

Module 2: The History and Evolution of the Therapeutic Community

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

Slides	Notes
 <p data-bbox="444 428 618 468">Module 2</p> <p data-bbox="345 529 716 590">The History and Evolution of the Therapeutic Community</p>  <p data-bbox="280 690 581 751">U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov</p> <p data-bbox="805 774 846 787">OH#2-1</p>	
 <p data-bbox="277 905 776 940">What Is a Therapeutic Community?</p> <p data-bbox="256 1010 818 1100">A TC is a structured method and environment for changing human behavior in the context of community life and responsibility.</p> <p data-bbox="805 1293 846 1306">OH#2-2</p>	
 <p data-bbox="256 1409 797 1472">Indicators of the TC Model's Evolution Into Mainstream Human Services</p> <ul data-bbox="233 1514 732 1787" style="list-style-type: none">• A mix of professionals• Evaluation research• Program and staff competence standards• Professional associations• Common components• Adaptations to new settings and special populations <p data-bbox="805 1812 846 1824">OH#2-3</p>	

Slides	Notes
 <p style="text-align: center;">Special Services in a TC</p> <ul style="list-style-type: none"> • 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 and have developed a sense of belonging within the peer community and understand the TC approach <p style="text-align: right; font-size: small;">OH #2-4</p>	
 <p style="text-align: center;">Journal Writing and Wrapup</p> <ul style="list-style-type: none"> • 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)? <p style="text-align: right; font-size: small;">OH #2-5</p>	
 <p style="text-align: center;">Pework for Module 3</p> <ul style="list-style-type: none"> • Read Resource Sheet # 3-1: Case Study of Ray—Disorder of the Whole Person <p style="text-align: right; font-size: small;">OH#2-6</p>	

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)

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- 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

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- 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.

