




THERAPEUTIC COMMUNITY AS A MODEL IN THE MANAGEMENT OF SUBSTANCE USE DISORDERS.

Nduka Augustine .O
Drug Demand Reduction Unit
NDLEA FCT Command Gudu
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Objectives Of A Therapeutic Community

- To use patients' social environment to provide therapeutic experience for him.
- To enable the patient to be an active participant in his own care and become involved in the daily activities of the community.
- To help patients to solve problems, plan activities, and to develop the necessary rules and regulations for the community.
- To increase their independence and gain control over many of their own personal activities.
- To enable the patient know how their behavior affect others.



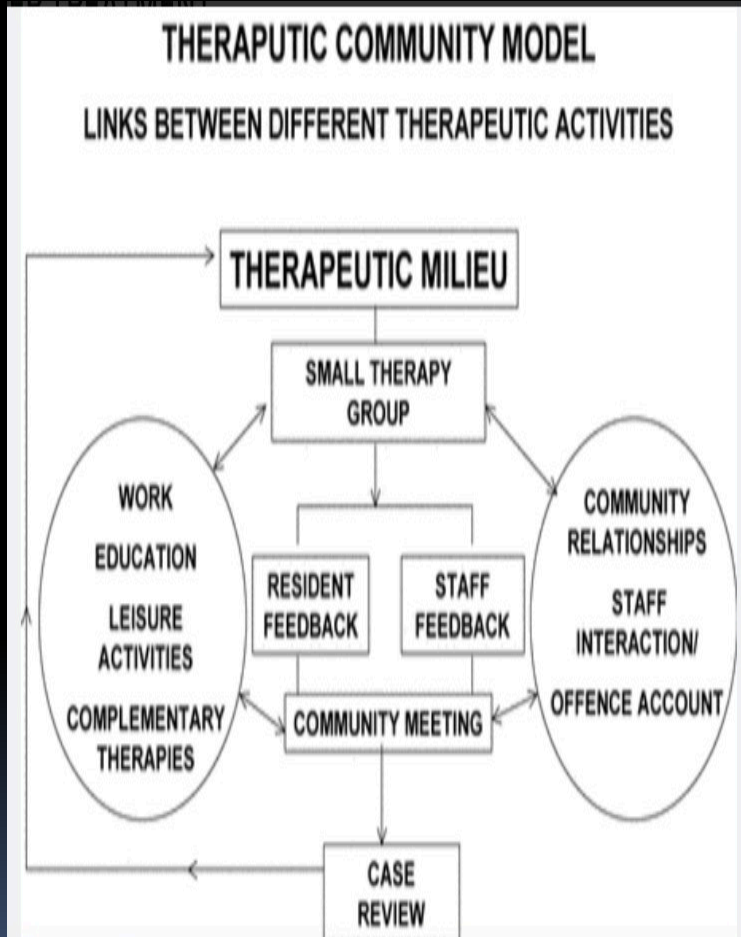
LEARNING OUTCOMES

- At the end of the presentation, Participants will be able to:
 - To highlight earlier treatment models and approaches used to treat substance use disorder and its efficacy.
 - Have a good understanding of the Therapeutic Community Model of recovery, It's Philosophy, approaches, processes, Operations .
 - To highlight the unique features, practices of the San Patriganano Community.
 - To garner support for the adaptation and transfer of a successful TCs such s San Pa to other countries such as Nigeria.
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Definitions Of Therapeutic Community

1946: British Medical Journal - Tom Main coined the phrase Therapeutic Community to describe a place “organized as a community in which all are expected to contribute to the shared goals of creating a social Organization with healing properties” (Rapaport, 1960)

- A Therapeutic Community is a structured method and environment for changing human behavior in the context of community life and responsibility. A Therapeutic Community is a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change .(lynch m b 2009)



Definitions Of Therapeutic Community

- Stuart and Sundeen defined therapeutic community as
- **“a therapy in which Patients social environment would be used to provide a therapeutic experience for the patient by involving him as an active participant in his own care and the daily problems of his community.”**
- **The therapeutic community is an environment that helps people get help while helping others. It is a treatment environment: the interaction of its members are designed to be therapeutic within the norms that require for each to play the dual role of a client-therapist.**

Introduction 1

Substance use disorder is a global social and public health challenge facing the entire nations of the world and Nigeria is not exceptional.

In fact the Nigeria drug use Survey 2018 estimates that 14.4 % of the populations aged between 16-65 have used illicit substances in the previous year. (Drug use in Nigeria, 2018)

- The Overall, an estimated 376,000 were found to be high risk drug users.
 - 1 in 5 high-risk drug users injects drugs, i.e., nearly 80,000 people (nearly 0.1 per cent of the adult population) are estimated to be PWID. The majority (78 percent) of those injecting drugs were men.

Introduction 2

- With increasing sophistication in illicit drug production, trafficking, diverse menu of illicit drugs offered, dexterity of the traffickers, it is expected that those needing treatment will skyrocket across the world and innovative treatment modalities that will cater for this increasing population of users becomes necessary.
- Over the past few decades extensive research has supported the medical or disease model, currently adjudged deficit, which refers to addiction as a primary disease of brain reward, motivation, memory and related circuitry.(Rasteger fingerwood 2016)



Introduction 3

- There has been a shift in analysis of drug addiction from the deficit, disease-based model, towards recovery-centered solutions that recognize the wider, social determinants of addiction (Alexander, 2000; Buchanan, 2006; Laudet and White, 2008).
- SUD has been currently described as a multi faceted health problem involving the “whole person” biological, physiological, social, and psychological dimensions or determinants.
- TC Model or approach has been found to offer great help in addressing the challenges of SUD and their mental health related disorders.



Introduction 4

- Fundamentally, multi-dimensional (“whole person”) change necessarily requires a multi-interventionist approach that is sustained for a sufficient amount of time (1).
- It is therefore my hope to discuss some of the treatment models and highlight the observed benefits of the TCs as a whole person, multi-dimensional, recovery based, complex, human interventions system.
- I will also look at the possibility of adapting and exporting the successful TCs model of SUD Management such as San Patrignano drug recovery community Italy to be implemented in Nigeria and other nations.

Development Of Therapeutic Approaches

- Arising from this model, treatment approaches have ranged from the following pharmacological, psychotherapeutic and psychosocial interventions.
- **1.** first line treatment of SUDs are pharmacological in nature ,Connery ,2015. Often known as maintenance therapies or medication assisted treatments MATs.
- **2.** Non pharmacological interventions are often paired with medication assisted treatments and are largely psychosocial in nature. These include motivational interviewing, behavioral therapies, contingency management, psychodynamic psychotherapies and self help groups such as NA, AA, 12-step
- **3.** Other non pharmacological interventions that have been proven to reduce complications due to drug use include harm reduction strategies, like NSP , SIS (Safe injection sites) and Naloxone distributions.

Development Of Therapeutic Approaches

- 4. For the more impaired patient populations who need acute and intensive support, detoxification centers and residential rehabilitation centers are utilized.
- 5. There are, however, individuals who continue substance use despite engagement in the aforementioned treatments. They are often considered the more severe population of SUDs and typically include those who are involved in the legal system, unemployed, with interpersonal dysfunction, and/or considered treatment resistant (e.g. poor response to treatments) (Dye, 2012; Vanderplasschen et al., 2013).
- These patients are thought to particularly benefit from the integrated recovery focused approach of the TC model.

THERAPEUTIC COMMUNITY MODEL OF INTERACTIONS

THERAPUTIC COMMUNITY MODEL

LINKS BETWEEN DIFFERENT THERAPEUTIC ACTIVITIES



Therapeutic Communities

- 1. San Patrignano, Italy.
- 2. Centro Italiano di Solidarietà Don Picchi (CeIS) Rome.
- 3. Asociación Dianova España (Dianova Spain). Belonging to the International Dianova Network that operated in 11 countries in Europe and the Americas, Dianova Spain.
- 4. Basta a Swedish user-run social enterprise.

Features of therapeutic community

- The primary "therapist" and teacher is the community itself which consists of peers and staff who as role models of successful personal change serve as guide in the recovery process.
- TC adheres to precepts of right living, truth / honesty, here and now, personal responsibility for destiny, social responsibility (brother's keeper) moral code: inner person is "good" but behavior can be "bad"
- Treatment encompasses developing a variety of approaches that help avoid the use of drugs, including recreational activities and relapse prevention methods.

TC Essential Elements

- In the TC, all aspects of living together within the community provide an opportunity for Learning Experiences.
- The presence in the TC of staff with a learned history of recovery is encouraged to provide residents with role models.
- There is an expectation on members of the community to develop the capacity to be a positive role model as they progress through the program.

TC Essential Elements learning to offers help

- In a TC the resident learn: • How to take responsibility for their recovery and the impact their behavior has on the community .
- The community takes responsibility for supporting the recovery process by: Challenging problematic behaviors in a safe environment that encourages reflection and change.



He does not know that it is a statue, he does not know how much it weighs, but only saw that he needs help..! Look at the world with the heart of a child, and life will become more beautiful..

Evolution OF TCs in Africa

- Traditional counseling is based on the African concept of unity “Umumthu” I am because you are. You are because I am. Therefore we are. Positive sense of belonging to ones family, harmony, unity support , care.
- Various villages have been considered as therapeutic communities eg the Egba- Egbado Yoruba villages which participate in treatment programs for the mentally ill.
- We also have the Uzuakoli leprosy settlement in Abia a colony of abandoned folks.(1932-1992) diamond jubilee
- in his book Maxwell Jones 1953 the therapeutic Community, jones noted that outside the therapeutic hours, the patients hospital behavior was similar to the behavior he displayed in his community,

Therapeutic Community in Nigeria

- Traditional healing practices in Africa encompasses divination diagnoses and healing practices. This is generally performed through divination (throwing the bones or ancestral channeling) purification rituals or animal sacrifice to appease the spirits through the atonement.
- Black African people aspire above everything else to experience fullness of life and well being here and now as demonstrated by their greetings that are actually an enquiry into each other's good health and an expression of the wish for others good health and wellbeing.
- The mainline churches should embrace the scripturally sound Christian healing ministry an obedience to Christ commission to preach the gospel and heal the sick if they are to prosper.

EVOLUTION OF TCs IN THE UK

- Shortly following the second world war, British psychologists promoted efforts to bridge the patient populations in the hospital back into their community, in order to support reintegration of traumatized soldiers back into society.
- In UK model, growing out of psychiatric hospitals, largely staffed by professionals (nurses, psychologists, psychiatrists).
- In the late '60s and early '70s the concepts of the self help tradition merged with the use of professional practices and staffing in UK began to include people who had been through programs.
- It was at this time that the term "therapeutic community" was officially coined (Main, 1946).

EVOLUTION OF TCS IN THE UK contd

- In the UK the model was very different, and the idea of “re-entry” to the community firmly upheld .
- 1969: Alpha House established.
- 1972: The Ley Community growing out from the Littlemore Psychiatric Hospital.

Evolution of TCs in the US

- TCs in UK appeared about 15 years earlier than TCs for addictions in USA, pioneered by Charles (Chuck) Dederich
- Synanon Model developed from self-help meetings held in Dederich's home as AA meetings not comfortable with drug users attending.
- Based on the notion of self responsibility.
- No acknowledgement of post-treatment phase .
- Persons with Drug use disorder understood as a character-disordered individual who couldn't sustain prosocial lifestyle in mainstream society.
- TCs in US also recruited people who were not addicted as functional staff .
- By 1978 Synanon transformed into alternate lifestyle.

The TCs perspectives its view of The Disorder, The Person, Right living and Recovery

- TCs can be distinguished from other major treatment modalities in two fundamental ways:
- (i) TCs offer a systematic treatment approach that is guided by an explicit perspective on the **drug use disorder, the Person, Recovery, and Right Living.**
- (ii) The primary therapist and teacher in the TC is the community itself, which consists of the social environment, peers, the staff members who as role models of successful personal change serves as guide in the recovery process.

TCs View of the Disorder

- SUD is regarded as the disorder of the whole person,
- Though individuals may differ in their choice of substances, abuse involves some or all of the areas of functioning .
- Cognitive, behavioral, and mood disturbances appear, as do medical problems; thinking may be unrealistic or disorganized; and values are confused, nonexistent, or antisocial.
- Frequently there are deficits in verbal, reading, writing, and marketable skills. Finally, whether couched in existential or psychological terms, moral issues are apparent.
- Abuse of any substance is seen as behavior with multiple determinants.

TCs View of the Disorder.


- Thus, the problem is the person, not the drug. Addiction is a symptom, not the essence of the disorder.
- In the TC, chemical detoxification is a condition of entry, not a goal of treatment.
- Rehabilitation focuses on maintaining a drug-free existence.

Peace of mind is not about fat bank accounts; it is about contentment.





View of the Person.

- Rather than drug-use patterns, individuals are distinguished along dimensions of psychological dysfunction and social deficits. A considerable number of clients never have acquired conventional lifestyles.
 - Vocational and educational deficits are marked; mainstream values either are missing or unpursued.
 - Most often, these clients emerge from a socially disadvantaged sector where drug abuse is more a social response than a psychological disturbance.
- 

View of the Person

- Regardless of social class differences, persons with substance use disorder share important similarities. They all reveal some:
 - Problems in socialization,
 - Cognitive/ emotional skills,
 - and overall psychological development, which is evident in their immaturity,
 - Poor self-esteem,
 - Conduct and character disorders, or
 - antisocial characteristics.
- Typical features include low tolerance for all forms of discomfort and delay of gratification;
- inability to manage feelings (particularly hostility, guilt, and anxiety);

View of the Person

- Poor impulse control (particularly sexual or aggressive); poor judgment and reality testing concerning consequences of actions;
- Unrealistic self-appraisal in terms of a discrepancy between personal resources and aspirations;
- Prominence of lying, manipulation, and deception as coping behaviors; and
- Problems with authority and personal and social irresponsibility (i.e inconsistency or failures in completing expected obligations and
- Persistent difficulties in managing guilt).
- Additionally, significant numbers have marked deficits in education and marketable communication skills.

View of Right Living 1


- TCs adhere to certain precepts and values as essential to self-help recovery, social learning, personal growth, and healthy living.
- Some precepts specifically orient the individual to the priority and meaning of self-help recovery.
- For example, they stress the personal present (here and now) as opposed to the historical past (then and when).
- Past behavior and circumstances are explored only to illustrate the current patterns of dysfunctional behavior, negative attitudes, and outlook.


View of Right Living 2

- Individuals are encouraged and trained to assume personal responsibility for their present reality and their future destiny.
- The view of right living also emphasizes explicit values that guide how individuals relate to themselves, peers, significant others, and the larger society.
- These include truth and honesty (in word and deed), the work ethic, learning to learn, personal accountability, economic self-reliance, responsible concern for peers, family responsibility, community involvement, and good citizenry



View of Right Living 3

- The requirement of truth and honesty in all matters counters the manipulation and deceitful character features of many clients with substance use disorders.
 - The values of accountability and social responsibility are integral teachings in training and socialization.
 - Acquiring vocational or educational skills and social productivity can be motivated by the values of achievement and self-reliance;
 - healthy behavioral alternatives to drug use are reinforced by a commitment to the values of abstinence.
- 




In general, sobriety is a prerequisite for learning to live right, but right living is required to maintain sobriety

View of Recovery 1

- The aims of treatment are global in the TC. The primary psychological goal is to change the negative patterns of behavior, thinking, and feeling that predispose drug use;
- the main social goal is to develop a responsible, drug-free lifestyle.
- Stable recovery, however, depends on a successful integration of these social and psychological goals.



View of Recovery 2

- Behavioral change is unstable without insight, and insight is insufficient without experience.
 - Thus, conduct, emotions, skills, attitudes, and values must be integrated to ensure enduring lifestyle changes and a positive personal social identity.
 - The social and psychological goals of the TC shape its treatment regime as well as define several broad assumptions concerning its view of recovery.
- 

The TC Approach: Community as Method

- The quintessential element of the TC is community.
- What distinguishes the TC from other treatment approaches (and other communities) is the *purposive use of the community as the primary method for facilitating social and psychological change in individuals.*²
- Community as method means integrating people and practices under a common perspective and purpose to teach individuals to use the community to learn about and change themselves.
- Thus, all TC activities are designed to produce therapeutic and educational change in the participants, and all participants are mediators of these therapeutic and educational changes.

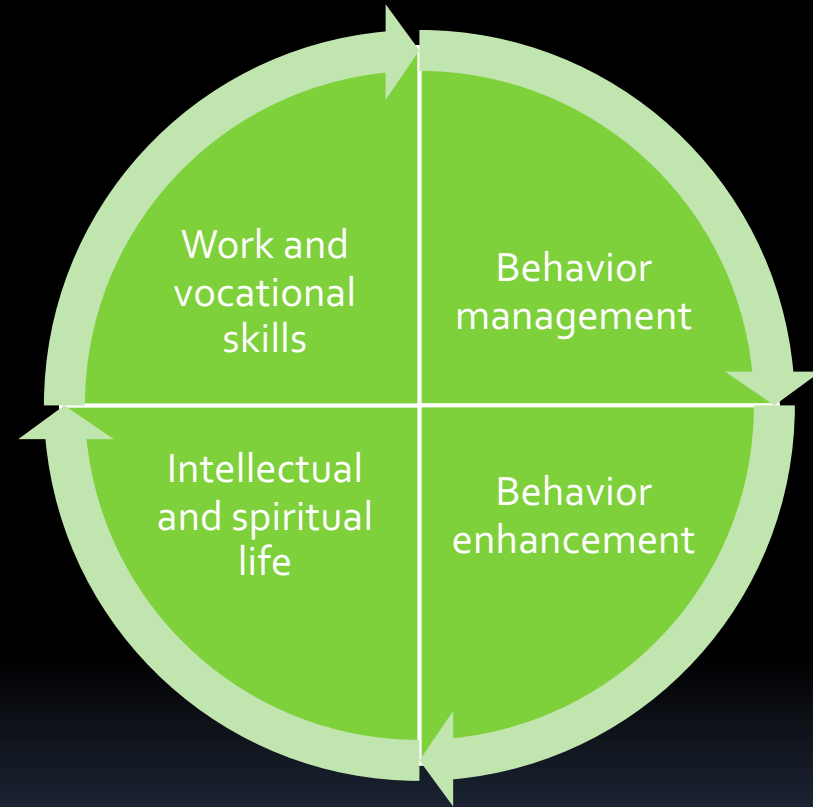
Distinctive Features Of Community As Method

- *Use of Relationships*
- *Use of Open Communication*
- *Use of Structure and Systems*
- *Use of Shared Norms and Values*
- *Use of Collective Formats for Guiding Individual Change.*
- *Use of the Membership as Role Models.*
- *Use of Membership Feedback.*
- *Use of Participant Roles.*



Generic TC Model :Basic Components

- *Community Separateness.*
- *A Community Environment.*
- *Community Activities.*
- *Staff Roles and functions.*
- *Peers as Role Models.*
- *A Structured Day*
- *Phase Format.*
- *Work as Therapy and Education.*

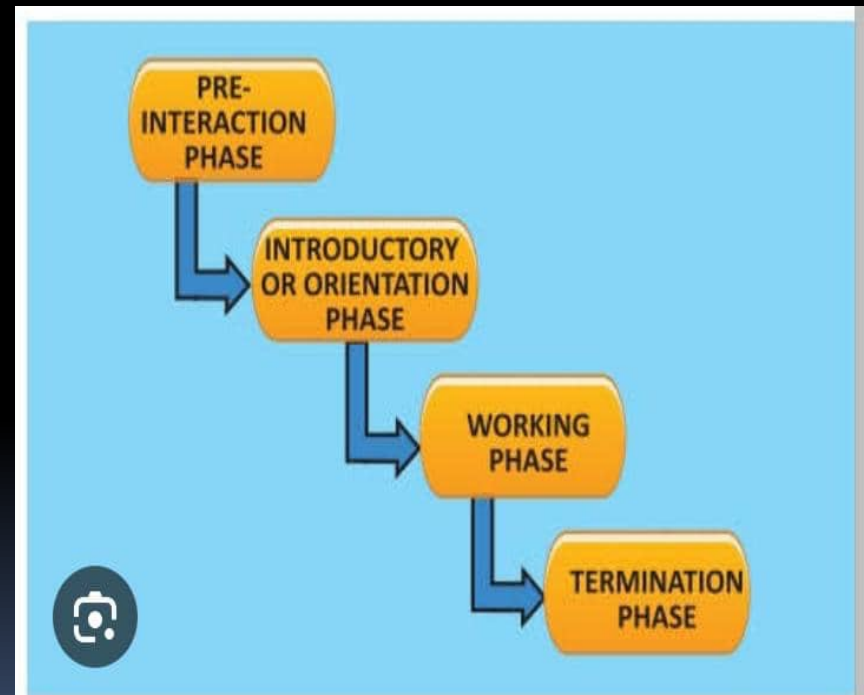


Stages of the TC Program

PROGRAM STAGES

- Stage I—
Orientation/Induction
- Stage II—Primary
Treatment
(Phase 1, Phase 2, Phase 3)
- Stage III—Re-entry
(early phase, middle phase,
late phase)

PROGRAM STAGES



The Treatment Process In The TC

- A framework for understanding the process of change in the TC reflects its perspective, approach, and model.
- A disorder of the whole person means that change is *multidimensional*. Thus, change must be viewed along several dimensions of behavior, perceptions, and experiences.
- The main approach for facilitating change is the use of the community as method, which consists of *multiple interventions*. Recovery unfolds as developmental learning, which can be described in terms of characteristic *stages of change*.
- The following section outlines the main elements of a process framework as well as the interventions, dimensions, perceptions, experiences, and stages of change.

The treatment process in the TC

- The diverse community activities that are basic to the TC model can be organized into three main classes of interventions:
 - *Therapeutic and educative effects.*
 - *Community and clinical management.*
 - *Community enhancement.*



Characteristics of Interventions.

- *Interactive Interventions.*
- *Formal and Informal Interventions*
- *General Community Interventions.*
- *Specific Community Interventions.*
- *Specific Individual Interventions*



Types of Meetings

- **Resident meetings**, (Enhance sense of community ,Provide structure, Resolve issues)
- **Morning meetings** (intended to be uplifting ,engage residents who may be withdrawn ,motivate residents ,start the day in a positive way ,enhance residents' sense of community.
- **House or general meetings** (Address issues and problems that pose a physical or psychological threat to the community ,Discuss community concerns and ways to correct community problems.

Different types of change

- **Self-Change** (Residents do not adopt behaviors and attitudes simply to comply with TC rules ,Residents make fundamental changes in the way they live and perceive themselves.)
- **Self identity** (How individuals perceive themselves ,How individuals believe they differ from others , Individuals' perceived degree of self-worth and sense of purpose.
- **Internalizations**(The process of accepting, practicing, and applying what has been learned in the TC to new situations inside and outside the program .

Essential experiences in the TCs and changes in perceptions

- Emotional healing .
- Social relatedness and caring .
- Subjective learning of self-efficacy and
- self-esteem.
- Essential experiences

Perception is everything. It's not about how they see you, it's about how you see yourself. 📷 ✨ #BelieveInYourself"



Resident roles

TYPES OF ROLES

- Therapeutic role
- Socializing role
- Decision making
- Individual responsibilities

COMMUNITY SUPPORT



Being a Role Model

- Behaves according to TC expectations of recovery and right living .
- Sets a positive example for other residents to follow .
- “Act as if ” when necessary.
- Shows responsible concern for others .
- Seeks and assume responsibility.



Benefits to Residents of Being a Role Model

- Personal growth and self-learning .
- Increased status in the peer community.
- Leadership skills .
- Identity change .
- Increased self-esteem.



San Patrignano (SanPa)

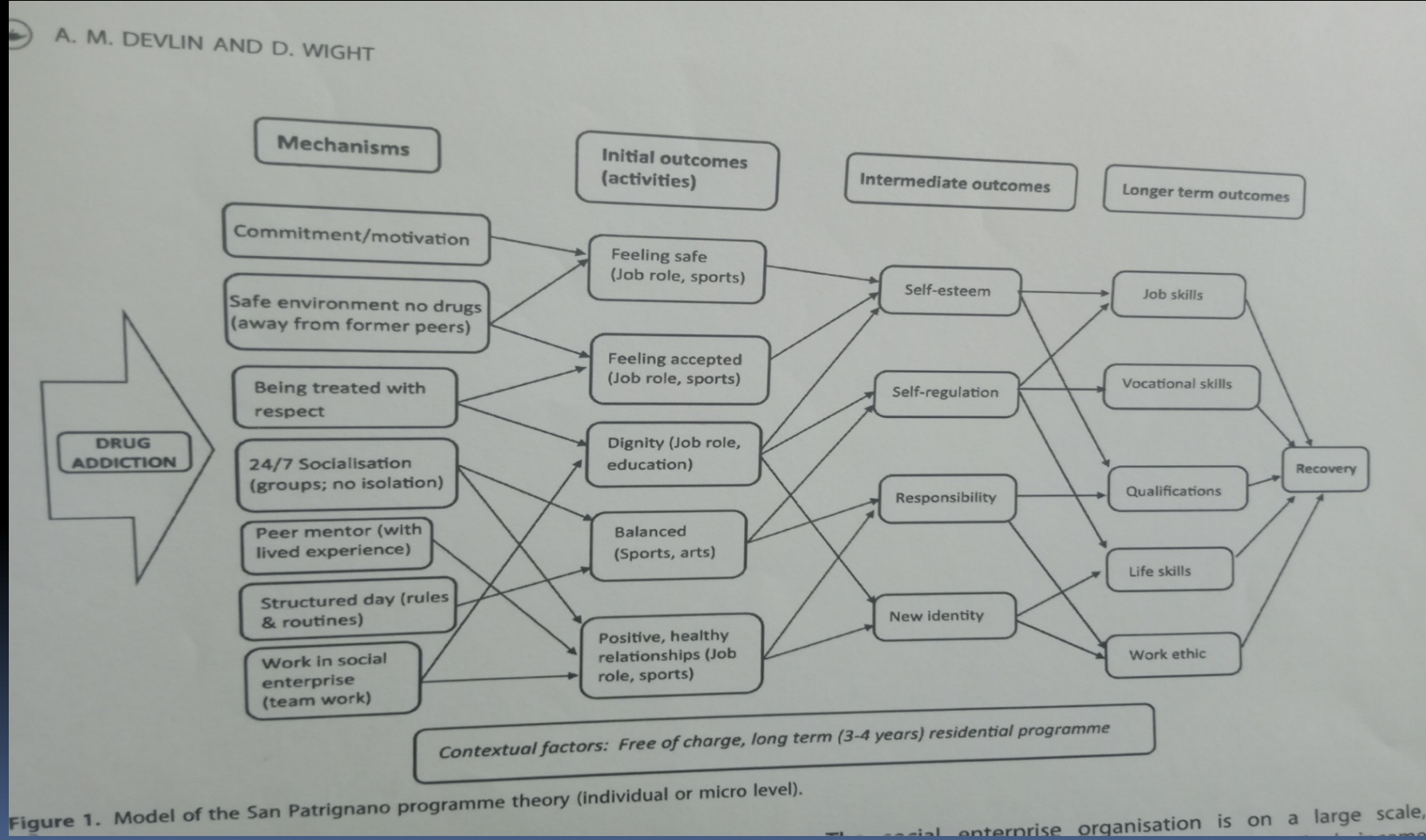
■ Background

- San Patrignano (SanPa) is a TC for individuals with severe SUDs located in Cariano, Italy. The community is grounded in the cultural values of Italian life, including social traditions within the Christian faith and importance for the essentials of life (e.g. family, service, production, consumption of food).
- To date, the treatment community holds a capacity of 1,300 residents and 250 employees, thereby making it one of the largest TCs in the world.
- Founded in 1978 by Vincenzo Muccioli, the community was created with the intention to altruistically support those who were suffering from addiction. The program has been free-of-cost for residents since its origin.

San Patrignano (San Pa)

- San Patrignano, the biggest residential drug rehabilitation community in Europe, providing long-term drug free treatment to persons with SUD completely free of charge for the residents, their families and the taxpayers.
- Since 1978 the community has been offering a home, education, job training, and a sense of meaning and dignity to the more than 25,000 people who have been hosted.
- The San Patrignano methodology, is based on peer-to-peer support, empowerment and professional training, accompanying the clients in recovery into a successful reintegration as active member of the society.
- The structure of the community as cooperative and social enterprise will surely be inspirational for those looking to increase their own organization sustainability.

Mechanisms initial outcomes, intermediate, and long term outcomes in treatment in a TC



Schematic representation of mechanisms and features in San Pa TC.

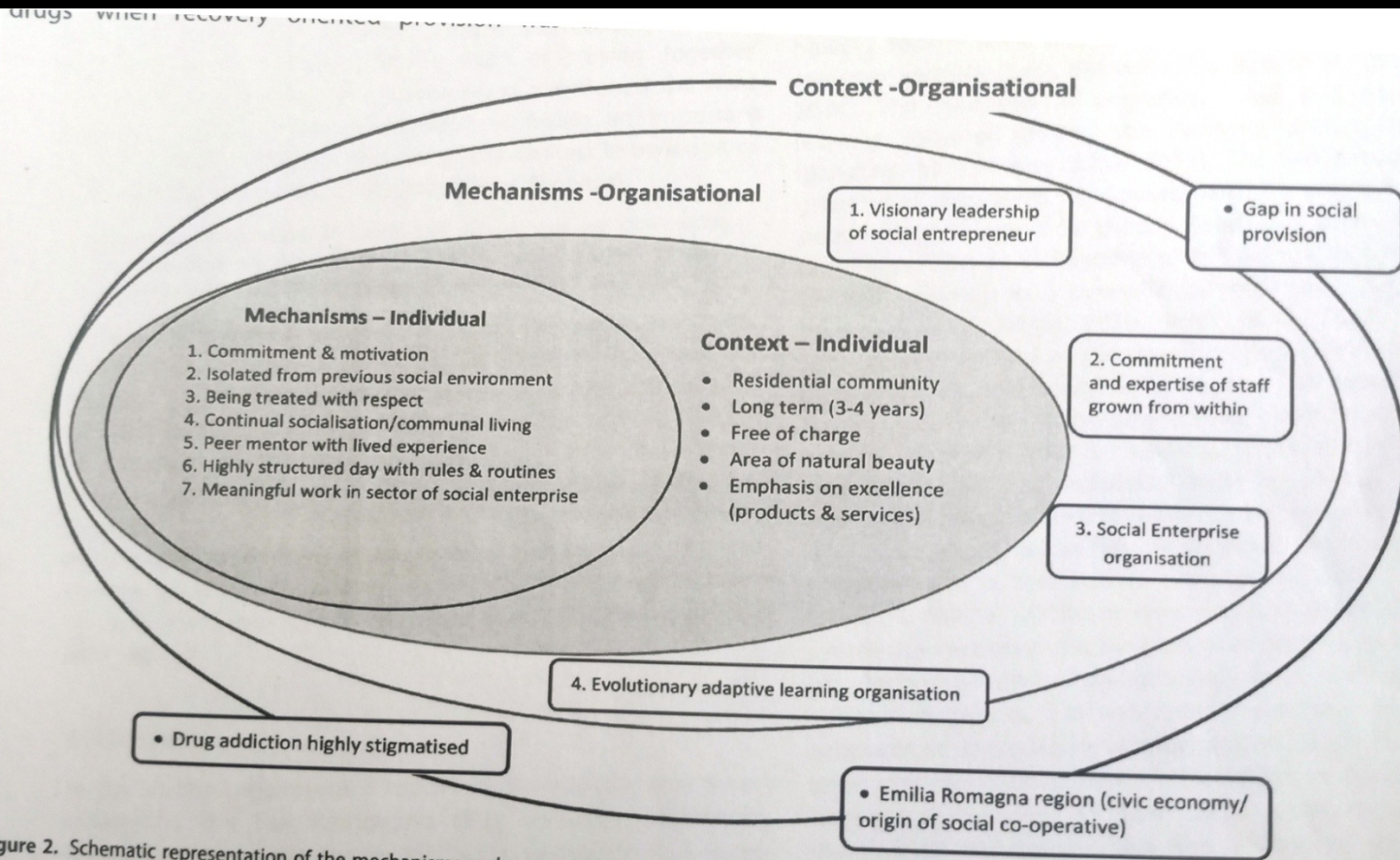


Figure 2. Schematic representation of the mechanisms and contextual features underpinning the San Patrignano model at the individual (micro) and organisational (meso) levels.

San Patrignano TC Rianmi Italy. a model in social Enterprise and sustainability

- The program is drug free
- Long term
- Residential



The San Pa model aims to treat addiction and do not focus on the Substance of use. Treatment is neither pharmacological nor based on maintenance substitution therapy.

- Social cooperative
- Farming cooperative
- school and education Association
- Sports association

Process of intervention

- **Vocational trainings**, educational, professional diploma and trainings, partnership with Uninettuno telematic university.
- **Leisure activities**, arts and sports, san Pa Arts center, San Pa singers, dance workshops.
- **Sports**
- **Individual methodology tools and technics** (People centered program, peer to peer support, gradually assuming responsibilities
- **Group methodology**
- **Environmental therapy**. The life in San Pa have been subject of sociological studies,(guidicini pieretti 1994) explained environmental therapy and city effects.
- In san patignano group intervention or psychological group treatment is not provided per se. it is rather embedded into the community life. The community is the biggest group.

San Pa Feeding Together And Learning Fostering Cohesion



In San Patrignano group intervention or psychological group treatment is not provided per se. it is rather embedded into the Community life. The Community is the biggest group.

San Patrignano (San Pa) TC

- Furthermore, no monthly fees are charged to residents and their families. Since January 2020, 100 beds out of the 1,300 available beds are free of charge. These are dedicated to patients referred directly by the National Health Service, which partially covers the costs of their stay normally totally covered by the community.
- The services are instead self-sustained through participation by the residents, as well as the patient-led commercial efforts within the community.
- The free-of-cost structure not only facilitates treatment availability for those who otherwise might not have access due to financial barriers, but it instills a greater trust for those who have had frequent experiences of being betrayed or taken advantage of in their past (Kast, 2019).

San Patrignano (San Pa) TC

- Since its founding, over 26,000 individuals have successfully completed the program and the successes in recovery prove to be unmatched.
- An outcomes study at SanPa found that 72-78% of individuals sustained abstinent recovery 2 to 4 years following their discharge.
- This is considerable given the fact 38% of individuals surveyed previously held a SUD for a duration of at least 11 years (Manfre, 2005).



CONCLUSION

- This Presentation has emphasized the role of TCs in the treatment of addiction through the lens of San Patrignano.
- The current frameworks of traditional treatments are insufficient in meeting the complex, rehabilitative needs of severe SUDs, therefore pointing to the need for alternative approaches.
- Success in the SanPa model resides in its biopsychosocial approach, in which it addresses the social, cognitive, behavioral, and medical facets of addiction.
- Through examination of San Patrignano, lessons might be offered in how to promote best addiction treatment for those left most vulnerable within our society.

CONCLUSIONS

- The distinctive methodology in the TCs, community as method, its longer than usual treatment duration is the recovery perspective.
- Multi-dimensional (“whole person”) change necessarily requires a multi-interventionist approach that is sustained for a sufficient amount of time.
- These changes involve abstaining from the illicit use of narcotics (and other drugs), the total elimination of social deviance and the development of positive social values and appropriate behavior (1).
- Thus, the mission, and that which distinguishes TC from other treatment paths, is promoting recovery and encouraging living right.
- The Successful social enterprise TCs like the San Pa have been under studied, adapted and exported to Scotland and I recommend same for Nigeria.



**Thank you for
your time and
attention.**

References

- Alexander B K,(2000) The globalization of addiction. *Addiction research*, 8(6),501-526
- Alison M,Delvin & Daniel (2020) Mechanisms and context in san pa drug recovery community, Italy. a qualitative study to inform transfer to Scotland. *Drugs education prevention and policy*.
- Buchanan, J . (2006) Understanding problem drug use: a medical matter or a social issue .*British Journal of Community justice* 4(2) 387-397
- NDUS (2018) Nigeria drug use survey 2018
- Kennard, D. (2000) An Introduction to Therapeutic Communities, London:
- Jessica Kingsley Buber, M (1965) Between Man and Man New York: Macmillan
- Tucker, S (2000) A Therapeutic Community Approach to Care in the Community: Dialogue and Dwelling. London: Jessica Kingsley



References

- Hinchelwood, R.D. (2002) Psychoanalytical Origins and Today's Work: The Cassel Heritage. Therapeutic Communities: Past, Present and Future. Edited by P. Campling and R Haigh(2002) London Jessica Kingsley
 - Gowing, L., Cooke, R., Biven, A., Watts, D. (2002) Towards Better Practice in Therapeutic Communities: Sydney: Australasian Therapeutic Communities Association
 - Triple R Project.(2016) Rehabilitation for recovery and reinsertion: Manual for rehabilitation and recovery of drug users. Funded by European union.
- 