

Confronting The Future:

Issues Challenging the Integrity and Advancement of the Therapeutic Community for Addictions

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EVOLUTION AND STATUS

- The evolution of the contemporary TC for addictions over the past 45 years may be characterized as a movement from the marginal to the mainstream of substance abuse treatment and human services.
- Currently TCs serve a wide diversity of clients and problems; they have reshaped staffing composition, reduced the planned duration of residential treatment, reset its treatment goals and to a considerable extent, modified the approach itself.

Evolution (Con't)

These changes are expected and consistent with the TC's own teaching, which stresses that *the only certainty in life is change itself*.

- However, as it assumes the characteristics of a mainstream public health entity, the future of the TC approach itself contains a profound and paradoxical threat—*the loss of its unique self-help identity which has defined its success*.

THE CHALLENGE

To convert threat into an opportunity to advance its approach, the TC must address key issues several of which are briefly highlighted for discussion: Funding, Workforce, Clinical Practice, Research, Leadership.

Funding

Funding pressures have dramatically reduced the planned duration of treatment, a policy which contradicts the science documenting the relationship between retention and outcomes in community and correctional TC studies.

- *Research and Practice must demonstrate the necessity for, and cost benefits of residential/long term treatment for specific subgroups of substance abusers.*

Funding (Con't)

MATCHING: A CASE IN POINT

- *Client Severity-Treatment Intensity paradigm*
- *Cost of Mismatching: Overtreatment, Undertreatment and Sufficient Treatment*
- *Self-Matching: Clients elect the intensity of treatment for various reasons.*

Funding (Con't)

- Develop treatment options of appropriate intensity.
- *Adjustment of clinical goals to planned duration.*
- *Recovery Oriented Integrated Systems (ROIS).*

Workforce

The expansion of the TC to serve special populations in special settings has resulted in problems in the recruitment, retention and development of experienced staff.

Professional requirements, low salaries, limited career goals, difficult working conditions and inadequate training result in high staff turnover.

Workforce (Con't)

Issue: Workforce Diversity

Based on their education and professional training, the diversity of staff introduces concepts, vernacular, and methods that often counter or subvert the fundamental mutual self-help features of the TC.

Workforce (Cont)

Example: Staff Roles in a Client Driven Model

- *Facilitator, Counselor, Therapist, Manager, Rational Authority, Community Member.*
- *Training: An explicit theoretical framework can provide a common perspective for training both traditional professional and non traditional professional staff so that they can be united in their approach to treatment.*

Workforce (Con't)

A related work force issue: the need to clarify appropriate standards for credentialing of TC staff to maximize their income and status in Human Services.

- *TCA Standards; ACA Standards*
- *TC Curricula and Academic Credits*

RESEARCH

In the universal call for evidenced-based treatments some critics have concluded that the TC is not an evidenced based treatment.

Forty years of field research is dismissed as not meeting the gold standard of research design. Given the relative lack of randomized, double blind control trials, it is asserted that the effectiveness of the TC has not been “proven.”

Research (Con't)

TC RESEARCH EVIDENCE FROM FIELD STUDIES (Some Meta Estimates)

- *Over 30,000 admissions to community and institutionally based TCs world wide entered into multimodality and single program studies. (1969-2000).*
- *Over 10,000 individuals followed 1-12 years post treatment.*

Research (Cont)

- *Studies conducted by different research teams, across different eras, and different cultures.*
- *Studies assessed multiple outcome variables with similar instruments, follow up and statistical methodology.*
- *Results are strikingly similar yielding “lawful” findings with respect to profiles, outcomes and retention.*

Research (Con't)

Main Conclusions

- Who comes for treatment? *Profiles of Admissions are the most severe.*
- What are the success rates? *Individuals change during and following treatment.*
- Does Treatment “Dosage” relate to Outcomes? *Retention consistently predicts outcomes.*

Research (Con't)

A New Research Agenda

The effectiveness of TCs is grounded in 40 years of field outcome studies. This evidence validates undertaking a new research agenda.

- *Randomized controlled trials. RCTs in the field are difficult to assemble e.g. need for appropriate control conditions, designs and analytic models.*

Research (Con't)

- *Studies of Treatment Process: How TCs work to produce outcomes.*
- *Studies of how to bring research to practice.*
- *Studies to Improve the TC Approach.*

Research (con't)

Research Follows Practice

- *Advancing a science of addiction treatment will require a continued reciprocity between practice in the field and research.*
- *Field-to-laboratory innovations need to be considered along with the conventional laboratory-to-field approach.*

Clinical Practice

TCs understandably have pursued financial solvency by expanding to serve a wide variety of populations e.g., mental health, homeless, corrections, juvenile justice and child care.

Contracts have obligated TCs to meet regulations of community, state and federal agencies and often to incorporate practices based upon different professional views of treatment.

Clinical Practice Con't

The expansion outward of the TC has been at the expense of inward refinement of the approach itself. It is one thing to modify and adapt the TC to special populations and settings. It is quite another to ignore the development of the approach itself.

- TCs must refine *community as method* as the primary treatment ingredient in its application for special populations and settings.

Clinical Practice (con't)

Is the TC Evidence Based as a Treatment (EBT) or Practice (EBP)?

A related challenge to the TC approach is the call for evidence based practices (EBP). As TCs modify they increasingly incorporate practices into their programs e.g. CBT, MET, DBT, Contingency Contracting, pharmacotherapy, varieties of Family therapy.

Evidence: based practice and elements are contained within TC programming

- *Evidence based learning principles in TCs e.g. social role training, vicarious learning, behavior modification, reinforcement and the Privileges/Sanction system.*
- *These are naturalistically mediated: Embedded in Community as method.*

Evidence: TC Practices and Elements (Con't)

Examples

- *Peer mentoring; Peer Role modeling, tutoring;*
- *CBT, RPT, TC concepts: in Peer/staff Seminars;*
- *Therapeutic Alliance: Community vs Therapist*
- *Motivational enhancement: Various forms of group process; Role Models (problem identification and desire to change).*
- *Goal Attainment: Program Stages and Phases*

Clinical Practice (con't)

Conclusion: TC as EBP

- *Community as Method is the Primary Treatment: Purposive use of Community to teach individuals to use the community to change themselves.*
- *Evidenced based elements embedded within Community as method*
- *Evidenced informed strategies are incorporated to enhance, not substitute for, community as method.*

Clinical Practice (Training Initiatives)

Issue: Fidelity, Outcomes and Training

- THE CURRICULUM: THEORY-METHOD OF THE TC APPROACH.” *WHY WE DO WHAT WE DO*”. RATIONALE FOR ESSENTIAL ELEMENTS IN A TC.
- THE TRAINING MODEL: TEACHING PROGRAMS; “*HOW WE DO WHAT WE DO*”. STAFF AND RESIDENTS TRAINED TOGETHER IN A *HIGH FIDELITY* PROGRAM.

LEADERSHIP

There is a phasing out of the initial generation of leaders of the TC movement. Those who founded, directed and staffed programs, described their development, researched their process and outcomes need to be succeeded by a new generation who can assume the challenge of advancing the evolution and development of TC theory and method.

LEADERSHIP(CON'T)

- *Clinical and agency leadership*
- *Leaders from all backgrounds*
- *Leaders trained in theory- model and method*

THE TC: A EXPERIMENT IN PROGRESS

- *THE TC FOR ADDICTIONS DESCENDS FROM HISTORICAL PROTOTYPES FOUND IN ALL FORMS OF COMMUNAL HEALING.*
- *INEVITABLY, SUCH ALTERNATIVE COMMUNITIES DISAPPEAR; THEY DISSOLVE THROUGH IRRELEVANCY, MUTATE THROUGH COOPTION OR BECOME DILUTED BY ASSIMILATION INTO THE MAINSTREAM.*

THE TC: AN EXPERIMENT IN PROGRESS

THE CONTEMPORARY TC CAN TRANSCEND THE FATE OF ITS HISTORICAL PROTOTYPES.

- *THE TC IS A HYBRID COMMUNITY FORM: SPAWNED FROM THE UNION OF SELF HELP AND PUBLIC SUPPORT.*

THE CHALLENGE

- *TO RETAIN THE VITAL HEALING AND TEACHING INGREDIENTS OF SELF HELP COMMUNITIES, NOW RECONFIGURED INTO A SYSTEMATIC SOCIAL PSYCHOLOGICAL METHODOLOGY FOR TRANSFORMING LIVES.*