

“Therapeutic Community Treatment: State of the Art and Science”

Reflections on 40 Years of Drug Abuse Research

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***RESEARCH* Phase I (1970 -1989)**

Context and Key Questions:

- TCs emerged as self-help communities outside of mainstream medicine and mental health.
- Public funding compelled accountability and comparisons with pharmacotherapy (i.e., methadone maintenance).

This context shaped several key research questions:

- ❖ *Who comes for treatment?*
- ❖ *What are the success rates?*
- ❖ *What do we know about retention in treatment?*

Effectiveness of Therapeutic Communities

Findings:

Profiles

- **Admissions indicate that contemporary modified TCs are serving individuals who reveal a considerable degree of social and psychological dysfunction in addition to their substance abuse.**

Outcomes

- **Client improvements are obtained in the domains of drug use, criminality, and psychological status during treatment and at posttreatment follow-up. The improvements are most consistent for treatment completers, and among dropouts they are generally related to length of stay in treatment.**

MAIN Conclusions

Validity

TCs benefit the most difficult substance abusers.

Replication

Findings of TC effectiveness were consistent across the single program studies (eg., Phoenix House) and large scale, multi program evaluations (i.e., DARP, TOPS, NTIES).

Policy and Science

Effectiveness studies established the benefits of TCs prior to *efficacy studies* done in controlled conditions.

Receptivity

TCs acceptance of research is growing.

- Increased TC participation in research studies
- Increased efforts to establish program-based evaluation capability.

***RESEARCH* Phase II (1990 - 2000)**

Context and Key Questions:

- Managed care pressures to reduce costs have challenged the need for long-term residential treatment.
- The diversity of TC-oriented programs raised some theoretical and quality assurance concerns.

These issues shape several lines of inquiry:

- ❖ *Are contemporary TCs effective and cost-effective for treating the current diversity of substance abusers?*
- ❖ *What is the therapeutic community treatment approach and how does it work?*

Modifications and Applications of the TC Model and Approach

Current Modifications

- **Family services approaches**
- **Primary health care and medical services**
- **Aftercare services**
- **Relapse prevention training**
- **Twelve-step components**
- **Mental health services**
- **The multimodal therapeutic community and client-treatment matching**

Current Applications for Special Populations

- **Adolescents**
- **Addicted mothers and children**
- **Incarcerated substance abusers**
- **Mentally ill chemical abusers (MICAs)**
- **AIDS- and HIV-seropositive clients**

MAIN FINDINGS and Conclusions

Standard TCs

- **Nationally, tend to serve the most severe substance abusers compared to other treatment modalities.**
- **Participants reveal a considerable social & psychological dysfunction in addition to their substance abuse.**

Modified TCs

- **Provide a favorable cost-benefit alternative to traditional institution-based treatments in mental health, homeless shelters, correctional, and community-based settings.**

Effectiveness of Therapeutic Communities

Findings continued...

Planned duration

- Residential treatments are generally shorter than in earlier years. However, outcomes are still favorable among the clients who complete or stay longer in treatment. Differential effects of longer and shorter planned durations of residential stay, remain to be clarified.

Fiscal Studies

- Although still ongoing, fiscal studies indicate that TC oriented programs provide favorable cost benefit gains particularly in reduction of expenditures associated with criminal activity in mental health services. In short TC treatment appears to reduce the social costs of drug abuse.

Clarifying TC Treatment

Program Diversity

Empirical studies at the Center for Therapeutic Community Research (CTCR) have identified the essential elements of the TC program model. TC programs have been differentiated in terms of standard and modified types and with respect to environmental factors that relate to dropout.

Motivation

The importance of motivational and readiness factors in entry and retention in TC treatment has been documented. Initial studies have measured these factors in the treatment process in the TC.

Clinical Assessment

An array of related instruments have been developed to measure client progress in the TC assessed by the clients, staff, and peers.

Theoretical Framework

Research has contributed to the development of a comprehensive theoretical framework of the TC approach. This framework is utilized to guide clinical practice, program planning, treatment improvement as well as empirical studies of treatment process and client-treatment matching.

A New Research Agenda

Context and Issues:

The TC has moved into the mainstream of human services as a major treatment for substance abuse and related disorders. This movement has been supported by the weight of research evidence documenting the effectiveness of the TC for a wide variety of clients and problems.

Several lines of inquiry can be subsumed under the broad theme of *advancing therapeutic community treatment*:

- ❖ *How can TC research be translated into practice?*
- ❖ *How can service delivery be improved within therapeutic communities?*
- ❖ *How do TC programs integrate into larger systems of service delivery?*
- ❖ *How can the TC remain cost effective and retain the integrity of its approach?*

Treatment Process and a New Research Agenda

Context and Issues:

- Advancing the TC approach, however, requires an understanding of the treatment process. Illuminating the process is essential to *prove* as well as *improve* the efficacy of the TC treatment itself.
- The evolution of the scientific knowledge base through phases I and II has gradually shifted the research question from *whether* TCs work to *how* they work.
- The *global* psychosocial ecology of the TC, the *wholistic* nature of the disorder, and the *dynamic* properties of recovery make describing, much less understanding, the process in the TC a formidable challenge.

Advances in Treatment Practice

Maximizing Treatment Fidelity

- Fidelity involves training and monitoring of all personnel implementing the TC approach in accordance with its theory.
- A key clinical and research hypothesis is that maximizing fidelity *improves* treatment (less dropout, more favorable outcomes) and *reduces* the time in treatment needed for improved outcomes.

Advances in Treatment Practice

The Issue of Individual Differences

- Some clients may require the full range of essential elements.
- Others may require fewer elements for shorter periods of time.
- Thus, the threshold *density* of elements that define community impact as well as the *time* needed to maximize the community impact are related, and these may vary across individuals.
- The issue of individual differences emphasizes the need for strategies which *match* clients to TC model (modified/traditional), to duration (short-term/long-term), and to setting (residential/nonresidential).

Current Developments

- **Emergence of national standards for accrediting TC programs**
- **National training initiatives**
- **National TC training curricula**

REFLECTIONS

**SOME INSIGHTS FROM 40 YEARS OF
TC RESEARCH AND CLINICAL
EXPERIENCE**

EFFECTIVENESS AND EFFICACY: RESEARCH FOLLOWS PRACTICE

TCs were launched as mutual self help programs in the field well before research. Field effectiveness was demonstrated prior to efficacy studies.

SELF-SELECTION: A TREATMENT PRE-REQUISITE, NOT A DESIGN PROBLEM

- **Client related factors such as Motivation/readiness are essential for treatment seeking, retention and participation.**
- **Treatment Works Because Clients Make Treatment Work. Clients use treatment to change themselves.**

***RETENTION PREDICTS OUTCOMES:
TIME IN PROGRAM IS A PROXY FOR
TREATMENT DOSAGE***

- **It is not time, but participation in time-correlated interventions that produces positive change.**
- **The greater the participation the better the outcomes.**

***CHRONIC RELAPSING DISEASE: A
EUPHEMISM FOR "ONCE A JUNKIE
ALWAYS A JUNKIE"***

- **Based upon natural history and long term treatment followup studies the appropriate message is that addiction is a chronic disorder from which individuals can and do recover.**

BEYOND TREATMENT: A RECOVERY ORIENTED INTEGRATED SYSTEM (ROIS)

- **Completion of Long Term treatment in TCs (18-24 months) prepared the individual to continue in the self change process which is reflected in impressive recovery rates years after treatment. This fact provides a key insight for an enlightened treatment system.**

A RECOVERY ORIENTED INTEGRATED SYSTEM (ROIS)

- **Rois is a paradigm of a systems approach in Correctional Treatment. It emphasizes partnership linkages among community providers and prison based TC treatment providers to coordinate transitional and aftercare treatment and services for post release clients.**
- **Additional partners in the system are parole/probation officers, judges, and social services agencies. (e.g., education, employment, family, mental health).**

A RECOVERY ORIENTED INTEGRATED SYSTEM (ROIS) (cont'd.)

- **The integrative ingredient of the system is an overarching framework of recovery.**

A RECOVERY ORIENTED INTEGRATED SYSTEM (ROIS)

(cont'd.)

Key components of ROIS are:

- **Recovery Stage Framework;**
- **System-wide vernacular;**
- **Uniform assessment protocol;**
- **Coordinated procedures for referral and placement.**