must be oriented to the TC through initial and continuing training.

5. Peers as Role Models

- Senior residents are expected to demonstrate the desired behaviors and reflect the values and teachings of the community. They serve as role models for new and junior residents.
- The strength and integrity of the community as an arena for social learning depend on the number and quality of its peer role models.
- Residents serve in leadership and teaching roles in the community.

6. A Structured Day

- Each day has a formal schedule of therapeutic and educational activities with prescribed formats, fixed times, and routine procedures.
- Order, routine activities, and a rigid schedule counter the characteristically disordered lives of residents and leave little time for negative thinking and boredom—factors that often contribute to relapse.

7. Stages of the Program and Phases of Treatment

- The TC treatment protocol is organized into three major stages (orientation, primary treatment, and reentry) and phases of treatment that reflect a developmental view of the change process.
- The program stages and phases of treatment allow for individual goals to be established and incremental learning to take place.

8. Work as Therapy and Education

- Consistent with the TC's self-help approach, all residents are responsible for the daily operation of the facility, which includes cleaning, meal preparation, maintenance, schedule coordination, and meetings.
- Job assignments provide residents with a sense of responsibility and affiliation with the TC.
- Jobs provide opportunities for self-examination, personal growth, and skill development.

9. Instruction and Repetition of TC Concepts

- TC concepts embody the TC values and belief system, which are antidotes to the values and beliefs of drug and prison subcultures.
- The concepts, messages, and lessons are repeated and reinforced in group sessions, meetings, seminars, and peer conversations, as well as in suggested readings, on signs posted in the TC, and in writing assignments.

10. Peer Encounter Groups

- The peer encounter group is the main therapeutic group format, although other group formats are used.

- Encounter groups are conducted to heighten residents' awareness of attitudes and behaviors that need to be changed.
- The peer encounter group process includes confrontation, conversation, and closure.
- Encounter groups provide an opportunity to teach TC recovery principles, such as
 - Feeling compassion and responsible concern
 - Being honest with self and others
 - Confronting the reality of addiction and one's behavior
 - Seeking self-awareness as the first step in making behavior changes
 - Using other people for emotional support and caring.

11. Awareness Training

- All therapeutic and educational interventions involve raising residents' consciousness of the effect of their conduct and attitudes on themselves and others.

12. Emotional Growth Training

- TC residents learn to identify feelings, express them appropriately, and manage them constructively in stressful situations.
- The interpersonal and social demands of living together in the TC provide many opportunities to experience this training.

13. Planned Duration of Treatment

- A period of intense treatment is needed to ensure the internalization of TC teachings.
- The length of time residents must be in the TC program depends on their progress in achieving individualized behavioral goals in each program stage and phase of treatment.

14. Continuation of Recovery After TC Program Completion

- Completion of primary treatment is followed by aftercare services (e.g., vocational, educational, mental health, and family support services) that must be consistent with the TC views of recovery, right living, self-help, and support of a positive peer network.

Summary of Module 2

Definition of a TC

A TC is a structured method and environment for changing human behavior in the context of community life and responsibility. (Source: Richard Hayton. *The Therapeutic Community*. Kansas City, MO: Mid-America Addiction Technology Transfer Center, 1998.)

History and Evolution of the TC

Several programs contributed to the development of TCs. TC staff members are part of a long tradition of people helping others recover from substance abuse.

Elton Mayo, M.D., and **Joe Pratt, M.D.,** conducted small-group meetings for TB patients in the early 1900s. In this approach

- Patients discussed their conditions and what they could do to get better.
- TB patients in better health served as role models and encouraged patients to believe they could get better.

Features common to both TB patient groups and today's TC are

- Self-help
- Helping others (mutual self-help).

AA was founded in 1935 by two people who had alcoholism: Bill Wilson, a New York stockbroker, and Bob Smith, a physician. They were both struggling and frustrated by what they saw as the failure of the medical, psychiatric, and social service establishments to help people with alcoholism effectively.

They met in Akron, Ohio, and their mutual sharing about their disorder sparked the idea for an organization of persons with alcoholism helping other persons with alcoholism stay sober. They came to believe that people with alcoholism could help one another stay sober. Today, AA is a well-established international support group program based on 12 Steps and 12 Traditions that support the individual through recovery.

A critical component of the AA program is sponsorship, wherein one AA member who has been in the program for some time works with one or more newer members to orient them to the program, offer feedback, and serve as a role model of recovery.

Features common to the TB patients groups, AA, and today's TC include

- Self-help
- Helping others (mutual self-help)

- Role modeling
- A small-group format.

In the mid-1940s Maxwell Jones, a British psychiatrist, became frustrated and disillusioned with what he saw as the failure of traditional psychiatric treatment. He founded a community to provide structure and content for therapeutic change in the lives of individuals with long-standing mental disorders. In this community, Jones successfully treated difficult psychiatric cases considered beyond treatment, such as “chronic failures” and “troublemakers.”

Jones based his approach on the theory that a healthy group life would make healthy individuals and considered all relationships to be potentially therapeutic. He also believed that productive work was an essential component of treatment.

Jones’ model became the prototype for psychiatric TCs and spread throughout England. The term “therapeutic community” came into use to describe this community model of treatment.

Features common to this first TC model and today’s TC include

- A holistic approach that goes beyond the single-level approach of traditional psychiatry or medication alone
- Belief that the community that is created affects the recovery of the individual
- Having clients actively participate in the community and engage in work that allows them to resocialize successfully into society
- Using communication and relationships among all members of the community to aid the recovery process.

Synanon was founded in 1958 in California by Charles (Chuck) Dederich, a person recovering from alcoholism. Dederich created Synanon to provide an alternative to AA, which he thought was limited, especially for people who used illicit drugs. (Narcotics Anonymous was struggling to establish itself at this time, with only a few groups in California and New York; it did not stabilize into its present form until the mid-1960s.) Synanon began as weekly group meetings, evolving within a year into a residential program to treat people with any sort of substance use disorder.

Synanon was a groundbreaking, innovative organization that brought together large numbers of people who lived and worked together in a quest for personal change at a time when “addicts” were considered “incurable.”

Synanon’s founding principles, which still apply to today’s TC, were that

- Treatment should provoke “dissonance,” meaning discord or conflict, to individuals’ self-image so they are no longer comfortable with who they are.
- A unique encounter group process was developed based on the premise that when challenged, people examine themselves and learn new ways of behaving.
- A residential community supports the individual change process.

Daytop Village and **Phoenix House** were early TC programs that were influenced by the Synanon model.

Daytop Village

- Was founded in New York City by Monsignor William O'Brien, Dan Casriel, M.D., and David Deitch
- Began providing residential treatment for convicted felons in 1963
- Uses a phased system of treatment with the goal of returning the individual to the community
- Focuses on right conduct and right living
- First used the term therapeutic community to describe the New York Daytop Village in 1965.

Phoenix House, founded in 1967, is currently the Nation's largest nonprofit organization devoted to the treatment and prevention of substance use disorders. Phoenix House

- Uses the traditional TC three-stage method of treatment
- Applies the philosophy of mutual self-help to enable people who abuse substances to overcome their addictions in a structured environment
- Seeks to empower residents with skills and self-confidence so that they can lead independent, productive, and rewarding lives.

Today's TC

TCs have evolved into the mainstream of human services. Indicators of this evolution include

- **A mix of professionals:** TC staff members include a mix of professionals, some who have experienced recovery through a TC, as well as traditionally trained professionals.
- **Evaluation research:** The growing body of literature and research has established the TC as an effective treatment modality.
- **Standards:** There is movement toward program and staff competence standards, credential requirements, and uniform training.
- **Professional associations:** TC professional associations have been established.
- **Adaptations:** The TC approach has been adapted for special settings, special populations, and public funding requirements, yet it retains common features of the generic TC.

All TCs have 14 basic components, which are listed and described on Resource Sheet #2-1: 14 Basic Components of a TC. However, TCs have adapted to changing needs in a number of ways; a TC may have modified its program by

- Shortening the duration of stay
- Adapting to settings such as
 - Prisons and jails
 - Outpatient clinics
 - Day treatment programs

- Opioid (medication-assisted) treatment programs
- Alternative schools
- Community-based homeless shelters
- Adapting its program to meet the needs of special populations such as
 - Adolescents
 - Criminal offenders
 - People who are homeless
 - Women and their children
 - Pregnant or postpartum women
 - Parents
 - Adults or adolescents with co-occurring mental disorders
 - Adults or adolescents with HIV/AIDS
 - Older adults
 - Individuals with brain and spinal injuries.

Many TCs have added special services needed to serve these populations, including

- Childcare
- Parenting education
- Family therapy
- Individual therapy
- Vocational counseling
- Housing assistance
- Pharmacotherapy.

Special services in today's TCs

- Enhance the effectiveness of the TC approach rather than modify or replace basic TC components and practices
- Are incorporated into the TC environment only if they are consistent with the TC perspective and can be well integrated into the daily regimen of TC activities
- Are provided only when residents are stable, have developed a sense of belonging within the peer community, and have an understanding of the TC approach.

