Recovery Journeys: a Road Less Travelled

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- Addiction theory
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TCs & Recovery - Personal Journeys

- March 1969
- Self-help group: 1969 - 1970
- Lifeline Project worker: 1971 - 1983
- Lifeline Project manager: 1983 - 1993
- Scottish Drug Training Project: 1993 - 2001
- Scottish Addiction Studies: 2001 - 2014

More than Addiction

- "It's hard to tell the difference between maps of crime, ill-health, drug addiction or low educational achievement. They all look like maps of poverty". Richard Wilkinson (1997)

- “Synanon is NOT a drug treatment. It’s a school where people learn to live right. Stopping shooting dope is just a side effect”. Chuck Dederich (1961)

The Real TC Pioneers

Temperance and Recovery Groups

- Kenekuk the Kickapoo Prophet
- Handsome Lake
- The Washingtonians
- Emmanuel Movement (Jacoby Clubs)
- Blue Cross (la Croix-Bleue)
- Alcoholics Anonymous
- Black power
- Therapeutic Communities

Recovery and “Right Living”

- Kennekuk – an end to home violence
- Handsome Lake, Seneca Chief (Iroquois Nation) – “our nation’s dignity”
- The Washingtonians – “being a good provider”
- Alcoholics Anonymous – “the dry drunk”
- Malcom X, Black Power Movement – “black and proud”
- George De Leon, Phoenix House – “right living”

Recovery and Cynicism

- The odd couple of drug policy history
- Recovery generally seen as unsustainable and chimeric
- Belief in recovery is cyclical
- 1890s – 1915 – exponential growth of the temperance movement
- 1935 – 1955 – internationalisation of AA & Creux Bleu
- 1968 – 1980 – drug free therapeutic communities
- 2005 – 2011 – the new recovery movement

Addiction Theory 101

- Theories are not really theoretical!
- Theories largely reflect the social norms of the period in which they were posited
- Theories are also about control – they offer power to the disciplines which promote them
- Theories are not like software! Version 2 does not completely erase Version 1
- Thus, most of us will have a rather unstructured instinctive view of addiction which conflates a number of models

A Short History of Addiction Theory

- Moral models and the temperance movement
- Disease & biological models and the post-prohibition depression (Jellinek)
- Characterological models and the new talking therapies (Wurmser, Khantzian)
- Behaviourist models and post-war understandings of evil (Skinner, Pavlov)
- Socio-cultural models, the rise of the left and the bright new dawn (Levine, Becker, Hirschi)
- Bio-psychosocial models and the dominance of public health (Zinberg, Engel, Robbins)

Notes

The notion of a disease, which robs those afflicted with it, of their individual will, is embedded in a cultural context where individuality and liberty is a paramount aspiration and where appropriate behaviour is an individual personal responsibility. These concepts have proved to be of an enduring nature. However popular in the wider community, the notion of a mysterious biological defect has subsequently been largely discounted within the scientific community. Khantzian, Wurmser and others suggested that the origins of addiction might lie in deep-rooted childhood trauma. Critics however, pointed to examples of addiction where such early traumas appeared to be absent from the individual's history. Others have proposed a behavioural origin to the addiction phenomenon based largely upon the work of Skinner and Pavlov. Still others, such as Hirschi, Levine, Becker etc. have argued for a socio-cultural root to addiction; pointing to the close association between addiction and poverty. However, both of these theories – with their firm focus on the 'here-and-now' fail to recognise the need for trauma resolution where this is an issue. Moreover, socio-cultural explanations tend to come with a fatalistic position that society must change before the individual can. Perhaps the greatest leap forward in understanding addiction, came with the work of theorists such as Engel (1980), Robbins (Robbins et al., 1970) and Zinberg (1984) through the development of models of addiction –most often described as biopsychosocial– which are multi-dimensional.

The Bio-psychosocial Model

- *Drug* - reduce or eliminate drug use, develop skills for managing cravings, parallel disorders etc.
- *Set* - improve self-esteem, encourage resilience, support efforts to assist the recovery of others
- *Setting* - encourage changed environments, communities, activities etc.
- Therapeutic Communities are among the few interventions to systematically offer these three interventions
- Drug, set & setting have strong similarities to the social, human & cultural domains of recovery capital

Notes

Bio-psychosocial theories of addiction argue that the addiction experience is impacted upon by three distinct factors. These factors are the chemical interaction and any biological or genetic predisposition to intoxication (or parallel disorder); the individual's psychological and spiritual state; and the environment in which he or she exists. This three-part model has been hugely influential in the drug treatment field in the past thirty years and most validated instruments, such as the Maudsley Addiction Profile, the Addiction Severity Index etc. would appear to owe their genesis to this layered and individualistic approach to the problem. Subsequently, a number of practitioner authors argued that the model was not only a tool for understanding addiction but could also be used to assess problems and plan treatment interventions. Yates developed an assessment model which set out the various questions which would need to be asked to ascertain the balance of difficulties experienced by the individual in each of the three domains. Thus, if the level of drug-taking was relatively low and of short duration whilst self esteem and the availability of non-using friends and relatives was correspondingly high, then a fairly low intensity intervention would be required. Madden similarly argued that the three domains outlined by Zinberg could be used in an understanding of the 'treatment strengths' with which the addict came to their first appointment.

Drug Treatment & Theory

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Understanding Recovery Capital

- Built on the work of Hanifan, Foucault etc. on social capital
- A non-depleting resource ("Use it or lose it!")
- Social, human and cultural resources
- "Although the focus here is primarily on individual factors, it is the meshing of three of these components – social, human and cultural capital – that may be particularly important in assessing recovery capital at a group or social level." (Best & Laudet)
- Almost synonymous with 'drug, set & setting'

Recovery Capital & the Three Jars

Notes

Addiction theory matters not simply because it underpins the approaches used in drug treatment interventions, but because it also has implications for recovery and for the long-term sustainment of recovery. If indeed, addiction is a result of a fluid interaction between the biological propensity, the environmental setting and the self-esteem and self-belief of the individual, then clearly, an intervention must address all three elements if it is to be successful. Treatment interventions, which are limited to a concentration on the addicts consumption of substances will at best, deliver a level of stability. At the worst, they will attempt abstinent recovery for which the individual will – without radical changes to his/her environment and their own self-esteem – be both ill-prepared and ill-equipped. Best & Laudet have argued that recovery capital can be viewed as social, human and cultural capital 'reserves'. These categories bear a striking resemblence to the bio-psychosocial model. What is argued here is that the use of the bio-psychosocial model in all phases of the recovery journey can provide a coherence to the role of various interventions throughout the process and enable drug treatment practitioners –even those who remain sceptical of the so-called 'recovery agenda'– to view their role in the process from within an accepted scientific framework.

So Why Bother??

- Stabilisation will always be fragile (usually incomplete)
- Reductions in crime through substitute prescribing are similarly incomplete
- There is a need to concentrate on the “big ticket items”
- Intergenerational transference of unemployment, crime, poor parenting, poor educational attainment.
- These changes require a radical realignment of drug, set and setting for the individuals concerned
- Most recovered addicts appear better than well
- With most, parenting and employment skills will be significantly improved.

Recovery – Impacts of Right Living

- Employment (Carew, Birkin & Booth) - improves long-term life chances for children
- Treatment & Support Group Involvement (Andreas & O'Farrell) - lowered externalising of problems amongst children from 12 months
- Family Life (Callan & Jackson) - happier families with recovered alcoholics and greater understanding of recovery.

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- SACASR Library:

https://www.onlinelibraryaddictions.stir.ac.uk/

- EFTC Discussion List:

http://www.jiscmail.ac.uk/lists/therapeutic-communities.html

The Therapeutic Community: An Instinctively Asset-Based Approach

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- TCs for (maladjusted) children
- Democratic TCs
- Drug-free TCs
- Understanding the Drug-Free TC Structure
- TCs and Addiction Theory
- TCs and Reintegration

Children's TCs - influences

- August Aichorn
- Homer Lane
- W. H. Hunt
- Marjory Franklin
- Norman Glaister
- David Wills

Notes

August Aichorn,a contemporary of Freud, famously took control of the juvenile prison system in Vienna and introduced a radical programme which included a significant element of self-governance. Despite almost universal condemnation and dire prophesies, the system worked well and Freud, in the Introduction to Aichorn's biography described it as his greatest achievement. Homer Lane was brought from the Boys' Republic in the USA by a group of British reformers before World War One. He established the Little Commonwealth, a mixed population therapeutic village for boys and girls in trouble with the Courts. Between the wars, Franklin and Glaister - founders of the Planned Environment Therapy Trust supported David Wills in establishing the Hawkspur Camp - a self-build, self-sustaining smallholding community for "troubled" youths. Wills went on to establish and manage a number of similar establishments, effectively designing the template for the early Borstal School experiments.

Children's TCs – early exemplars

- Little Commonwealth
- Wallingford Farm Training Colony
- Hawkspur Camp
- Barns Evacuation Hostel
- Bodenham Manor
- Summerhill
- Camphill

Notes

The Little Commonwealth flourished for a while but ultimately foundered following a series of allegations (which appear to have been unfounded) regarding Lane's behaviour. W. H. Hunt's Wallingford Farm Training Colony seems to have bridged the early work of the 19th Century Poor Law reformers and later rehabilitation and training models which began to appear in the middle of the 20th Century. David Wills worked at Wallingford and, although he abhorred the corporal punishment and bullying he found there, many of the elements of Wallingford were transported to Hawkspur (perhaps the first community of its kind to completely outlaw corporal punishment). Wills went on to work at Barns (a centre for "unplaceable" evacuees and Bodenham - an early model for the Borstal system. At this time too, village settlement communities such as Summerhill and Camphill were establishing new ways of learning and living for those unable to manage within the mainstream.

Democratic TCs - influences

- S. H. Foulkes
- Tom Maine
- Maxwell Jones
- David Clark
- R. D. Laing
- Max Glatt

Notes

The immediate post-war period was one of great change and development across Europe generally and the UK in particular. Few of the new generation were prepared to follow in the footsteps of their predecessors and perform the role of custodian of the incurable lunatic. Foulkes, the father of psychoanalytic group therapy explored the dynamic of the group as a healing force both at Northfield and at the Maudsley. Tom Main, Wilfred Bion, Maxwell Jones, Foulkes and Harold Bridger all developed this group approach and experimented with varying degrees of patient control over the healing process at Hollymoor Hospital, Northfield. Main coined the term "therapeutic community" around this time and Maxwell Jones went on to further develop the model at the Henderson Hospital. David Clark and others built upon these ideas fusing them with the growing momentum behind radical psychiatry and the democratisation and liberalisation of psychiatric treatment. The Scots psychiatrist, R. D. Laing, moved his community out of the hospital altogether and Max Glatt took the TC methodology and used it with alcohol-misusing prisoners on a wing of HMP Wormwood Scrubs, simultaneously chalking up both the first use of TC methodology in a prison and its first use in the addictions.

Democratic TCs – early exemplars

- Northfield
- Henderson
- Fulbourn
- Dingleton
- Horton Rd. & Coney Hill
- Littlemore
- Emiliehoeve

Notes

Hollymoor Hospital, Northfield was used during World War Two by the Ministry of Defence for the treatment of soldiers suffering mental breakdown. It was here that Jones introduced his "democratic therapy" and where Foulkes, Bion and Bridger developed their ideas about groupwork. Jones subsequently pulled together these threads in the transformation of the Henderson into a therapeutic community. David Clark, much inspired by Foulkes - with whom he worked at the Maudsley - set up a similar TC at Fulbourne. Sometime before this (1948) George Bell had unlocked all the wards at Dingleton Hospital a process echoed by Bertram Mandelbrote at Horton Road and Coney Hill where, like Jones, he commenced a programme of socialisation which later became described as "care in the community". Mandelbrote subsequently moved to Littlemore Hospital, Oxford where he established a TC for alcoholics (and, later, drug users); initially as a democratic TC (using the Maxwell Jones model) and later as a hierarchical TC. This process was paralleled by Martien Kooyman in the establishment of a TC in a farmhouse - Emiliehoeve - on the grounds of a psychiatric hospital in The Hague. Jones moved to the USA where, with Denny Briggs and others, he began a series of experiments using TC methodology - often with striking success - within the prison system. Jones returned to Scotland in the 1960s and completed the process begun at Dingleton by Bell; turning the entire hospital into a therapeutic community.

Drug-free TCs - influences

- C. E Dederich
- David Deitch
- Mitch Rosenthal
- Griffith Edwards
- Ian Christie
- Martien Kooyman
- Bertram Mandelbrote

Notes

Charles "Chuck" Dederich established Synanon in a waterfront hotel in Santa Monica in 1958. The process had begun with Dederich holding Wednesday night meetings in his apartment for fellow Alcoholics Anonymous members and a number of recovering heroin users who had been barred from AA meetings. Dederich invented the "Game" (later called "encounter groups" by Carl Rogers who, like Maslow, Bratter, Yablonsky and others, visited Synanon in this early period). The Game was a process whereby the individual's story could be challenged by other group members; a process specifically disallowed by AA. David Deitch, an early graduate of Synanon was hired by New York City to establish Daytop (Drug Addicts Treated on Probation) using senior Synanon residents. Mitchell Rosenthal, who had been using a similar approach in the treatment of addicted military personnel was also recruited to establish Phoenix House, New York. Both Griffith Edwards (who had run a Maxwell Jones model TC for alcoholics as part of his work at the Maudsley), Ian Christie and Martien Kooyman were all influenced by these two developments and established US-style hierarchical TCs in Europe (Phoenix House, Alpha House and Emiliehoeve respectively) with both logistical and practical assistance from the New York TCs. The practical assistance was in the form of a loan of senior residents, a practice which characterised the subsequent development of European TCs.

Drug-free TCs – early exemplars

- Synanon
- Daytop and Phoenix
- Alpha House
- Phoenix House
- Emiliehoeve
- Synanon Haus

Notes

Synanon subsequently deteriorated into a cult-like closed community with Dederich eventually being brought before the courts on charges of intimidation. Paradoxically, it was Synanon's dismissive attitude towards the US TCs which had adopted the Synanon methodology which protected this second generation from any fall out. Phoenix and Daytop went on to become among America's largest and most successful providers of residential treatment; inspiring a host of TCs across the continent. Other Synanon graduates also began to develop TCs such as Amity Foundation. In Europe, Emiliehoeve and Phoenix House in particular continued the tradition of logistical/practical mentoring to help found TCs across Europe - De Kiem and De Spiegel in Belgium, Vallmotorp in Sweden, Kethea in Greece, Coolmine in Ireland etc. Ceis in Italy and Proyecto Hombre in Spain were developed partly through this route and partly through the establishment of a series of summer schools bringing together leading figures of the two TC traditions - Maxwell Jones, Harold Bridger, George De Leon, Donald Ottenburg etc. A very different route marked the establishment of Synanon Haus in Germany. This development began when a doctor "prescribed" Lew Yablonsky's book about Synanon (The Tunnel Back) to a drug using couple. The couple subsequently detoxified and drove to Berlin with their copy of the book which they used to establish a large and successful TC almost single-handed.

Notes

Inevitably, the development of drug-free TCs in Europe has not followed a single simple path. Other influences have impinged upon the story. In a number of East European countries (where the notion of democratic TCs was considered bourgeouis and therefore intrinsically suspect) TCs such as Magdalena in Czechia and Monar in Poland, arrived at a similar structure through an adaptation of the collective farm structure heavily influenced by the behaviourist traditions; particularly the legacy of Pavlov. Some were influenced by the "anti-psychiatry" approach of Laing and (to a lesser extent) Basaglia; creating essentially anarchist communes. Still others grew out of Christian missionary initiatives and were built around a traditional Christian pastoral monastic model best exemplified by Geel, the healing village in Belgium. From this tradition sprang large village TCs like San Patrignano in Italy. Others reverted to a more traditional Alcoholics Anonymous structure whilst still others (generally springing from the Christian tradition) used mixed population communities where many community members did not have drug or alcohol problems and usually volunteered to be community members. Interestingly, this approach has echoes of the use of "lifestylers" and "squares" in the early Synanon though perhaps even more significantly in the European context, it is also reminiscent of a European tradition stretching back to the Middle Ages in Geel and taking in both Lane's Little Commonwealth and Wills' Hawkspur Camp.

Therapeutic Community Basics

- 3 stages: Welcome House; Therapeutic Community; Re-entry (or Re-integration) House
- Welcome House – more staff and family interaction, observing the TC, emphasis on case-working/planning
- Therapeutic Community – structured environment counterbalanced by groups, meetings and seminars, emphasis on community as method
- Re-entry house – self-structured sober living, including contributions to the community, an emphasis on work/education & self-reliance

Therapeutic Community Structure

- A strict hierarchy of residents with a clear command structure
- Provides short-term goals and effective role-models
- The ‘act as if’ concept encourages impulse control
- Senior residents gain increasing responsibilities and privileges
- With this come an expectation to mentor and support new members (see concept below)
- You don’t get to keep it unless you give it away

Therapeutic Community Structure

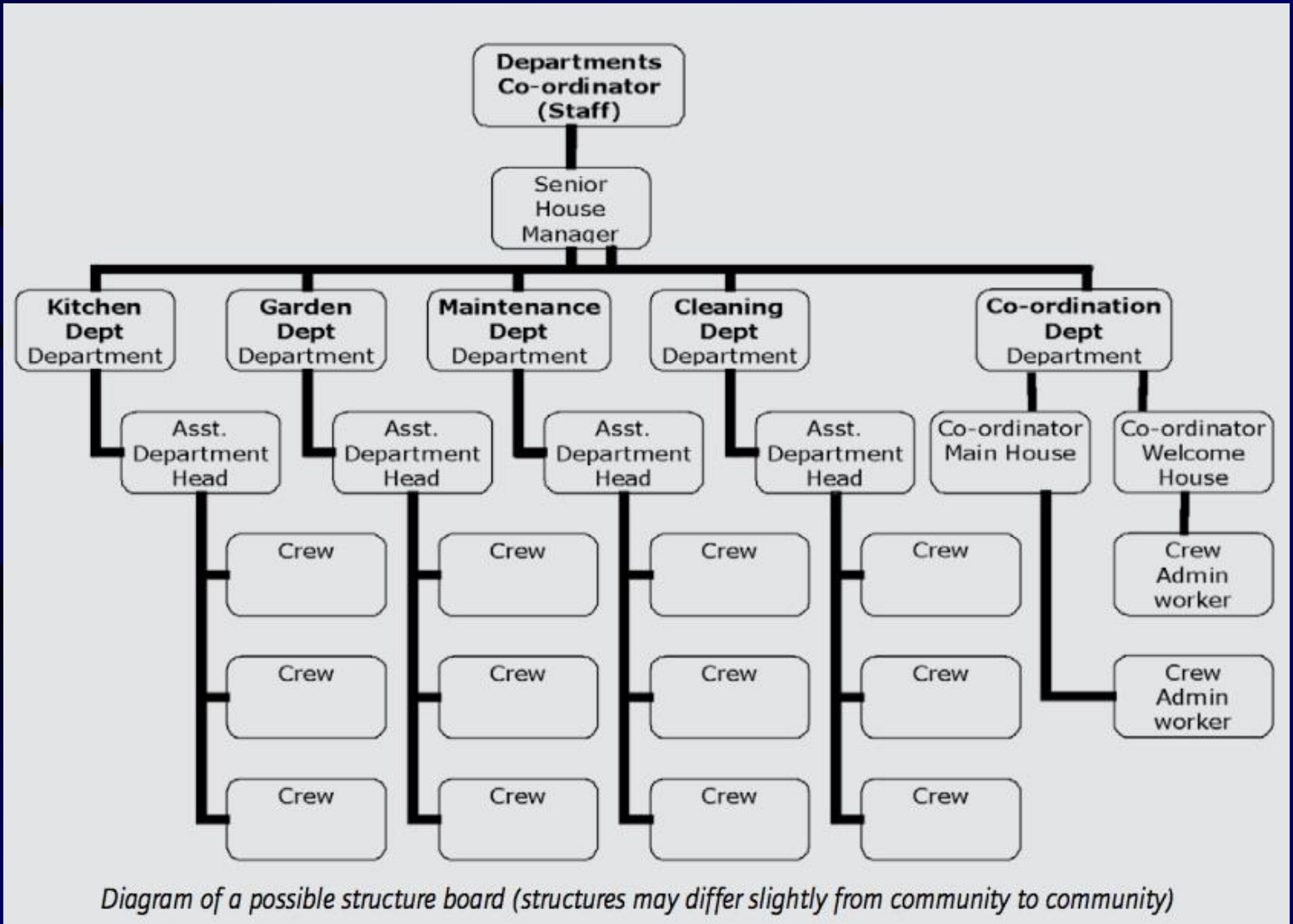

Diagram of a possible structure board (structures may differ slightly from community to community)

Notes

TCs are traditionally built around the concept of total immersion in a therapeutic environment where every waking part of the day is designed to allow the individual member to use the community to learn new ways of living and behaving both for themselves and for other community members. So whilst the busy daily work programme serves the purpose of keeping members occupied and preventing negative reflection, it is also a key element of the treatment process. Working 'on the floor' is not simply to provide something to do between treatment episodes like groups, counselling, seminars etc. It is actually a deliberately constructed environment which is an integral part of the treatment and change process. The hierarchical structure of the daily work departments allows each member to see how far they have progressed in their own treatment and to set new goals (to be an Assistant Department Head, to be a House Manager etc.). The speed with which an individual moves through the programme will depend on their needs and progress. Thus, not only does floorwork with its work programme and command structure provide a therapeutic and sometimes stressful immersive environment, it also provides short term goals, role models (for new entrants) and opportunities to exercise responsibility and concern for others (for older, more senior residents)

Therapeutic Community Groups

- Groups, meetings and seminars counterbalance the structure.
- In groups, there is no formal structure and the hierarchy can thus be challenged
- Resident seminars – vital for residents to understand what the community is doing with them or for them (never *to* them).
- Morning and Evening meetings provide a forum to celebrate individual and community achievements
- And to nurture a sense of community ownership

The Bio-psychosocial Model #2

The Bio-psychosocial TC - Drug

- The TC structure teaches impulse control in a safe setting
- Complete withdrawal is managed
- Normal sleep-patterns are re-established
- Physical health is systematically improved
- Parallel disorders are explored and management strategies devised

The Bio-psychosocial TC - Set

- The TC honestly explores the individual's feelings of self-worth
- Good behaviour is acknowledged, poor behaviour is challenged
- Individual creativity is encouraged and nurtured
- Support for the recovery of other members is encouraged as away of building personal recovery capital
- Individual members are given increasing levels of control over their own recovery process

The Bio-psychosocial TC - Setting

- The TC encourages the building of new positive peer relationships
- Positive former relationships and networks are restored and repaired
- Educational and vocational inputs improve the members future employability
- New, positive activities are encouraged and nutures (see: creativity in Set)
- TC structure is deliberately designed to encourage positive citizenship & care for others

Notes

The main dynamic of the TC is the group. TCs use various types of meetings and groups including: morning meetings, house meetings, encounter groups, seminars, teaching/education (learning) groups, peer encounters etc. In modern TCs, the encounter group remains a central element of the overall TC process. Research shows that this is an extremely powerful tool which requires skill and insight from the facilitator to make sure that it is used for the positive benefit of its members. The basic principles which apply to the correct running of an encounter group – apply to all groups within the TC. Structured groups are delivered by staff and/or a senior member or graduate. All available (and appropriate) community members are expected to attend these groups as required. Groups and other structured meetings cover a wide variety of subjects aimed at raising awareness and allowing members scope for discussions, role play, skills practice, etc. Meetings and groups in the TC have a variety of rules to ensure the safety of the community, respect for individuals and what is being said, and to keep order and control. These would normally include injunctions around violence and threats of violence; punctuality; attentiveness; respect; 'rescuing'; entry and exit etc.

Recovery & Reintegration #1

- The pressure on TCs to shorten programmes is driven by a mistaken belief that they are costly
- TCs should promote cost-effectiveness arguments & encourage more research
- Studies should use longer timescales
- Studies should compare like with like
- Studies should estimate non-drug treatment costs
- Studies should weight for poorer prognosis in TC members
- Studies should include post treatment benefits

Recovery & Reintegration #2

- But… we are where we are!
- So TCs will need to mitigate shorter treatment programmes with more attention to after-care
- More emphasis on sustaining the peer group
- More emphasis on vocational training
- Encouraging recovered addicts to participate in treatment – preferably formal voluntary work
- More use of ‘sober circles’ & fellowships in the latter part of the programme
- Stronger emphasis on restoring positive family links
- More encouragement of alumni associations

Recovery & Reintegration #3

- Stigma is rooted in a belief in addiction as ‘an incurable disease’
- The main ‘players’ – methadone prescribers & 12-step fellowships encourage this view
- TCs should combat this view by participating in ‘recovery promotion’ events
- Promoting recovery events – concerts, marches etc.
- Seeing the recovered user as an asset & maintain contact post-treatment
- Explore post-treatment supported housing options - sober-living houses (Oxford Houses)

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