

## Therapeutic Community Model of Treatment

*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.*

*In a therapeutic community residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur.*

*In a therapeutic community there is a focus on social, psychological and behavioural dimensions of substance use, with the use of the community to heal individuals emotionally, and support the development of behaviours, attitudes and values of healthy living.*

(Definition taken from Australasian Therapeutic Communities Association website)

Upon entering a TC, one does not see the trappings of an institution, clinic, hospital, or even a treatment program per se. Instead, elements of a home, school, and business are apparent and a variety of housekeeping, educational, vocational, and community activities are in progress. From an anthropological perspective, the social environment of the TC more largely resembles an energetic village than an institution or service setting (De Leon, 2000: 119).

The therapeutic community (TC) as a model of treatment is based on family and community. It is fundamentally a self-help approach which strives to sustain the main characteristics of a prosocial and positive family environment. This includes structure to provide order in daily living; nurturance through physical and psychological safety; individual acceptance and encouragement, conditional only upon honest participation; and the transmission of healthy values\*.

The TC is designed to intensify those life experiences that help individuals learn about themselves, gain self-esteem, develop self-respect, learn about others, and foster mutuality and respect for others. In so doing, concepts of responsibility, authority and meaningful codes of behaviour are established. There is an expectation for clients to be responsible for maintaining values and codes of behaviour held important to the community.

The total 24-hour house environmental milieu (surroundings) of the therapeutic community (TC) provides a unique opportunity for therapy. Formal structured group and individual therapy sessions are of major importance, but so too are the more reality-based therapies of working together, recreating together, relaxing together, decision-making, problem-solving, empathising, reaching out, helping and teaching. All activities are considered part of therapy, and are directed towards assisting the person to develop their skills and identity and work toward managing their own recovery. Even the most fundamental necessities, such as laundry, cooking, maintenance and office work can be therapeutic, and are also vital in developing essential life skills. In fact work is one of the most distinctive components of the therapeutic community (TC) model.

For disadvantaged, antisocial or nonhabilitated substance users, many of whom have few work skills, social identity and self-esteem are first acquired through participation in the work structure of the TC. Achieving community status in their TC work roles is often their first experience with social potency and self efficacy. Their work in the TC provides a tangible, experiential basis for hope and possibility regarding their future in the world of work. Work success in the TC also represents for many residents a concrete element of change in both social and personal identity.

The work hierarchy of the TC is integral to the functioning of the program and strengthens the peer community through the transmission of values such as community mindedness, right living and recovery. TC residents are responsible for the practical tasks that sustain the day to day operations of the community. The TC model provides a structured system with graded levels of responsibility which are taken up by residents as they move through the program.

Therefore, when a person enters the community they are only asked to take responsibility for themselves. A buddy is assigned to all new residents, and this person provides support to the new person to help them adjust to the community. As the person's emotional, physical and mental health begins to improve, they are able to begin the process of change. At the same time, they take on more responsibility within the community, buddy other new residents, and take on work areas, such as head of the gardening or kitchen departments. In this way they learn how to be responsible, to practice positive behaviours and norms and to change self-defeating lifestyles.

### **Value of peer support**

The example that residents who have successfully left the program are able to provide to others who are still struggling is also very important. Those in recovery serve as role models to others. The program will continue to welcome back those who have finished the residential stage of treatment for social, education and support activities. This will include relapse prevention programs, outreach counselling and support and other social activities.

One of the benefits of TC treatment in general is the fact that many of the staff are themselves in recovery, and this provides a very powerful message to residents of the benefits and success of treatment. Many ex-consumers of the service are involved through the volunteer program as mentors to current TC members and, through the provision of training opportunities, as members of staff.

Three key elements of the TC model are:

- Community as method
- Staged approach
- Holistic and Multidimensional approach

## **Community As Method**

The profound distinction between the TC and other treatments and communities is the use of community as a method for changing the whole person (De Leon, 2000: p 92).

As such, at a TC the community is the agent for change. The community is made up of staff and resident members, with resident members having clear ownership of the environment as, for the period of engagement in the program, the TC is their home. As such the resident members have input into decision making processes and participate in maintaining the facility.

## **Staged Approach**

Typically there are different stages of a TC, with resident members having increased responsibilities and gaining privileges and status as they move through the stages. Attainment of each stage recognises increased personal awareness and growth demonstrated through behaviour, attitudes and values. Residents who have progressed through the stages play a significant peer support and role modelling function to newer residents at the TC. The staff's role as community managers facilitates interactions between the individual and the community, supporting socialisation while at the same time maintaining the social order of the TC.

## **Holistic and Multidimensional Approach**

The TC is also multidimensional and works with the whole person. As such it provides nurturance through three meals, housing, clothing, cosmetic accessories, as well as medical, dental, and various social and legal advocacy services. It also addresses a range of individual needs that would enhance re-entry, such as providing training, vocational skills development, parenting skills etc. More importantly, however, the therapeutic element of every activity, job function or interaction is aimed at enhancing the personal growth of the resident member.

## **References**

\* De Leon G. (2000). *The Therapeutic Community: Theory, Model, and Method*. New York, Springer Publishing Company.