

Therapeutic community in Management of Substance Use Disorder



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Summary: Substance abuse disorder is a treatable disease. The therapeutic milieu provides a temporary safe haven to patients who have decreased ability to cope with and adapt to life stressors. It offers patients with opportunities to acquire adaptive coping behaviors and provides an asylum, in the truest sense of the word, while simultaneously extending an invitation to patients to return to the mainstream of living and being in the world. Therapeutic community (TC) is a group therapy approach that uses the patient's total living experience as the primary therapeutic agent. Its essential characteristics include individual treatment programs, links with the patient's family and community, effective relationships among members of mental health and humanistic attributes of mental health team members.

Introduction

Substance use disorder is a treatable disorder. Through treatment that is tailored to individual needs, patients can learn to control their condition and live normal, productive lives. Like people with diabetes or heart diseases, people in treatment for substance abuse learn behavioural changes and take medications as part of their treatment regimen. Behavioral therapies can include counseling, psychotherapy, support

groups, family therapy or therapeutic community. Patients, who go through medically assisted withdrawal to minimize discomfort but do not receive any further treatment, perform almost the same in terms of their substance use as those who were never treated. Over the last 25 years, studies have shown that treatment works to reduce substance intake and crime rates. There are several types of substance abuse treatment programs. Long term treatment includes therapeutic community treatment.

What is Therapeutic Community?

Therapeutic communities are highly structured programs in which patients stay at a residence typically for 6 to 12 months. Patients in Therapeutic Communities include those with relatively long histories of substance dependence, involvement in serious criminal activities and seriously impaired social functioning. The focus of Therapeutic Community is on the re-socialization of the patient to a substance free, crime free lifestyle.

The therapeutic community is a structured environment with a specific philosophy of care and a focus on health rather than on illness. The patient is regarded as a responsible member of a social group. The treatment setting is viewed as a community of both staff and patients. All

members interact democratically to achieve therapeutic outcomes. The goal of this approach is to develop insight into behavior through feedback received from the whole population of patients and staff.

Definition

According to Johnson 'A therapeutic community is a structured environment designed to provide a secure retreat for individuals whose capacities for coping with reality have deteriorated'. The therapeutic community gives them opportunities to acquire adaptive coping skills. Skinner defines therapeutic community as "a scientific structuring of the environment in order to effect the behavioral changes and to improve the psychological health and functioning of the individual."

BASIC BELIEF

According to 'Suzan Lego 1984' the therapeutic community is built of four basic beliefs.

Definition

Democratization – Participation of all members in decision making.

Permissiveness – facilitation of emotional expression.

Communitarianism – general sharing in activities of daily living.

Reality confrontation – confrontations about behavior as observed by those in the environment.

Purpose

To change basic orientation toward authority figures.

To teach patients tolerance of others through control of their own reactions.

To develop increased capacity to endure "real-life" situations. To improve social skills. To increase social interactions.

To counteract the patients tendency to use defense mechanisms (denial, displacement, withdrawal). To assist patients to develop more realistic perceptions of home and family.

Goals and Purposes of Therapeutic Community

1. To minimize the antitherapeutic environment for the patients in the ward (e.g. Encouraging the patients to gather around the excited patient – it is anti-therapeutic).
2. To minimize maladaptive behavior. Creating an environment where maladaptive behavior is discouraged.
3. To provide a free and favorable climate in which the patient can talk and gain awareness of his own feelings, impulses and behavior.
4. To help the patient to improve his self esteem by helping him to understand that he also can take decisions, can take responsibilities and his activities are appreciated if he performs them well.

Principles of Therapeutic Community (TC)

The essential principles of TC can be described as:

1. Therapeutic community is an approach used for the care of patients through group activity.
2. Democracy is observed in a hospital setting and helps to increase the self respect of a patient.
3. Patient is involved in his own therapy which helps him in making decisions.
4. Decision making ability improves the self confidence of patients.
5. It provides an environment of free communication. Hospital authoritativeness is reduced.
6. The patient is also directed to focus his attention not only on his own needs but also on the needs of other patients.
7. It attempts to reduce the feelings in the patient about the supreme power of the

doctor.

8. Though the nurse sets limits and has various roles to play, the patient still considers her part of the milieu in which he is living.

Basic Assumptions

Skinner (1979) outlined seven basic assumptions on which a therapeutic community is based:

1. The health in each individual is to be realized and encouraged to grow: All individuals are considered to have strengths as well as limitations. The healthy aspects of the individual are identified and serve as a foundation for growth in the personality and in the ability to function more adaptively and productively in all aspects of life.
2. Every interaction is an opportunity for therapeutic intervention: Within this setting, it is virtually impossible to avoid interpersonal interaction. The ideal situation exists for patients to improve communication and relationship development skills. Learning occurs from immediate feedback of personal perceptions.
3. The patient owns his or her own environment: Patients make decisions and solve problems related to governing of the unit. In this way, personal needs for autonomy as well as needs that pertain to the group as a whole are fulfilled.
4. Each patient owns his or her behavior: Each individual within the therapeutic community is expected to take responsibility for his or her own behavior.
5. Peer pressure is a useful and a powerful tool: Behavioral group norms are established through peer pressure. Feedback is direct and frequent, so that behaving in a manner acceptable to the other members of the

community becomes essential.

6. **Inappropriate behaviors are dealt with as they occur:** Individuals examine the significance of their behavior, look at how it affects other people, and discuss more appropriate ways of behaving in certain situations.
7. **Restrictions and punishment are to be avoided:** Destructive behaviors can usually be controlled with group discussion. However, if an individual requires external controls, temporary isolation is preferred over lengthy restriction or other harsh punishment.

How to initiate a therapeutic community program

In a therapeutic community setting everything that happens to the patient, or within the patient's environment, is considered to be part of the treatment program. The community setting is the foundation for the program of treatment. Community factors, such as social interactions, the physical structure of the unit, and schedule of activities, may generate negative responses from some patients. These stressful experiences are used as examples to help the patient learn how to manage stress more adaptively in real-life situations.

A number of criteria have been identified based on which the environment is considered therapeutic:

1. **Basic Physiological needs are fulfilled:** As Maslow (1968) has suggested, individuals do not move to higher levels of functioning until the basic biological needs for food, water, air, sleep, exercise, elimination, shelter and sexual expression have been met.

2. **The physical facilities are conducive to achievement of the goals of therapy:** Space is provided so that each patient has sufficient privacy, as well as physical space, for therapeutic interaction with others. Furnishings are arranged to present a homelike atmosphere, usually in spaces that accommodate communal living and have dining and activity areas for facilitation of interpersonal interaction and communication.

3. **A democratic form of self government exists:** In the therapeutic community, patients participate in the decision making and problem solving that affect the management of the unit. This is accomplished through regularly scheduled community meetings. These meetings are attended by staff and patients, and all individuals have equal input into the discussions. At these meetings, unit norms and rules and behavioral limits are set. This reinforces the democratic posture of the unit, as these are expectations that affect all patients on an equal basis. An example might be the unit rule that no patient may enter a room being occupied by a patient of the opposite sex. Consequences of violating the rules are explained.

Meetings are usually held each morning right after breakfast. Some therapeutic communities elect officers who serve for a period of a week or even for a few days. The officers call the meeting to order, conduct the business of discussing old and new unit issues, and asks for volunteers or makes appointments, alternately, so that all patients have a turn to accomplish the daily tasks associated with community living, eg, cleaning the tables after each meal and watering plants on the unit. New assignments are given each morning.

The secretary reads the minutes of previous meeting and takes minutes of the current meeting. All staff members except those required to manage the unit and provide necessary care for patients are expected to attend the daily meetings.

4. Unit responsibilities are assigned according to patient capabilities: Increasing self-esteem is an ultimate goal of the therapeutic community. Therefore, a patient should not be set up for failure by being assigned a responsibility that is beyond his or her level of ability. By assigning responsibilities that promote achievement, self-esteem is enhanced.
5. A structured program of social and work related activities is scheduled as part of the treatment program: Each patient's therapeutic program consists of group activities in which interpersonal interaction and communication with other individuals are emphasized. Time is also devoted to discuss personal problems. Various group activities may be selected for patients with specific needs, for example, an exercise group for a person who expresses anger inappropriately.
6. Community and family are included in the program of therapy in an effort to facilitate discharge from the hospital: An attempt is made to include family members, as well as certain members of the community that affect the patient, in the treatment program. It is important to keep as many links to the patient's life outside the hospital as possible. Family members are invited to participate in specific therapy group and, in some instances, to share meals with the patient in the communal dining room. Connection with community life may be maintained through

patient group activities, such as shopping, attending movies, and visiting the zoo.

Role of Nurse

Nurses are generally the only members of the health team who spend time with the patients on a 24 hour basis. They assume responsibility for management of the therapeutic milieu, and accomplish this through use of the nursing process. An ongoing assessment, diagnosis, outcome identification, planning, implementation, and evaluation of the environment is necessary for the successful management of a therapeutic milieu. Nurses are involved in all day-to-day activities that pertain to patient care. Suggestions and opinions of nursing staff are given serious consideration in the planning of care for individual patients. Information from the initial nursing assessment is used to create the inter-disciplinary treatment. Nurses have input into the goals of therapy and participate in the weekly updates and modification of the treatment plans.

In the therapeutic milieu, nurses are responsible for ensuring that patients' physiological needs are met. Patients must be encouraged to perform as independently as possible in fulfilling activities of daily living. However, the nurse must make ongoing assessment to provide assistance for those who require it. Assessing physical status is an important nursing responsibility that must not be overlooked.

Nurses are responsible for the management of medication administration. Constant vigilance has to be ensured regarding the substance free environment, fights, and violent behavior, craving etc. The patients have to be involved in diversional activities like vigorous exercises, watering plants, gardening etc.

A major focus of nursing in the therapeutic milieu is the one to one relationship, which grows out of a developing trust between patient and nurse. Developing trust means keeping promises that have been made. It means total acceptance of the individual as a person, separate from behavior that is unacceptable. It means responding to the patient with concrete behaviors that are understandable to him or her. Within an atmosphere of trust, the patient is encouraged to express feelings and emotions and to discuss unresolved issues that are creating problems in his or her life.

The nurse is responsible for setting limits on unacceptable behavior in the therapeutic milieu. This requires stating to the patient in understandable terminology what behaviors are not acceptable and what the consequences of violation would be. These limits must be established, written and carried out by all staff on all shifts. Consistency in carrying out the consequences of violation of the established limits is essential if the learning is to be reinforced.

Outcome

Therapeutic Communities treat people with a wide range of substance abuse problems such as multiple substance addictions, involvement with the criminal justice system, lack of positive social support and mental health problem.

For three decades National Institute on Substance Abuse (NIDA) has conducted several large studies to advance scientific knowledge of the outcomes of substance abuse treatment as typically delivered in the United States. These studies collected baseline data from over 65,000 individuals admitted to public funded treatment agencies. They included a sample of TC programs and other types of programs (i.e. methadone maintenance, out-patient substance-

free, short term inpatient, and detoxification programs). Data was collected at admission, during treatment, and in a series of follow-ups that focused on outcomes that occurred 12 months and longer after treatment.

These studies found that participation in a TC was associated with several positive outcomes. For example, the Drug Abuse Treatment Outcome Study (DATOS), the most recent long-term study of substance treatment outcomes, showed that those who successfully completed treatment in a TC had lower levels of cocaine, heroin, and alcohol use; criminal behavior; unemployment; and improvement of depression than they had before treatment.

Conclusion

Nurses have traditionally assumed the responsibility for managing and coordinating therapeutic milieu activities. They also serve as a link between patients and socially constructed reality of everyday life. One important nursing function in therapeutic milieu is mental health teaching. Nurses in the therapeutic milieu must communicate by their every action and word

References

Suggested reading material

1. Carter, Frances Monet (1981). *Psychosocial Nursing Theory and Practice in Hospital and Community Mental Health*. 3rd ed. New York: Macmillan Publishing Co., 81-88.
2. Johnson, Barbara Schoen (1989). *Adaptation and Growth Psychiatric Mental Health Nursing*. 2nd ed., Philadelphia : JB Lippincott Co., 171-182.
3. Lego, Suzanne (1984). *The American Handbook of Psychiatric Nursing*, Philadelphia: JB Lippincott Co., 296 - 304

4. Marry, Ruth Beckmann et al. (1993). Use of Therapeutic Milieu in a Community setting. *Journal of Psychosocial Nursing Mental Health Services*. Oct., 31 (10) 10 – 11.
5. Rawlins, Ruth Parmelia et al. (1993). *Mental Health – Psychiatric Nursing: Holistic Life Cycle Approach*, 3rd ed. Philadelphia: Mosby Year Book, 504-523.
6. Street, Guil W., et al. (2005). *Principles and Practice of Psychiatric Nursing*, 8th ed., Mosby, 700 – 702
7. Walker Mary (1994). Principles of a Therapeutic Milieu: Perspectives in *Psychiatric Care*, 30:33,5-8.
8. White, Joan (1989). Resistance Within the Therapeutic Community. *Perspectives in Psychiatric Care*, 25: 28-33.
9. Yurkovich, Eleanon (1989). Patients and Nurses Roles in the Therapeutic Community. *Perspectives in Psychiatric Care*, 29: 3 – 4, 18–22.

Suggested slide material

Slide 1

Definition

- A therapeutic community is a structured environment designed to provide a secure retreat for individuals whose capacities for coping with reality have deteriorated. Therapeutic community gives them opportunities to acquire adaptive coping skills.

Slide 2

BASIC BELIEF

- Democracy
- Permissiveness
- Communalism
- Reality confrontation

Slide 3

GOALS OF THERAPEUTIC COMMUNITY

- To minimize anti-therapeutic environment
- To minimize hospitalization
- To minimize maladaptive behaviour
- To provide free and favourable climate
- To improve self-esteem of the patient

Slide 4

BASIC ASSUMPTIONS

- The health in each individual is to be encouraged to grow
- Every interaction is an opportunity for therapeutic intervention
- The patient owns his/her own environment
- The patient owns his/her behaviour
- Peer pressure is a useful and powerful tool
- Inappropriate behaviours are dealt with as they occur
- Restrictions and punishments are avoided

Slide 5

CRITERIA FOR THERAPEUTIC ENVIRONMENT

- Basic physiological needs are fulfilled
- Physical facilities are conducive to achievement of the goals
- A democratic self government exists
- Unit responsibilities are assigned according to patients capabilities
- Structured program of social and work related activities is scheduled
- Community and family are included

Slide 6

ROLE OF THE NURSE

- Management of therapeutic milieu by nursing personnel
- Ensuring that patients physiological needs are met
- Promoting independence of patients
- Assessing physical status
- Medication administration
- Developing trust between patient and nurse
- Setting limits on unacceptable behaviour
- Patient education

Slide 7

OBJECTIVES OF THERAPEUTIC COMMUNITY

- Providing detoxification treatment
- Behaviour shaping
- Motivation to remain abstinent
- Psychological rehabilitation
- Vocational training