THERAPEUTIC COMMUNITIES:

PAST, FOUNDATION AND FUTURE

Presented by Ed Carlson





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Odyssey House Louisiana, Inc.

Established in 1973, the mission of Odyssey House Louisiana is to provide holistic and client-centered services in a safe environment that address the full continuum of special care needs for the state of Louisiana. OHL's encompassing system of care includes harm reduction, prevention, detox, treatment, behavioral and medical healthcare, life-skills, housing, and case management. Through our services, OHL empowers individuals to become active participants in their treatment and recovery to reclaim functional, productive lives.



Provide Services to over 2,0000

People Per Month

Residential Inpatient

5,700+

Admits Per Year

Primary Care

22,000

Visits Per Year

What is a Therapeutic Community?

A therapeutic community (TC) is an **intentional, structured environment** designed to help individuals, in this case those struggling with mental health issues, addiction, or other behavioral challenges, through a combination of therapy, peer support, and community-based interventions. The goal is to create a supportive and nurturing environment where people can learn to address their problems, change unhealthy behaviors, and develop coping strategies.









Importance of Peers / Group



Therapeutic communities emphasize **group dynamics**, where individuals interact with one another in ways that promote personal growth and self-awareness.

Residents or members participate in **group discussions**, **therapy sessions**, **and often engage in activities like work assignments or communal chores**. The idea is that living in a supportive, accountable community can be a powerful tool for change.



TCs are grounded in the idea that social relationships, peer support, and group dynamics can play a critical role in healing and personal transformation.



TCs are used in various communal living settings, including residential treatment centers, rehab programs, and mental health facilities.

A few key aspects of therapeutic communities include:



Peer Support:

People learn from each other's experiences, which can be especially powerful for recovery.



Hierarchy and Roles:

Often, there are graduated levels of responsibility and involvement within the community to encourage personal development.



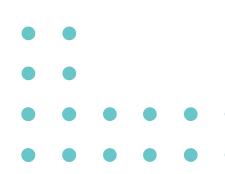
Accountability:

Residents or members are encouraged to hold each other accountable in a constructive way, which helps in promoting selfdiscipline and responsibility.



Therapeutic Interventions:

This includes counseling, group therapy, and other clinical services to address individual needs.





Benefits of Therapeutic Communities:



Improved Social Skills:

Since community members interact and work together, they learn to build and maintain positive relationships, which can be particularly helpful for those who struggle with isolation or have been previously alienated due to their behaviors or mental health conditions.



Increased Accountability:

Members of the TC hold each other accountable, which can be a powerful motivator for personal change. The close-knit nature of the community fosters a sense of collective responsibility, where everyone's success is intertwined with everyone else's.



Self-Discovery & Personal Growth:

Living in a therapeutic community often provides individuals with the space to reflect on their behaviors, attitudes, and life choices in a way that leads to self-improvement. They can work through complex issues and gain new insights about themselves and their path forward.



Long-Term Success:

The sense of belonging and support found in TCs can provide a lasting foundation for recovery.

Many people leave therapeutic communities with strong social networks, coping skills, and a renewed sense of purpose.



THE PAST: How TCs Developed

TIME LINE



1940s 1950s 1960s 1970s 1980s

- Psychiatric treatment shifts towards more humanistic and participatory models.
- The TC model began to take form in the UK, emphasizing that patients should be active participants in their own care, rather than passive recipients of medical treatment.
- In the **1950s**, the TC model made its way to the United States, initially used in psychiatric settings.
- In the **1960s**, TCs began to be applied to drug rehabilitation, particularly for individuals with substance use disorders.
- **Synanon & Daytop**: Notable examples of early TCs for drug addiction.

- Expansion and Institutionalization (1970s-80s)
- By the 1970s, TCs were becoming a widespread approach in both mental health and addiction treatment settings.
- The 1965 Drug Abuse Control Act in the US helped secure federal funding for addiction treatment programs.
- The National Institute on Drug Abuse (NIDA) and other government bodies began to support the establishment of more TCs across the country.
- The TC approach was adapted to work with a variety of populations, including youth, individuals with chronic mental illness, and those with severe substance use problems.

How did TCs spread globally?



Institutionalization

Research & funding directed towards outcomes



Religious leaders

Seeking ways to help communities and parishioners



TIME LINE



1990s

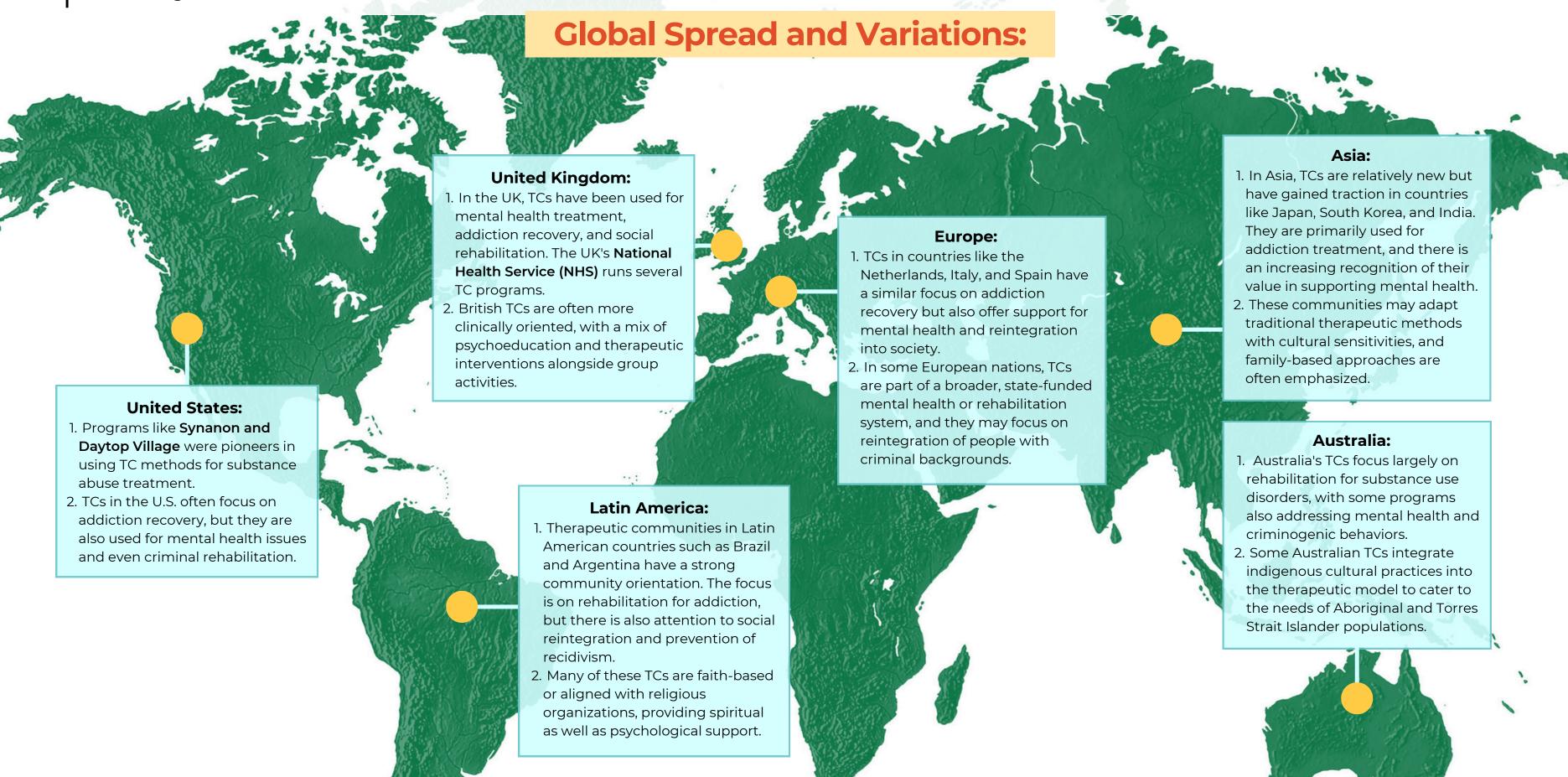
2000s

Present

- The Decline of Some Early Models (1990s)
- **1990s**: As the field of addiction treatment evolved, some TC programs began to face challenges, such as lack of funding, issues with governance, and allegations of abusive practices at some facilities (e.g., Synanon).
- New models of addiction treatment began to emerge, including evidence-based practices and cognitive-behavioral therapy (CBT).
- The rise of medicalized and pharmacological treatments led to a decrease in TC prominence.

- TCs continue to play a critical role in the treatment of addiction and mental health disorders. Some TCs adapted and modernized, incorporating newer therapeutic approaches while maintaining core principles of community engagement.with many programs now integrating evidence-based therapies such as CBT, DBT (Dialectical Behavioral Therapy), and motivational interviewing. **TCs Today**:
 - Remain widely used in drug and alcohol rehabilitation centers.
 - Have been expanded to serve individuals dealing with mental health issues, homelessness, and trauma recovery.
 - Some TCs now offer aftercare and support for individuals transitioning back into society.

The Therapeutic Community model spread across the globe and became used in various forms in different countries. While it originated in Europe and North America, it has been adapted and implemented in countries ranging from Brazil to Australia, often focusing on community reintegration for mental health patients, those recovering from addiction, and those with criminal histories.



THE PRESENT: TC Foundation

Therapeutic Communities Today:

Community-Based Environment

Role Graduation and Responsibility

Peer Support

Feedback and Reflection

Structure with Shared
Responsibility and Roles

Emphasis on Social Learning

Therapeutic Interventions

Professional Leadership

Accountability

Focus on Personal Growth and Recovery

Community-Based Environment

The **community** itself is the central element of a TC. It is designed to function as both the therapeutic setting and the means through which healing takes place. The idea is that people in recovery or those facing emotional challenges can benefit from living in a structured, supportive environment where they interact with others in similar situations. The community is designed to help individuals form positive relationships, learn new behaviors, and develop coping skills. these social relationships.



Group living: Residents typically live together, which encourages shared responsibility, mutual respect, and the development of social skills.



Shared spaces: Living and social spaces are often designed to encourage interaction, such as common rooms, group therapy spaces, and areas for shared activities. Shared Experiences: Members help each other by sharing personal struggles, successes, and coping strategies, which promotes empathy, understanding, and connection.



Social Learning: Residents learn by interacting with others in the community. Behavioral and emotional changes often happen naturally through these social relationships.

Peer Support

Peer support is one of the most powerful tools in a therapeutic community. People who have experienced similar struggles (like addiction, trauma, or mental health issues) can offer empathy, understanding, and practical advice.



Peer-Led Interactions: People in a TC often form close bonds and rely heavily on each other for emotional support. In many TCs, peer interactions are central to the healing process, with residents playing a significant role in guiding one another through recovery.



Group Therapy: Group therapy is an essential tool in TCs. This setting allows individuals to engage in open discussions about their issues, share coping strategies, and provide mutual feedback in a safe environment. Group therapy helps normalize struggles and shows individuals that they are not alone in their challenges.



Constructive Feedback: Members give and receive feedback from others in the group. This can be direct, but it is always meant to be supportive and constructive. The goal is to help individuals recognize harmful behaviors or thoughts and encourage healthier ways of thinking and acting.



Role models: More experienced members (sometimes called "senior members" or "mentors") often provide guidance and encouragement to newer members, helping them adjust to the community and share their recovery journey.

Structure with Shared Responsibility and Roles



A key element of a TC is structure. Living in a structured environment helps individuals create routine and stability, which is often a challenge for those with mental health or addiction issues. It can also help people develop discipline and accountability. The consistency of daily routines can be calming and grounding, helping individuals feel more in control of their lives.



Regulated Schedule: TCs typically have a structured, predictable daily schedule. This might include therapy sessions, group meetings, communal meals, chores, and downtime. A consistent routine provides stability and helps individuals develop healthier habits.



Meaningful Work or Activities: Many TCs incorporate some form of work or productive activity, either within the community or as part of a rehabilitation program. For example, members may work on a farm, in a kitchen, or in a creative studio. This helps build a sense of purpose and responsibility.



Morning Check-Ins / Group Meetings: Many TCs have regular "check-ins," where members share their thoughts, feelings, and progress. These meetings often set the tone for the day and allow everyone to address any concerns or challenges in a supportive space.



Levels of Responsibility: Many TCs have a system where residents move through different stages or levels. As they progress, they take on more responsibilities, which helps build self-discipline, leadership skills, and a sense of accomplishment. For example, a "newcomer" may have minimal responsibilities, but as they stay longer and demonstrate growth, they may mentor newer members or lead group discussions.

Therapeutic Interventions

While the community itself is therapeutic, TCs also integrate formal therapy and psychological support. This can include:



Group therapy: This is often a central component. It allows members to process their feelings, share experiences, and receive feedback from others in a supportive setting.



Individual therapy: Some TCs offer one-on-one therapy sessions, particularly for issues requiring personalized attention (e.g., trauma, deep-rooted psychological issues).



Specialized therapy: Some communities may use specific therapeutic approaches, such as cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), or trauma-focused therapy, depending on the needs of the group.



Workshops and Educational Programs: Many TCs offer workshops or skills-building programs that cover a variety of topics such as anger management, communication skills, coping strategies, or relapse prevention. These programs help individuals develop practical tools to navigate life after leaving the TC.

Accountability

Accountability is built into the structure of a therapeutic community. Members are not only responsible for their own progress but are also held accountable by the group. This shared responsibility fosters a sense of ownership and pride in the community and its outcomes.



Mutual Peer Accountability: One of the defining features of a TC is that members hold each other accountable in a non-punitive way. If someone is struggling or not adhering to the community rules or goals, others in the community are expected to address it, often in the form of supportive, direct feedback.



Self-Reflection/Personal accountability: Accountability isn't just about others holding you responsible; it's about developing the ability to self-reflect and self-correct. Many TCs encourage personal journaling or reflection as a tool for individuals to examine their behavior, emotions, and progress



Group Responsibility: The group as a whole also holds the community to a high standard. This creates a sense of collective ownership over the success and well-being of everyone.

Role Gradation and Responsibility

Many TCs use a hierarchy or a system of roles to guide members through their healing process. As people progress through the community, they can take on more responsibility, which helps with personal growth, leadership skills, and self-esteem.



Levels: Newer members typically start at the "bottom" of the hierarchy and may earn their way to higher levels of responsibility through active participation and progress.



Leadership roles: More experienced members may be given roles such as "group leaders" or "mentors," where they are responsible for guiding newer members and maintaining order in the community.



Community tasks: All members are often expected to participate in tasks such as cooking, cleaning, or managing group activities, which helps instill a sense of responsibility and teamwork.



Feedback and Reflection

Therapeutic communities encourage continuous feedback and self-reflection, which is essential for personal growth and recovery. Residents engage in regular discussions, share their experiences, and receive constructive criticism from peers and staff.



Self-reflection: Many people in TCs are on a journey of self-discovery. Individuals are encouraged to reflect on their behaviors, emotional responses, and past actions. This is often done through journaling, group discussions, or facilitated exercises.



Feedback loops: Constructive feedback from peers and staff helps members recognize areas where they need improvement and reinforces positive changes.



Non-judgmental space: Residents are encouraged to express themselves without fear of judgment, which can help them confront difficult emotions and experiences.



Emphasis on Social Learning

TCs rely heavily on social learning theory, which suggests that people learn new behaviors and coping strategies by observing and interacting with others in the community. The focus is on learning through experience and modeling healthy behaviors.



Role models: Senior members demonstrate positive behaviors and recovery strategies, which newcomers can then emulate.



Group dynamics: The group is used as a tool to help individuals change. Group therapy, peer feedback, and mutual support all contribute to the learning process.



Building Trust: Many individuals who enter a TC have broken or damaged relationships in their lives. The TC environment is a place to rebuild trust, practice communication skills, and learn how to form healthy, supportive relationships.



Boundaries and Respect: TCs emphasize the importance of personal boundaries and respect. Residents learn how to assert themselves, respect others' boundaries, and engage in relationships in a healthy way.



Conflict Resolution: In any group setting, conflicts can arise. TCs teach constructive conflict resolution skills that promote communication, problem-solving, and forgiveness, rather than confrontation or avoidance.



Professional Leadership

Therapeutic communities often involve professional staff (therapists, counselors, social workers) who guide the therapeutic process and ensure that residents' needs are being met. These staff members play an important role in facilitating group therapy, addressing individual needs, and managing crises.



Clinical leadership: Professionals help manage mental health or addiction issues and provide guidance on best therapeutic practices.

Community leadership: In some TCs, experienced members or peer leaders help guide the group and maintain the therapeutic culture of the community.



Focus on Personal Growth and Recovery

The ultimate goal of a therapeutic community is to promote personal growth and recovery. This is not just about managing symptoms or quitting an addiction; it's about helping people develop the skills, insight, and support they need to live healthier, more fulfilling lives.



Skill-building: In addition to therapy, members may work on life skills like communication, anger management, problem-solving, and conflict resolution.



Long-term recovery: Many TCs are designed to promote lasting change, with a focus on ongoing support and relapse prevention.



Graduation or Exit Process: As individuals progress in the TC, there's typically a planned process for reintegrating back into society. This might involve preparing for employment, living independently, or developing new social connections outside of the community. The community often continues to offer support after individuals leave, which helps reduce the risk of relapse or re-traumatization.



Alumni Programs: Many TCs have alumni networks or continued support groups to help former residents stay connected, share experiences, and maintain their progress after leaving the program.



Structure of TCs Today:

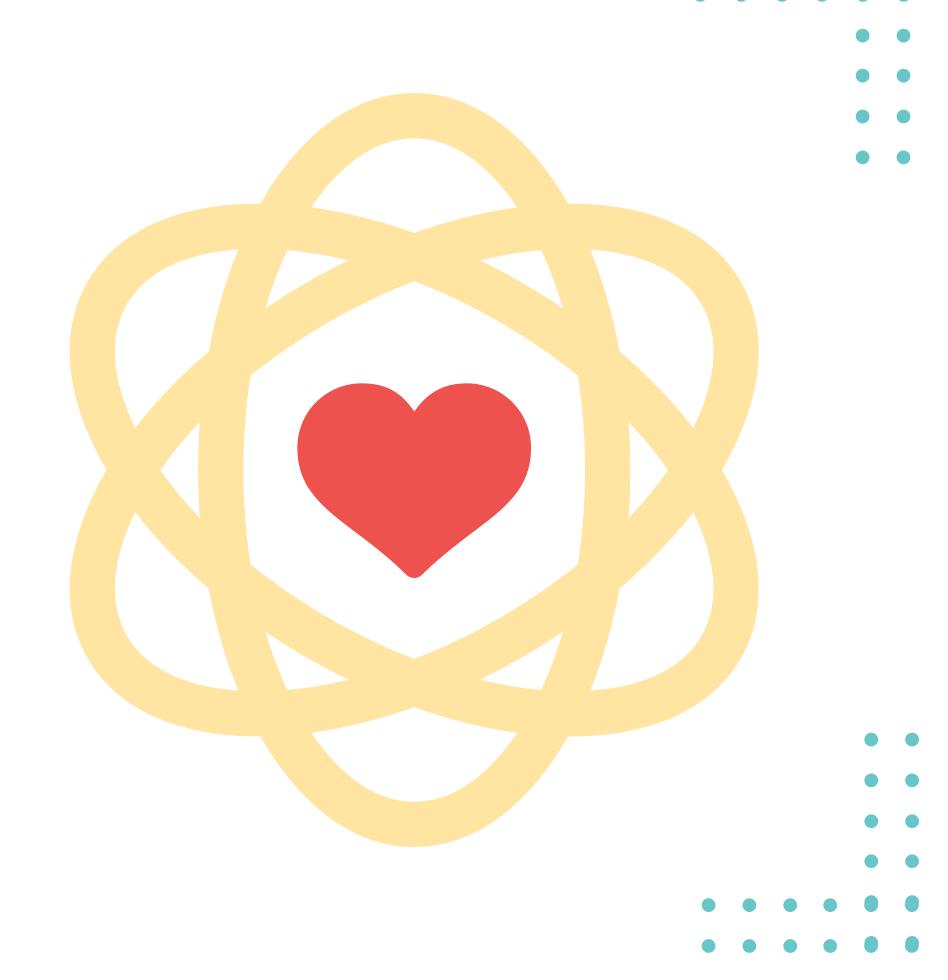
- Core Principles
- **Pillars**
- Maxims
- Daily Life
- Morning Routine & Check-In
- Work or Service Duties
- Structured Therapy Sessions
- Educational Workshops/Skill development
- Recreational Activities and Downtime

- Community Meetings
- Mealtimes
- **Evening Reflection & Winding Down**
- Progress Check
- Length of Stay

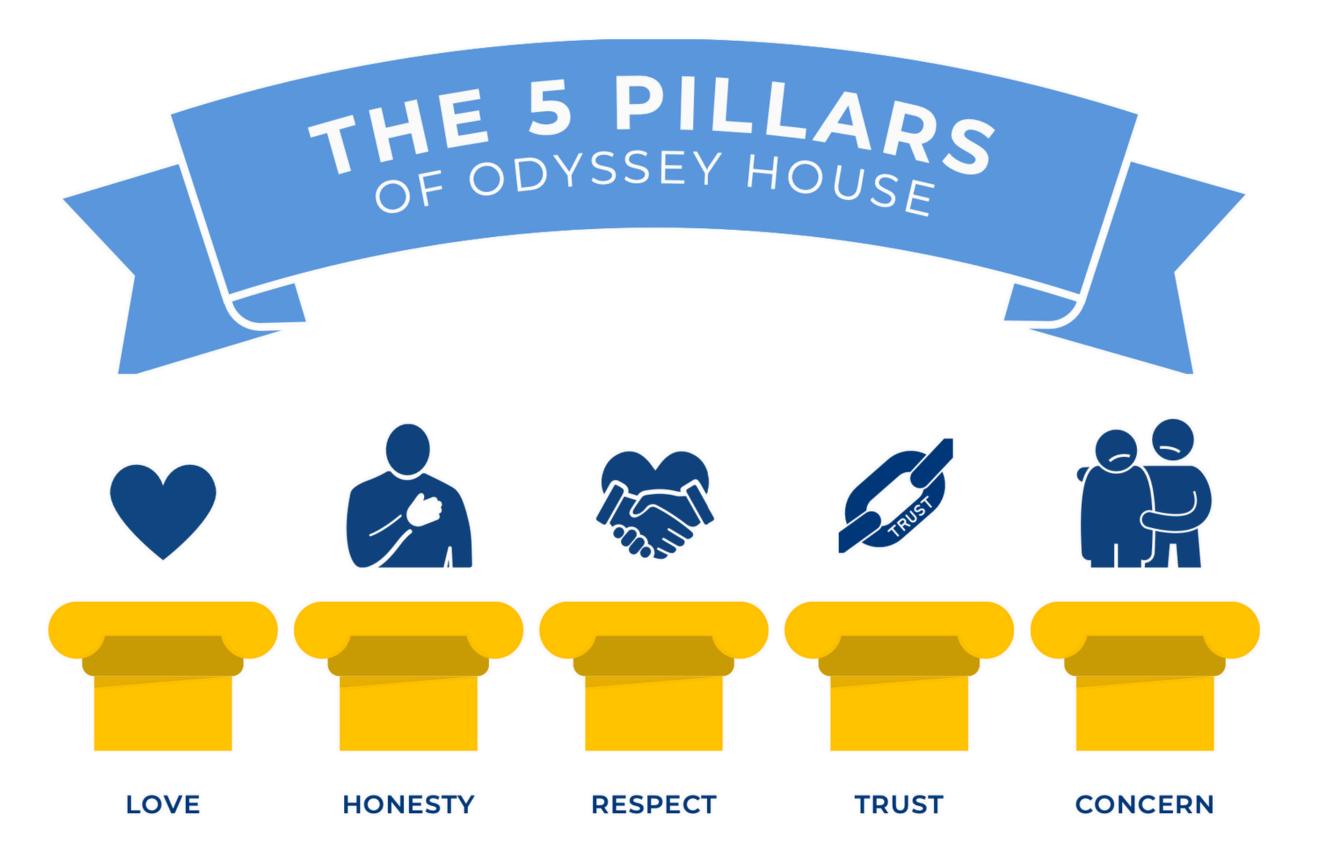
Core Principles:

TCs often have a set of core principles or values that guide behavior and decision-making, such as **respect**, **honesty**, **accountability**, and **openness**.

These values are reinforced throughout the day in interactions, discussions, and personal reflections









Maxims

TCs often use a set of **maxims** (or guiding principles) to help shape the community's culture, values, and interactions. These maxims are meant to guide behavior, interactions, and overall treatment in a way that fosters personal growth, healing, and positive change. While different TCs may have slightly different formulations, many of these maxims share similar themes centered around honesty, responsibility, and mutual support.

These maxims serve as the **moral and ethical framework** that guides individuals through their time in the therapeutic community. They help to create a safe, accountable, and supportive environment where everyone works together to foster change. They provide practical and philosophical guidance that helps individuals navigate the challenges of recovery, build healthy relationships, and grow emotionally and socially.

In a way, the maxims act like a code of conduct within the TC, setting expectations for how individuals treat themselves, others, and the community as a whole. They also reflect the values and principles that the TC aims to instill in its residents, reinforcing positive behaviors and attitudes.





Maxims Examples





This captures the importance of learning patience. First, patience is required to cope with the uncertainty and seeming unfairness of things that are out of our control; injustices and injuries are a part of life. Second, although we may feel that the circumstances are not ours to control, this does not mean that we should just be resigned to our fate. We should go forward confidently because we have a hope that things will get sorted out in the future. We are not alone in experiencing these things, and we will not be tested beyond our endurance.



YOU GET BACK

WHAT YOU PUT IN



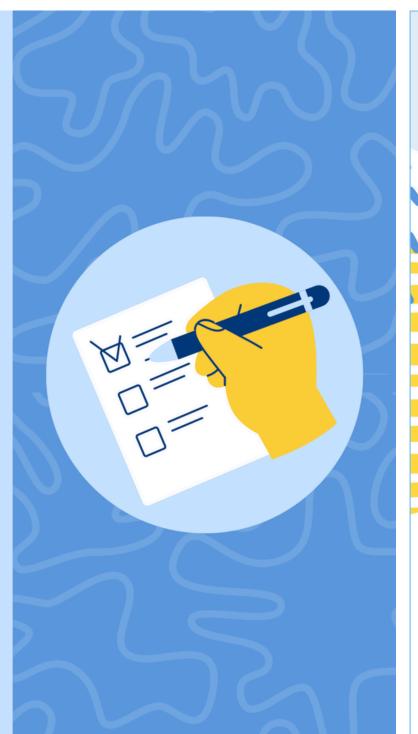
Stresses the importance of investing in recovery through total commitment to the change process. The extent of change depends upon the effort put in. Residents should focus on participating fully in every treatment activity, each of which can pay a small dividend toward the larger goal of personal change.



Maxims Examples



can be a setup for failure.





Daily Life

Day-to-day life within a Therapeutic

Community (TC) is **structured** and **intentional**,
designed to provide a supportive environment
that promotes **healing**, **personal growth**, and **accountability**. Every element of daily life is
focused on reinforcing the community's goals
and values, while offering individuals the space
to work on their recovery, mental health, or
behavioral challenges.



DAILY SCHEDULE: TEAM SAINTS

Time	MONDAY	TUESDAY	WEDNESDAY	Time	THURSDAY	FRIDAY	Time SATURDAY		SUNDAY	
5:30 AM	Wake up	Wake up	Wake up	5:30 AM	Wake up	Wake up	7:00 AM	Wake up	Wake up	
6:00 AM 7:00 AM	Med Call	Med Call	Med Call	6:00 AM 7:00 AM	Med Call	Med Call	7:30 AM 8:30 AM	Med Call	Med Call	
7:00 AM 8:00 AM	Recreation	Personal Time	Recreation	7:00 AM 8:00 AM	Personal Time	Recreation	8:30 AM 9:30 AM	Breakfast	Breakfast	
8:00 AM 9:00 AM	Breakfast	Breakfast	Breakfast	8:00 AM 9:00 AM	Breakfast	Breakfast	9:30 AM 12:00 PM	Psych Edu (2.5 HR)	Personal Time	
9:00 AM 9:30 AM	Morning Meeting	Morning Meeting	Morning Meeting	9:00 AM 9:30 AM	Morning Meeting	Morning Meeting				
10:00 AM 1:00 PM	Early Recovery/ Relapse Prevention Skills (3 HR)	Early Recovery/ Relapse Prevention Skills (3 HR)	Gender Specific (1.5 HR)	10:00 AM 1:00 PM	Early Recovery/ Relapse Prevention Skills (3 HR))	Early Recovery/ Relapse Prevention Skills (3 HR)	12:00 PM 1:00 PM	Self-Reflection	Self-Reflection	
1:00 PM 2:00 PM	Lunch	Lunch	Psych Edu (1.5 HR)	1:00 PM 2:00 PM	Lunch	Lunch	1:00 PM 2:00 PM	Lunch	Lunch	
2:30 PM 4:00 PM	Psych Edu. (1.5 HR	Psych Edu. (1.5 HR)	Lunch	2:30 PM 4:00 PM	Psych Edu (1.5 HR)	Psych Edu (1.5 HR)	2:00 PM 5:00 PM	Personal Time	Personal Time	
4:00 PM 5:00 PM	Personal Time	Personal Time	Early Recovery Skills (1.5 HR)	4:00 PM 5:00 PM	Personal Time	Personal Time				
5:30 PM 6:30 PM	Dinner	Dinner	Personal Time	5:30 PM 6:30 PM	Dinner	Dinner	5:00 PM 6:00 PM	Dinner	Dinner	
			Dinner			Oxford House	6:00 PM 7:00 PM	Self-Reflection	Self-Reflection	
7:00 PM 8:00 PM	AA Meeting	CA Meeting	AA Meeting	7:00 PM 8:00 PM	Down Time	Presentation (1 st week of month) NA Meeting (2 nd -4 th weeks)	7:00 PM 8:00 PM	NA Meeting	NA Meeting	
8:00 PM 9:00 PM	Down Time	Down Time	Down Time	8:00 PM 9:00 PM	Down Time	Down Time	8:00 PM 10:30 PM	Down Time	Down Time	
9:00 PM	Lights out	Lights out	Lights out	9:00 PM	Lights out	Lights out (10:30 PM)	10:30 PM	Lights out	Lights out	
THERAPY 25 Hours/Week		SELF-REFLECTION Journaling	C	PERSONAL TIME Complete writing assignments, nake phone calls. meditation. or gvm		REO Yoga- Mondays, Gvm- Sat		DOWN TIME Showers, quiet time, medication (if necessary)		



TRANSITIONS DAILY SCHEDULE

ACTIVITY Wake Up Breakfast/	MONDAY		WEDNESDA	ΛY	THURSDAY		FRIDAY					
Pre-Morning Meeting Clean Up				5:30 AM	All Groups							
Meds Self-Administered			6:00	AM -6:30 AM	iroup 1 Gr <mark>o</mark>	up 2 Group 5						
			6:00	AM -6:30 AM	roup 3 (ro	up 4						
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	1st: Group	1 & Group 5	1st: Group 2 & Group 5		1st: Group 1 & Group 2		1st: Group 2 & Group 5		1st: Group 1 & Group 5			
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Morning Meeting			7:30	AM -8:00 AM	roup 1 Gr <mark>o</mark>	up 2 Group 5	Dorm A & B)					
			8:00	AM -8:30 AM		up 4 (Dorms A						
Clean Up			8:30	AM -8:45 AM	All Groups							
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	1st: Group 3		1st: Group 4		1st Come, 1st Served		1st: Group 4		1st: Group 3			
Culinary Experience	9:00 AM- 9:00 AM-		9:00 AM 9:00 AM -		9:00 AM-		9:00 AM-		9:00 AM-			
	11:00 AM	10:00 AM	10:00 AM	11:00 AM	10:00 AM		11:00 AM		11:00 AM			
	Class &	Class	Class	Class &		Group 4	Practical		Practical			
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Gender Groups	10:00 AM-	10:00 AM-	10:00 AM-		10:00 AM-		10:00 AM-		10:00 AM-	10:00 AM-		
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Lunch			12:00	PM -12:30 AN	1 roup 1 Gr	oup 2 G oup 5						
Meds Self-Administered		12:30 AM - 1:00 PM roup 1 Group 2 Gr up 5										
Clean Up			12:30	PM - 1:00 PM	All available	clients						
Culinary Experience	1:30 PM-	2:30 PM-	1:00 PM-	1:00 PM-	1:00 PM-		2:0	0 PM-	1:30 PM-	2:30 PM-		
, ,,,	2:30 PM	3:30 PM	3:00 PM	3:00 PM	3:00 PM			0 PM	2:30 PM	3:30 PM		
	Practical			Practical	Practical		Practical		Practical	Class		
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	1:00 PM- 2:30 PM Group 1 Practical Group 2											
	(Kitchen)	Group 5						oup 5	(Kitchen)	Group 5		
Afternoon Therapy Groups	12:45 PM- 4:00 PM (Dorm B)		12:45 PM- 4:00 PM (Dorm A)		12:45 PM- 4:00 PM 4:00 PM (Dorm A) (Dorm B)		12:45 PM- 4:00 PM (Dorm A)		1:00 PM- 1:30 PM Community Meeting All Groups (Dining Room)			
Gender Groups	1:00 PM-		1:00 PM-		1:00 PM-	3:00 PM-	1:00 PM-	2:00 PM-	1:30 PM-	•		
	2:00 PM		2:00 PM				2:00 PM	3:00 PM	4:30 PM			
	Males (Dining Room)		Males (Dining Room)			Heath Edu	Males	g (Dining	(Dorm B)			
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Dinner												
Meds Self-Administered				0 PM -5:00 PM		oup 4						
Clean Up				0 PM -5:30 PM		oup 4						
Peer-Orientation & Goal Work				0 PM- 5:45 PM								
Clean Up				5 PM -6:15 PM								
Evening Meeting				5 PM -7:30 PM		up 2 G	Dorme A P F)\				
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				PM -8:30 PM		up 4 (D <mark>orms A</mark>	& B)					
Free Time & Snacks							-					
Free Time & Snacks Lights Out			8:3	80 PM -10:00 P	M All Groups	;						

OHMEGA Group: T and Th 6:00 PM-7:00 PM SOBER LIVING PROGRAM Group: T and Th 6:00 PM-8:00 PM

HAVE A GOOD DAY! IT WORKS IF YOU WORK IT.



Morning Routine & Check-In



Wake-up and Personal Responsibility: The day typically starts early with individuals being responsible for their own personal hygiene, room cleanliness, and self-care. This establishes a sense of routine and personal accountability.



Morning Check-In / Community Meeting: This is a central part of daily life in most TCs.

Residents gather to discuss their feelings, thoughts, and experiences from the previous day. It's often a space to set intentions for the day ahead and check in with one's personal goals or challenges. Newcomers or those with issues might share more in-depth reflections, while those further along in the program may offer advice or encouragement.



Feelings check-in: Participants might be asked to share how they feel emotionally that morning (e.g., "I'm feeling anxious today" or "I'm feeling hopeful").



Group Support: The group may provide feedback or support based on what was shared, helping the individual process emotions and work through challenges with the help of their peers.



Work or Service Duties



Community Contribution: Many TCs have a work or service component, which helps build a sense of responsibility and purpose. These tasks are designed to help individuals contribute to the upkeep and functioning of the community while also offering opportunities for personal growth.



Daily Chores: These could include cleaning common areas, preparing meals, maintaining the grounds, or helping with administrative tasks. This creates a sense of discipline and teaches individuals the importance of maintaining order and structure.



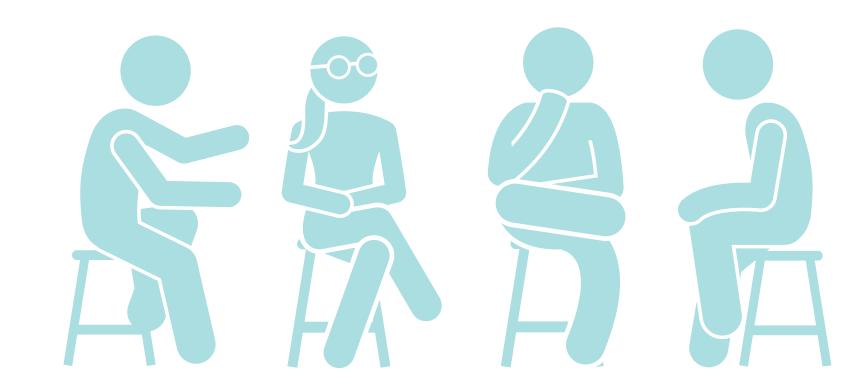
Skill Development: Some TCs include vocational training or activities that help individuals gain practical skills (e.g., gardening, cooking, art, or computer skills). These activities are designed to build confidence and prepare residents for life after they leave the community.

Structured Therapy Sessions

Group Therapy: Much of the therapeutic work in a TC happens in group settings. Group therapy typically involves structured sessions where individuals share their experiences, struggles, and progress. The group's goal is to provide mutual support and constructive feedback.

Common topics may include:

- Addiction and recovery (for those in substance use treatment TCs)
- Mental health management (for those in psychiatric TCs)
- Social skills, communication, and conflict resolution
- Individual Therapy: While group therapy is a cornerstone, many TCs also offer individual therapy sessions with licensed counselors or psychologists.

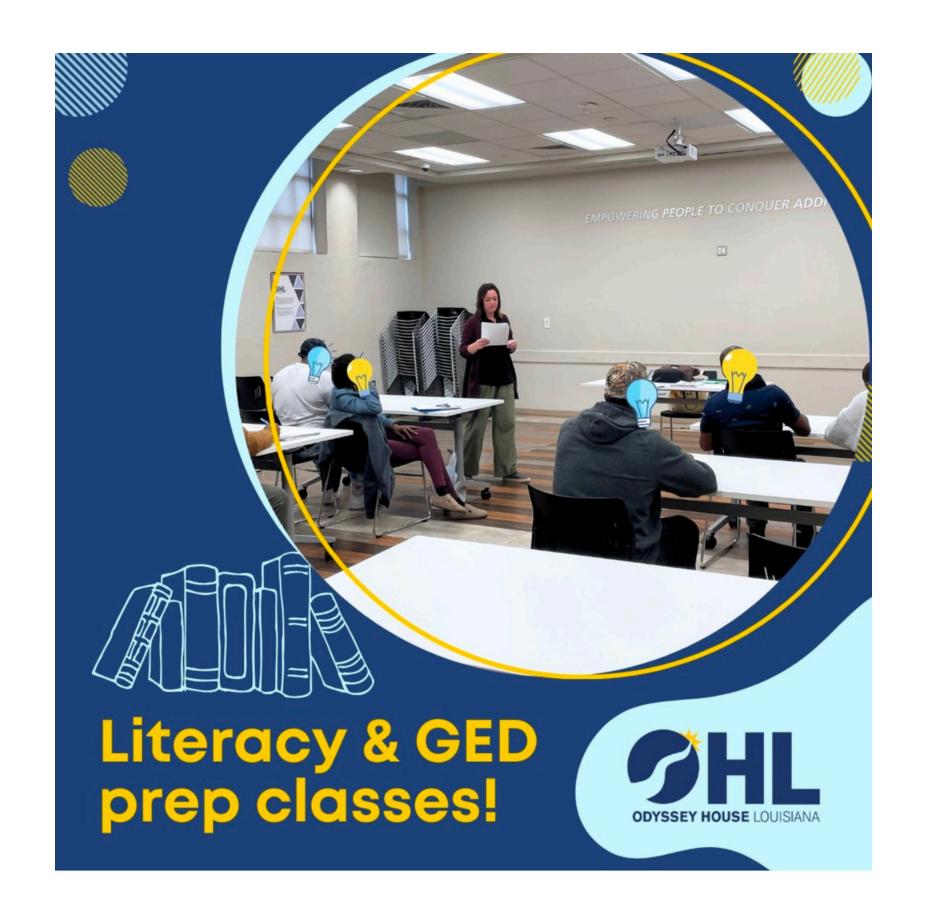


Educational Workshops/Skill development

Many TCs offer **workshops** or educational sessions focused on topics such as:

- Life skills (budgeting, job search, healthy living)
- Coping mechanisms (for anger, anxiety, or depression)
- Relapse prevention (for addiction treatment)
- Mental health education (e.g., understanding your diagnosis, managing symptoms)
- **Skill Development:** Some TCs include vocational training or activities that help individuals gain practical skills (e.g., gardening, cooking, art, or computer skills). These activities are designed to build confidence and prepare residents for life after they leave the community.









OHL's Culinary Arts Vocational Training Program









Recreational Activities and Downtime



Recreation: Depending on the TC, there may be time for recreational activities like sports, art, or games. These activities allow individuals to relax and unwind, fostering creativity and camaraderie.



Physical Activity: Many TCs emphasize physical health as part of overall well-being. This could include exercise routines, walks, yoga, or other activities designed to promote a healthy body and mind.



Reflection Time: Individuals are usually given personal time for reflection, journaling, or reading. Some TCs encourage journaling as a way to track emotional progress, identify patterns, or process difficult experiences.

Community Meetings

These are structured group sessions that allow residents to come together as a whole community to discuss ongoing issues, share progress, and receive feedback. Topics might include community rules, conflict resolution, or new developments within the community.



During these meetings, members might also address behavioral issues, reinforcing the importance of maintaining a respectful and supportive environment.



Conflict Resolution: Conflict is natural in any community, and in a TC, there are often structured ways to address disagreements. There may be community councils or meetings where conflicts are discussed openly, and individuals are given the opportunity to work through misunderstandings in a supportive environment.

Mealtimes

Shared Meals: Meals are usually taken together, fostering a sense of unity and belonging. Sharing meals is an important part of building relationships within the community. It's a time when informal conversations take place, and group members may check in with each other on a more personal level.

Eating Together as a Family: Eating in community groups encourages interaction and solidarity. It's a time for people to relax, talk about their day, and bond outside of formal therapy settings.





Evening Check-In: Before the day ends, there may be a final meeting or check-in where individuals reflect on their day, discuss any remaining challenges, or share how they're feeling. This gives them an opportunity to process what happened during the day and prepare for the next.

Personal Time: After the community check-in, residents typically have some personal time to wind down. This might involve reading, journaling, or engaging in quiet activities to prepare for sleep.

Progress Check and Preparation for Graduation

Progress Reviews: Many TCs incorporate regular reviews of an individual's progress. These meetings evaluate whether individuals are ready to move to the next level within the TC or if more time is needed at their current stage. This helps maintain focus on personal goals and recovery.

Gradual Reintegration: TCs often include reintegration activities that help individuals prepare for life outside the community. These could involve job-search assistance, housing support, or social skills workshops. The goal is to make the transition as smooth as possible when they leave the community.

LENGTH OF STAY

The **length of stay** in a TC can vary widely depending on the individual's needs, the type of TC, and the goals of the program. However, there are some general guidelines and common trends based on the focus of the TC and its treatment model.







Typical Length of Stay: 6 to 12 months, though some may stay up to 18–24 months for more intensive, long-term recovery programs.

Why It Varies:

Shorter stays (6-12 months) Some TCs are designed as short-term programs for more immediate or less intensive interventions. These programs might focus on stabilization, early-stage recovery, or crisis intervention, providing individuals with the tools to get back on track before transitioning to a less intensive setting (such as outpatient care or transitional housing).

Longer stays (12–24 months): For individuals with more entrenched issues or those needing deeper transformation (e.g., complex trauma, severe addiction), long-term TCs offer extended support. They provide a highly structured environment that allows individuals to engage in comprehensive therapy, skill-building, and community-based learning.

Stages of Progression: Many addiction-focused TCs have phased programs where individuals start in the more structured phase (focused on detox and intense therapy) and gradually move into less restrictive phases as they demonstrate readiness for reintegration into society.

Graduation: In some programs, residents "graduate" after reaching certain milestones, such as achieving sobriety, completing therapy, and learning life skills.

Todays Changing TC



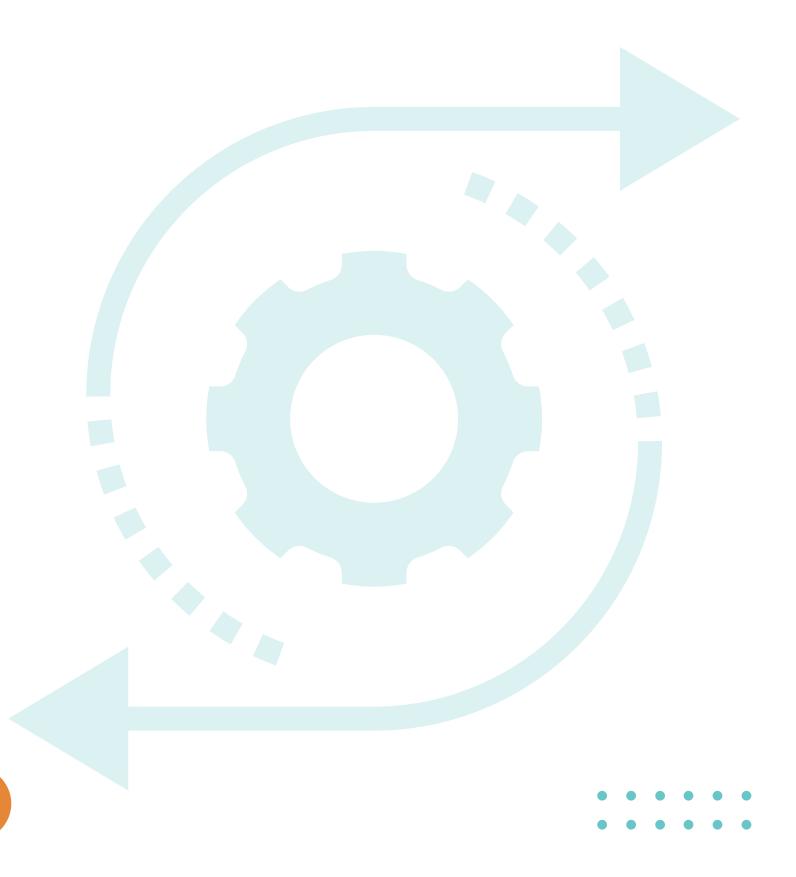
Clinical requirements



Diversification by necessity



Lack of a uniform curriculum



Clinical Changes



Length of Stay:

Fundamentally, multi-dimensional ("whole person") change necessarily requires a multi-interventionist approach that is sustained for a sufficient amount of time. However, clinical requirements, as well as client differences, in addition to the **reality of funding**, have encouraged the development of modified residential TC programs that offer shorter planned durations of stay (3, 6, and 12 months) as well as TC-oriented outpatient ambulatory models and day treatments.



Other Clinical Modifications/Changes



Increasing Numbers of Professional Staff

More traditional professional staff (like social workers, nurses, and psychologists) are working in TCs. Their formal training often brings in concepts, language, and methods that may conflict with the self-help focus of the TC. A clear theoretical framework can offer a shared perspective for training both professional and paraprofessional staff, helping them work together more effectively in treatment.



Staff Certification/ Recovery Support Staff/ Peer Staff

Hiring program graduates is a large part of the historic TC as they help keep the "community." However, it's crucial to ensure that staff are well-trained and capable of delivering high-quality treatment. Certification adds a layer of professionalism to the TC environment, recognizing counselors as qualified, skilled professionals. This is important not only for the credibility of the TC model but also for gaining the respect and trust of clients, other healthcare professionals, and the public.



Program Accreditation and Quality Assurance

Many drug treatment programs call themselves TCs, but it's often unclear if they truly follow the TC model. To address this, there is a practical need for clear standards for TC programs to ensure quality, guide staff training, and assess treatment effectiveness and cost. A theoretical framework outlining the key elements of a TC is needed to help create these standards for accreditation and licensing.

Diversification

Most community-based traditional TCs have added new services or interventions to meet the varied needs of their members. These include healthcare for individuals with AIDS or HIV, family support, relapse prevention, aftercare for specific groups like inmates, mental health services, 12-step group elements, and evidence-based practices like cognitive-behavioral therapy and motivational interviewing. While these additions improve the program, they are meant to complement, not replace, the core TC approach of "Community as method."

Ex: Odyssey House Comunity Health Center



Shifts From TC Roots



The TC approach has mostly been taught through oral tradition. It developed through trial and error by the first participants who created and managed their own self-help communities. Since then, three generations of "paraprofessionals" have learned the approach mainly through hands-on experience and mentorship. While this oral tradition is important in the TC, it has limited its wider use.



As generations of TCs gradually shift with differing rules and practices, they have become increasingly distant from the original principles of the approach. This has led to a weakening of clinical methods and a relaxation in maintaining the traditional program structure. In response, there have been calls for training in the "basics" of the TC. To address this, a clear theoretical framework is needed to define and explain the core principles and methods of the TC, which could help create consensus within the field.

Lack of Uniform Curriculum



Need for Flexibility in Practice

All TCs are different, scaled to their location, customs, norms and needs. Written rules may limit the flexibility needed to adapt to new problems or individual needs. Strict guidelines can stifle innovation and creativity, leading to a more rigid, orthodox approach.



No Universal, Shared Curriculum

TCs weren't originally designed to follow a specific theory or plan. They believe individual change happens through the overall influence of community life. Breaking down their approach into basic parts gives a distorted view. Also, the therapeutic and educational aspects common to most TCs are applied differently in each new setting as part of creating communities that can heal and teach.



Variability

All TCs have a unique community with its own culture, shaped by factors like client mix, staff experience, program age, size, and resources. Differences in beliefs and leadership styles also develop. While traditional TCs share some similarities, a single theory can't fully capture the differences in their culture, practices, philosophy, and psychological foundations.



Theory, Model, and Method

George De Leon

THE FUTURE How TCs can adapt

FUTURE

The Role of Technology in the Future of Therapeutic Communities



Virtual and Hybrid Therapeutic Communities:

Teletherapy and virtual peer support groups for individuals who cannot attend in-person.



Digital Health Tools:

Apps for tracking progress, managing emotions, and providing virtual therapeutic interventions.





Online Communities:

Virtual spaces for peer support, particularly for individuals with social anxiety or those in remote areas.



Al and Personalized Treatment Plans:

Using AI to assess patient needs and create personalized treatment strategies in TCs.





CURRENT TRENDS

In Therapeutic Communities



Integration with Modern Psychotherapy:

TCs are increasingly being integrated with evidence-based therapies (e.g., CBT, DBT).



Focus on Holistic Healing:

Incorporating wellness practices such as yoga, mindfulness, and physical health programs.



Expanding to Diverse Populations:

TCs are now used to treat addiction, trauma, and various behavioral health conditions.



Emphasis on Peer Support:

Peer-led models are gaining popularity, where individuals with lived experience guide and support others in their recovery journey.







The Future of Therapeutic Communities: Opportunities



Integration with Social Services:

Collaborative networks involving TCs, social workers, housing services, and employment agencies to address the broader social needs of individuals.



Expansion into General Healthcare Systems:

TCs being incorporated into hospitals, clinics, and outpatient services as part of a comprehensive mental health treatment model.



Focus on Prevention:

Shifting towards preventive care, especially in early childhood and adolescence, to prevent the development of severe mental health issues.



Diversity and Cultural Sensitivity:

A more inclusive approach, developing TCs tailored to diverse populations (e.g., indigenous groups, immigrants, LGBTQIA+ communities).



Shifting Societal Attitudes:

Greater acceptance of mental health as a priority, reducing stigma and encouraging more people to seek help.



Challenges to the Growth of Therapeutic Communities



1. Funding and Resources:

TCs require substantial investment in staff training, facilities, and community support. Securing sustainable funding can be a challenge.



2. Resistance to Non-Traditional Approaches:

Some healthcare professionals and institutions remain skeptical of TC models, preferring more conventional treatments.



3. Social Stigma:

The stigma surrounding mental health treatment and communal living can deter individuals from seeking help.



4. Regulatory Barriers:

TCs must comply with a range of mental health regulations, which may vary across regions and can limit innovation.



Importance of



As mental health needs continue to grow globally, investing in the expansion and innovation of therapeutic communities could play a crucial role in shaping the future of care. We also need to work collaboratively as a field to protect our shared past, present and future.



Communication/ Sharing Success



World Conferences



World Social Report





THANK YOU!

QUESTIONS? ECARLSON@OHLINC.ORG

