

Therapeutic Ideology and Practice: Commonalities and Variations in a USA National Sample of Therapeutic Communities

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Presentation Goals

- Outline the design of our national study of therapeutic communities in the United States
- Present a description of this sample
- Highlight key cultural elements of American TCs
- Explore variation in TC culture by organizational characteristics



The Context: Substance Abuse Treatment in the US

- Treatment facilities face an increasingly turbulent regulatory environment
- Sharply reduced reimbursement for inpatient and residential forms of care
- This environmental turbulence in the private sector has closed many treatment facilities
- Centers that have remained open have adapted by reducing the availability of inpatient care and shifting to outpatient models of care



TCs in the American Treatment System

- Unique challenges for therapeutic communities, given the classic model of TCs which involves long-term residential treatment
- Thus, our key research questions:
 - To what extent do American TCs offer residential treatment?
 - Have American TCs altered their services to include outpatient levels of care?
 - To what extent do these TCs endorse the ideological components of the classic TC model?
- There are few data available to answer these questions



Project Design Features

- This study is a nationally representative sample of community-based therapeutic communities in the US
- The panel longitudinal design has several elements
 - First wave of on-site interviews with program administrators
 - Additional data collected via:
 - Mailback questionnaires with program administrators
 - Mailback questionnaires with counselors
 - Follow-up telephone interviews at 6, 12, and 18 months to track changes in service delivery
 - Second wave of data collection with same components begins in Fall 2004



Research Design: Sample Construction

- Constructing a nationally representative sample of TCs was achieved using a two-stage design:
 - Creation of 10 strata of US counties based on population
 - Random sampling of US counties to be representative of the US population
 - Identification of all possible substance abuse treatment centers in those counties using SAMHSA's national directory of substance abuse facilities and directories provided by all 50 state substance abuse directors
 - Centers were randomly selected from the 10 strata for telephone screening



Research Design: Screening for Eligibility

- Telephone screening collected information about center's eligibility for the study
- All TCs were required to be community-based
- ***Central criterion for inclusion was that the program self-identified as a therapeutic community***
 - This allows for measurement of the range of programs that identify as TCs
 - On-site interview contains measures to examine the extent to which these organizations fit DeLeon's model of TCs



Study Progress To Date

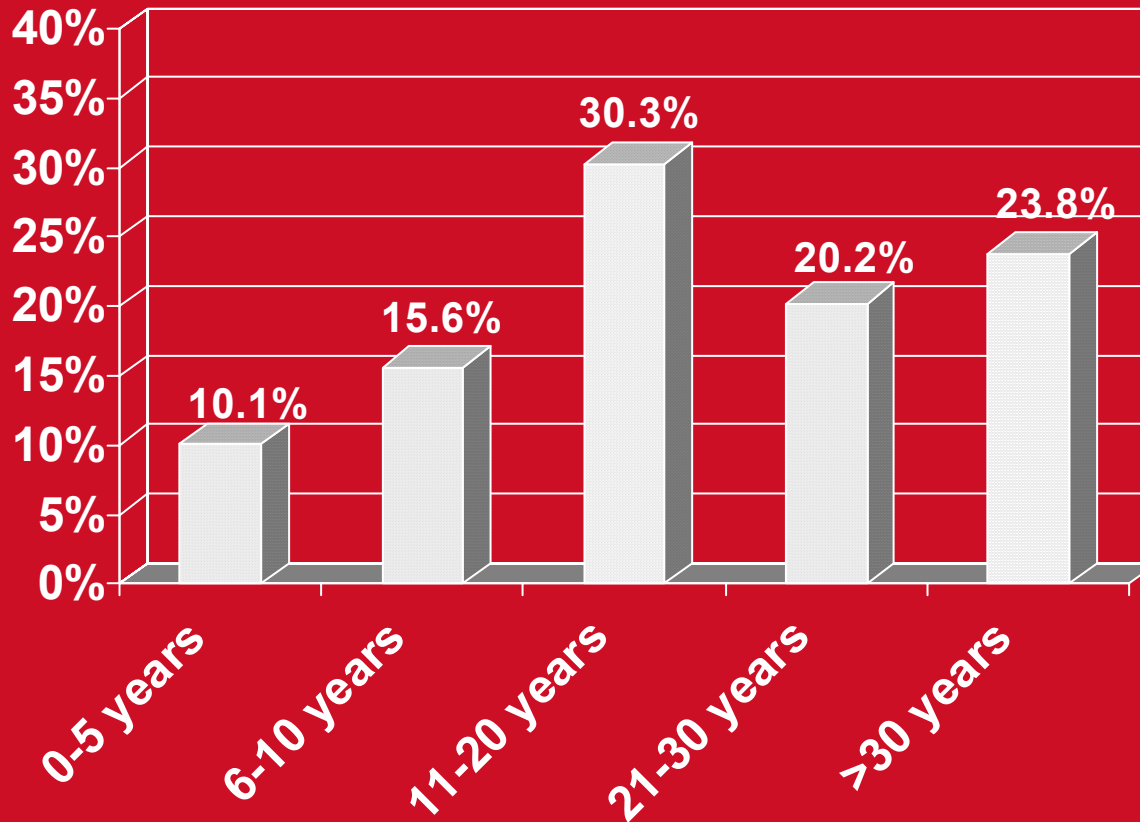
- First on-site visit to sample of 400 TCs is currently being completed
 - To date, we have achieved a 81% participation rate from those we have invited to participate
- Once scheduled at the administrator's convenience, onsite interviews have been conducted
 - This presentation includes data from the on-site interviews at 309 TCs
 - ***These data do not include several of the large multi-facility TCs, but those programs will be included in the final sample***



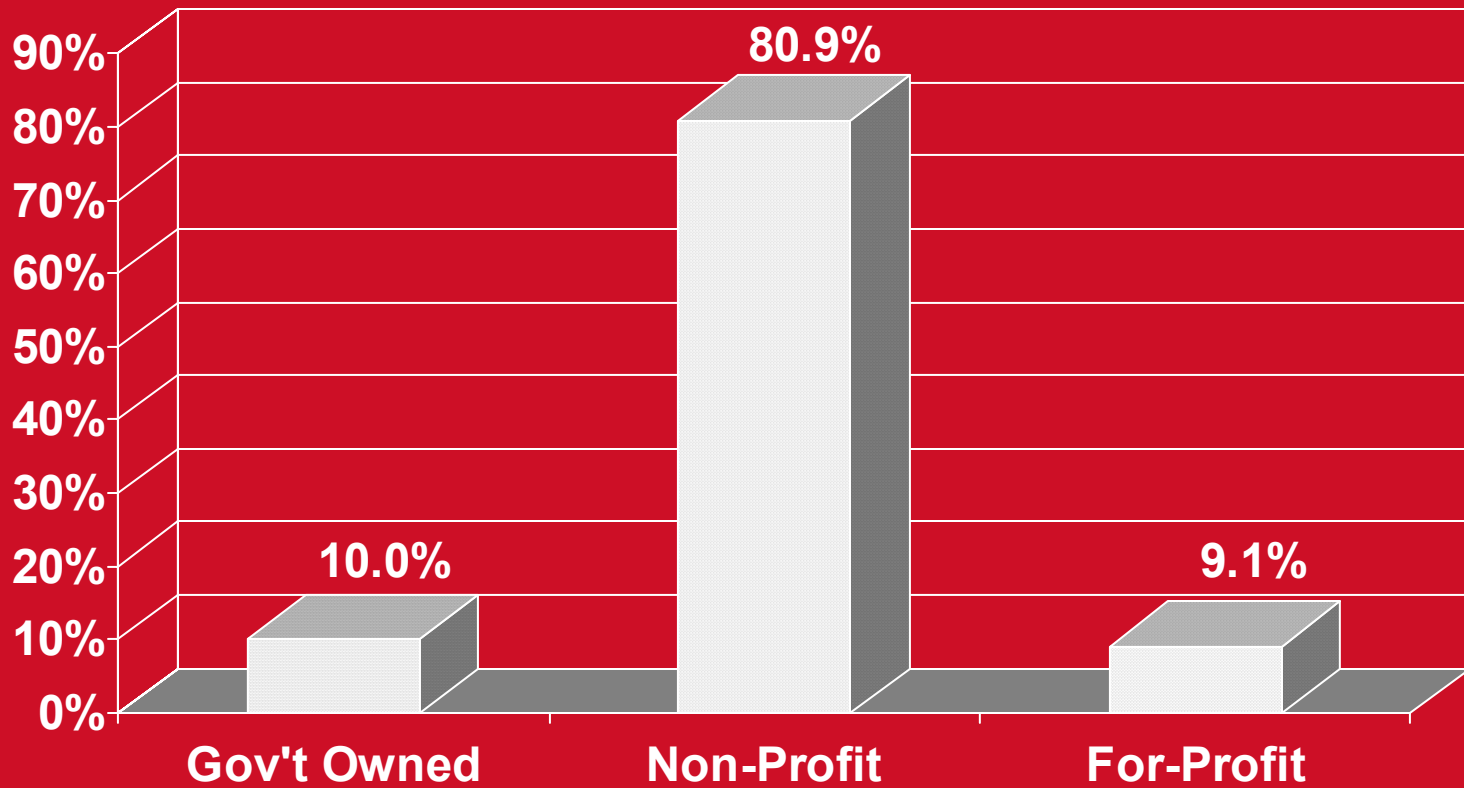
Organizational Characteristics of American TCs: Patterns of Ownership, Age, and Size



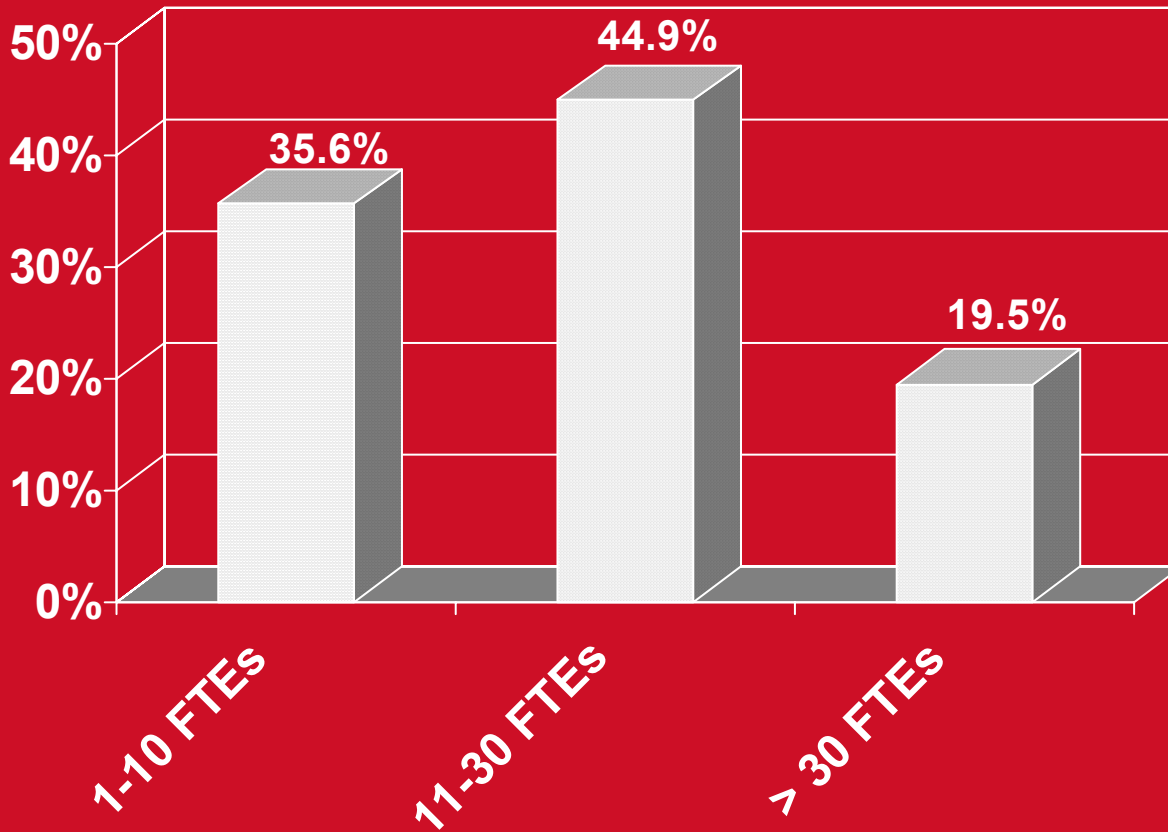
Distribution of TC Age



Ownership of TCs



Organizational Size in FTEs



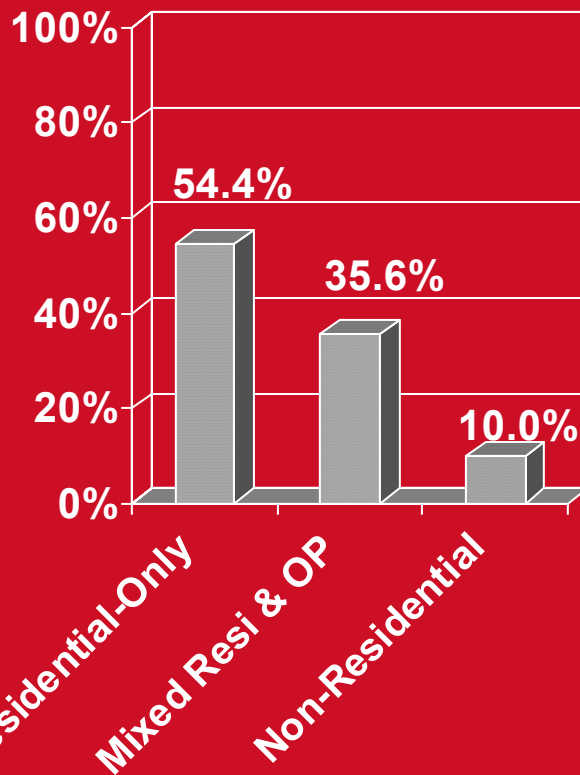
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Treatment Programming: Residential and Outpatient Levels of Care



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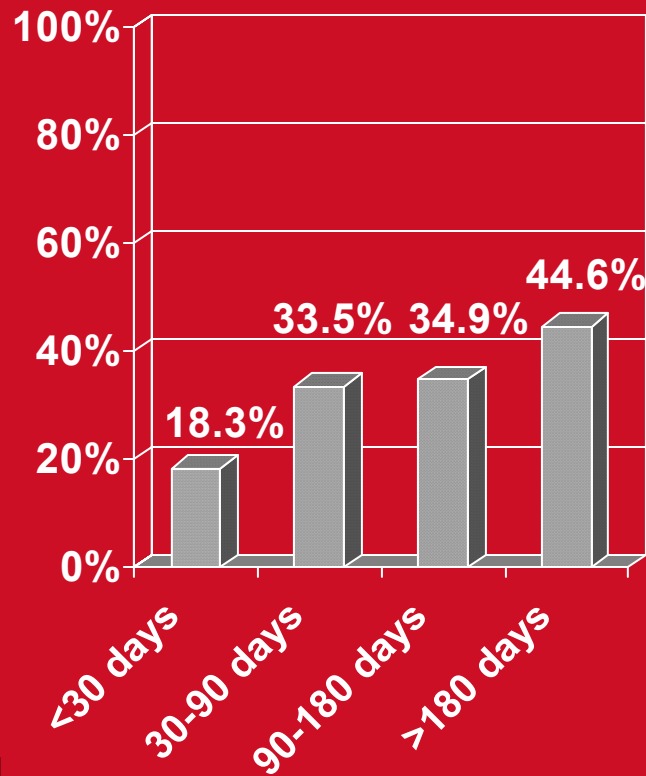
Availability of Residential Care



- The vast majority of TCs (90.0%) offer some form of residential care
 - The average residential TC has about 51.9 beds
- About 10.0% (n=31) do not offer any form of residential care



Availability of Adult Residential Programs

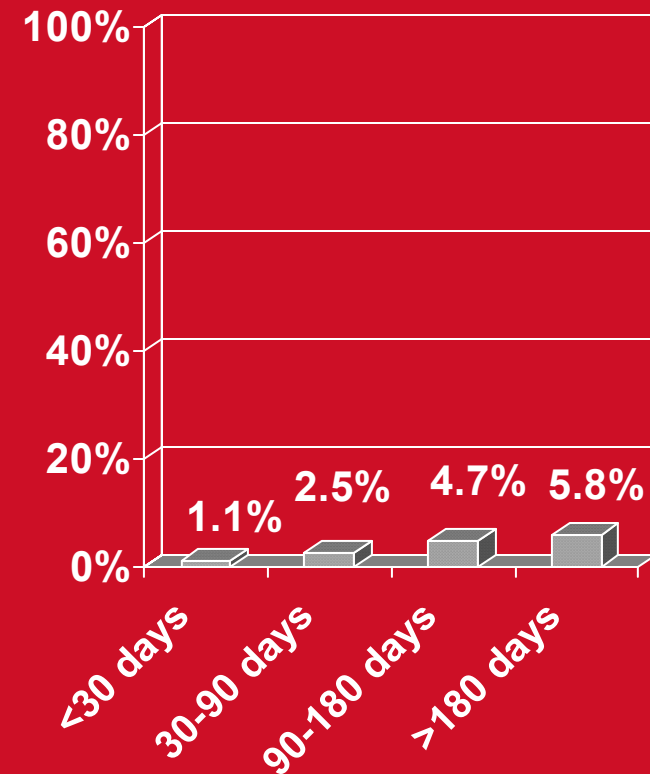


- Among TCs offering residential care (n = 278), we measured the availability of four types of adult programs
 - These are not mutually exclusive categories since many TCs offer multiple programs
- The most common type of residential program involved a length of stay that exceeded 180 days



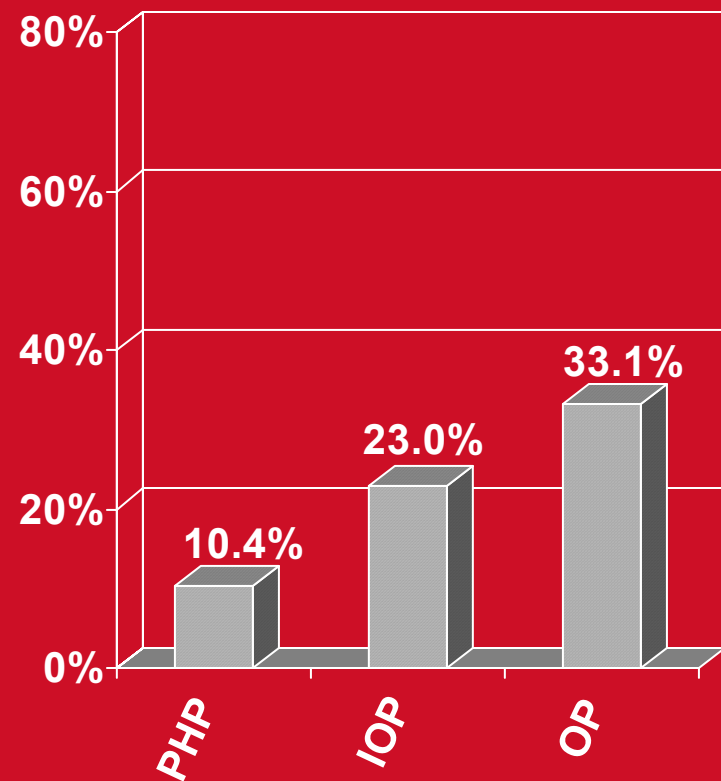
Availability of Adolescent Residential Programs

- Among TCs offering residential care (n = 278), the availability of four types of adolescent programs was examined
- Residential programs for adolescents were relatively rare, with only 10.7% of TCs offering any type of adolescent residential programming



Outpatient Services in Residential TCs

- In TCs that offer residential care, there is some evidence of service diversification with regard to the availability of outpatient programming
- However, 60.4% of residential TCs have no PHP, IOP, or OP levels of care



Therapeutic Orientation: Culture within American TCs



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Cultural Aspects of the Classic TC Model

- The classic TC model involves a unique cultural approach to:
 - The goals and stages of treatment
 - The roles of peers and staff
 - The importance of hierarchy within the community
 - The use of work in the treatment process
- Using measures developed by DeLeon, we examined the similarities between our sample and these classic elements of TCs
 - We also examined differences by TC type (residential-only, mixed, non-residential)



Goals and Stages of Treatment

| <i>On a scale of 0 (no extent) to 5 (very great extent, to what extent to do these features characterize this therapeutic community:</i> | Mean |
|--|------|
| The treatment problem to be addressed is not the drug, but the whole person. | 4.84 |
| Recovery involves not only rehabilitation but habilitation for many substance abusers. | 4.76 |
| The goals of orientation/induction center upon assimilating the resident into the community. | 4.58 |
| A main goal of the primary treatment stage is building a sense of ownership or belonging in the community. | 4.41 |
| A major goal of re-entry in a TC is encouraging a sense of individuality or selfhood. | 4.40 |



Roles of Clients and Staff

| <i>On a scale of 0 (no extent) to 5 (very great extent, to what extent to do these features characterize this therapeutic community:</i> | Mean |
|--|------|
| Clients confront the negative behavior and attitudes of each other and the community. | 4.34 |
| Clients provide affirmation of positive behaviors of others in the community. | 4.49 |
| Residents facilitate some groups or seminars while staff monitors. | 3.10 |
| Counselors function as a role model, which is of equal or greater importance than their formal therapeutic capacity. | 4.43 |
| The most important role of the clinical staff is to facilitate the clients' commitment to the shared community values. | 4.25 |



Hierarchy and Work in the TC

| <i>On a scale of 0 (no extent) to 5 (very great extent, to what extent to do these features characterize this therapeutic community:</i> | Mean |
|--|------|
| Clients are stratified by levels of responsibility and clinical status, such as Junior, Intermediate, and Senior. | 3.91 |
| Senior residents acquire increasing responsibility for administrative and maintenance functions. | 3.54 |
| Work is utilized as part of the therapeutic program (i.e. to build self-esteem and social responsibility). | 4.21 |

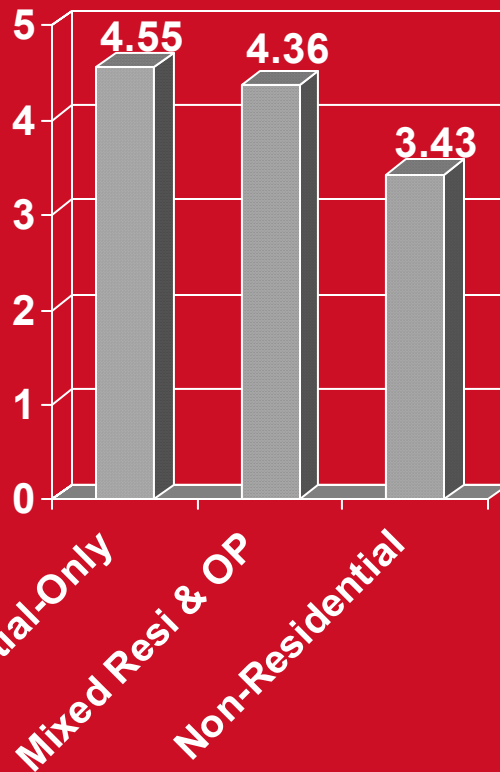


The Classic TC Model and TC Type

- We compared three types of TCs: Residential-Only (54.4%), Mixed Residential & Outpatient (35.6%), and Non-Residential (10.0%)
- These three types did not differ in philosophy about treating the “whole person” and aiming for “habilitation”
- Non-Residential TCs tended towards less adherence to the classic TC model than Residential-Only and Mixed TCs
- Residential-Only and Mixed TCs generally were not significantly different on these TC culture measures



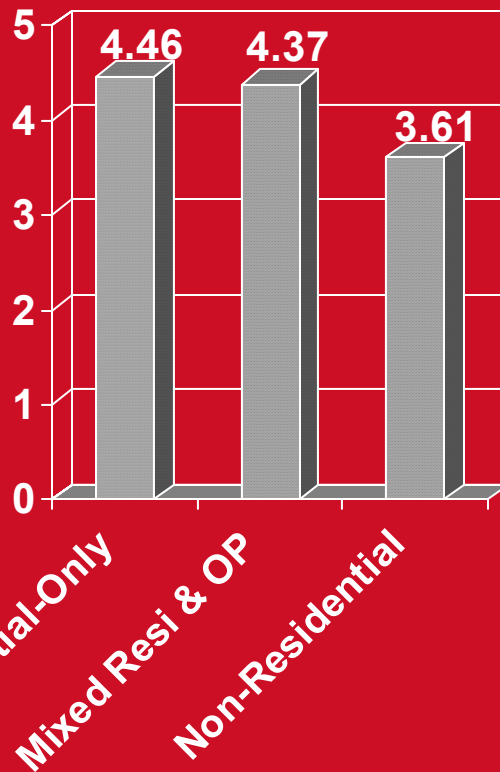
TC Culture: Treatment Goals



- “A main goal of the primary treatment stage is building a sense of ownership or belonging in the community.”
 - 0 = no extent
 - 5 = very great extent
- Residential-only and Mixed programs strongly endorse this measure, while non-residential programs report significantly lower agreement



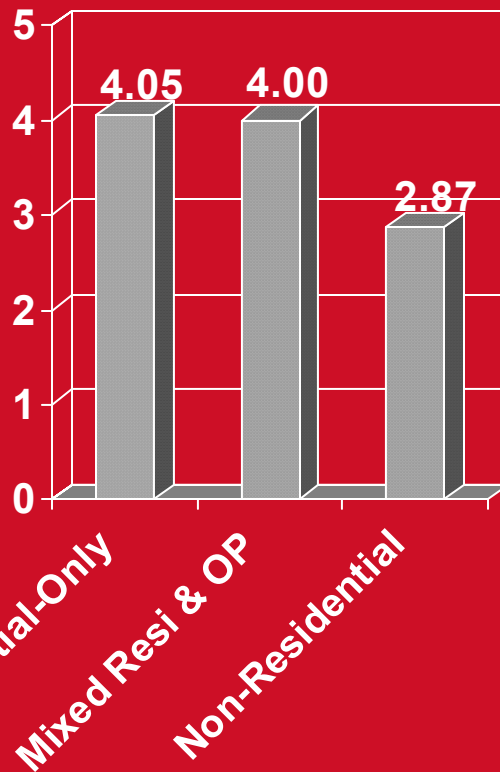
TC Culture: The Role of Clients



- “Clients confront the negative behavior and attitudes of each other and the community.”
 - 0 = no extent
 - 5 = very great extent
- Residential-only and Mixed programs are similar in their response, but non-residential programs report less agreement with this measure



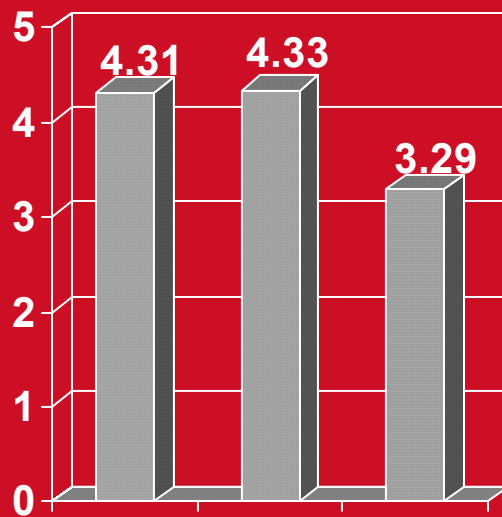
TC Culture: Hierarchy in the TC



- “Clients are stratified by levels of responsibility and clinical status, such as Junior, Intermediate, and Senior.”
 - 0 = no extent
 - 5 = very great extent
- Non-Residential TCs report less agreement with this measure than Residential-Only and Mixed TCs



TC Culture: The Use of Work



- “Work is utilized as part of the therapeutic program (i.e. to build self-esteem and social responsibility).”
 - 0 = no extent
 - 5 = very great extent
- Although Residential-Only and Mixed TCs are similar, Non-Residential TCs are less likely to use work as part of the treatment process



Conclusions

- These data from a national sample of American TCs suggests both commonalities and variations from the classic TC model
- The vast majority of TCs offer residential care
 - However, some TCs have added outpatient programs
- American TCs continue to endorse many of the cultural elements of the classic TC model
- Some of the variation in TC culture is attributable to the type of TC



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