

## Modified Therapeutic Community (TC)

**Underlying assumption:** Community is a *way of treatment* i.e., community-as-method. It sees the therapeutic nature of the total environment. Healing, teaching, support and guidance through community is a universal idea recurring throughout history.

**The Foundation of TC and the “Spirit of TC”:** Provide a treatment milieu that motivates and assists residents in achieving meaningful goals, including developing basic values, behaviors and work skills that are consistent with the behavior of responsible members of society. Social norms and skills are learned and assimilated through community meetings, work assignments and the peer group process. Individuals assume responsibility for the recovery, personal growth and right living of their peers in order to maintain their own recovery.

**TC Goal:** Fundamentally a self-help approach to change the individual’s lifestyle and identity. Community is the primary method or approach employed to achieve change.

**History/Background:** TC evolved in the late 1950s, as a self-help alternative to existing substance abuse treatment, primarily outside of mainstream psychiatry, psychology and medicine. Essential elements of TC are derived from multiple sources.

**Values:** Respect, empathy, personal & community responsibility, honesty, trust, positive work ethic. The environment must be maintained as physically, emotionally and psychologically safe. There must be a pro-social code of morality i.e., right living, which promotes empathic relations between staff and clients. It is not expert-driven.

**Used primarily in what settings:** As a residential, treatment program where individual change results from the global impact of community life.

**Role of TC treatment staff:** Act as role models and rational authorities but view themselves, along with the TC members, as forming a caring surrogate family that provides a corrective developmental experience.

**Time it takes:** Originally 2-3 years; evolved to 12-18 months. Now there are modified, residential TCs of 3, 6, and 12 months (and TC-oriented day treatment models).

## Motivational Interviewing (MI)

**Underlying assumption:** People do not usually come to therapy ready to change. The idea in MI is to have the client give voice to exactly the opposite kinds of statement of supporting the status quo, to presenting the arguments for change. This can be done by providing direction in the exploration and resolution of your client’s ambivalence.

**The Foundation of MI and the “Spirit of MI”:** Openness to a way of thinking and working that is collaborative rather than prescriptive, honors the client’s autonomy and self-direction, and is more about evoking than installing. There must at least be a willingness to suspend an authoritarian role, with a genuine interest in the client’s experience and perspectives. MI involves the application of four basic principles: expressing empathy, developing discrepancy, rolling with resistance and supporting self-efficacy.

**MI Goal:** Enhancing intrinsic motivation to change by exploring and resolving ambivalence through a client-centered, directive method.

**History/Background:** Began in 1983 by William Miller in the treatment of problem drinkers. Further concepts were elaborated by Miller and Stephen Rollnick in 1991.

**Values:** Respect, empathy, personal responsibility, affirmation. The environment must be maintained as physically, emotionally and psychologically safe. It is not expert-driven. Believes that when resistance arises from client it is an indicator to specialist to change direction i.e., “roll with resistance” and avoid argumentation.

**Used primarily in what settings:** Can be used with multiple treatment regimens but is most effective when utilized in the pre-contemplation and contemplation stages of the change process.

**Role of MI Interviewer:** Using the term “Interviewer” is to deliberately instill an image of an egalitarian relationship. The interviewer directs the communication by asking questions and summarizing what is being said by the client.

**Time it takes:** Since MI is a method of communication rather than a set of techniques it is fundamentally a way of being with and for people – a facilitative approach to communication that evokes natural change.

## HeartStream’s *Changes* Program (CP)

**Underlying assumption:** Central to the *Changes* Program is Community. It is a communal *container* for experiencing life. It is a *way of living* that can be found throughout human history. The desire for community is a naturally occurring human emotion; the ability to experience and participate in healthy community is a learned behavior.

**The Foundation of CP and the “Spirit of CP”:** The *Changes* Program endeavors to create a safe place for participants. Experiential in nature, *Changes* is based upon a set of guidelines and principles rather than an agenda or particular procedure. Participants are gently guided by trained facilitators who take the group through a process that shows how to look beyond the cultural, political and religious differences that prevent people from embracing their common humanity. Participants learn the skills to communicate with authenticity, deal with difficult issues, welcome and affirm diversity, bridge differences with integrity and relate with compassion and respect.

**CP Goal:** Create a safe environment where authentic communication, deep reflection and personal responsibility can thrive and where the community becomes a group of all leaders.

**History/Background:** Similar to TC history with roots in the post-WW II small group movement, including The National Training Laboratories and the Tavistock Institute. The essential elements come from a collection of concepts, beliefs, assumptions, educational practices and common program components.

**Values:** Respect, empathy, personal and community responsibility. The environment must be maintained as physically, emotionally and psychologically safe. It is not expert-driven. Believes that acceptance is essential but that acceptance does *not* equal agreement. Provides a positive experiential encounter with three basic human needs: personal autonomy, relatedness and the belief one’s behavior is efficacious in producing desired outcomes in life.

**Used primarily in what settings:** As a treatment adjunct. A useful feature of CP is its ease of integration with existing programs such as cognitive behavioral relapse prevention to form a broader treatment framework. In fact, it has proven efficacious with almost any program where strong communal cohesion is important for program success.

**Role of CP Facilitator:** A guide for the process who works to ensure that responsibility for success is placed upon the group members.

**Time it takes:** Intensive three-day workshop to start and then a minimum of weekly two-hour community building sessions. The first eight weekly sessions include cognitive behavioral curriculum.

**“It is the truth we ourselves speak rather than the treatment we receive that heals us.”** Dr. O. Hobart Mowrer

**“The most stubborn habits which resist change with the greatest tenacity are those which worked well for a space of time and led to the practitioner being rewarded for those behaviors. If you suddenly tell such persons that their recipe for success is no longer viable, their personal experience belies your diagnosis. The road to convincing them is hard. It is the stuff of classic tragedy.”** Charles Hampden-Turner and Linda Arc, [The Raveled Knot: An examination of the Time-to-Market Issue at Analog’s Semi-conductor Division](#), unpublished internal report.

**“Anyone who enters into the pain of a stranger is truly a remarkable person.”** Henri Nouwen, [In Memoriam](#)