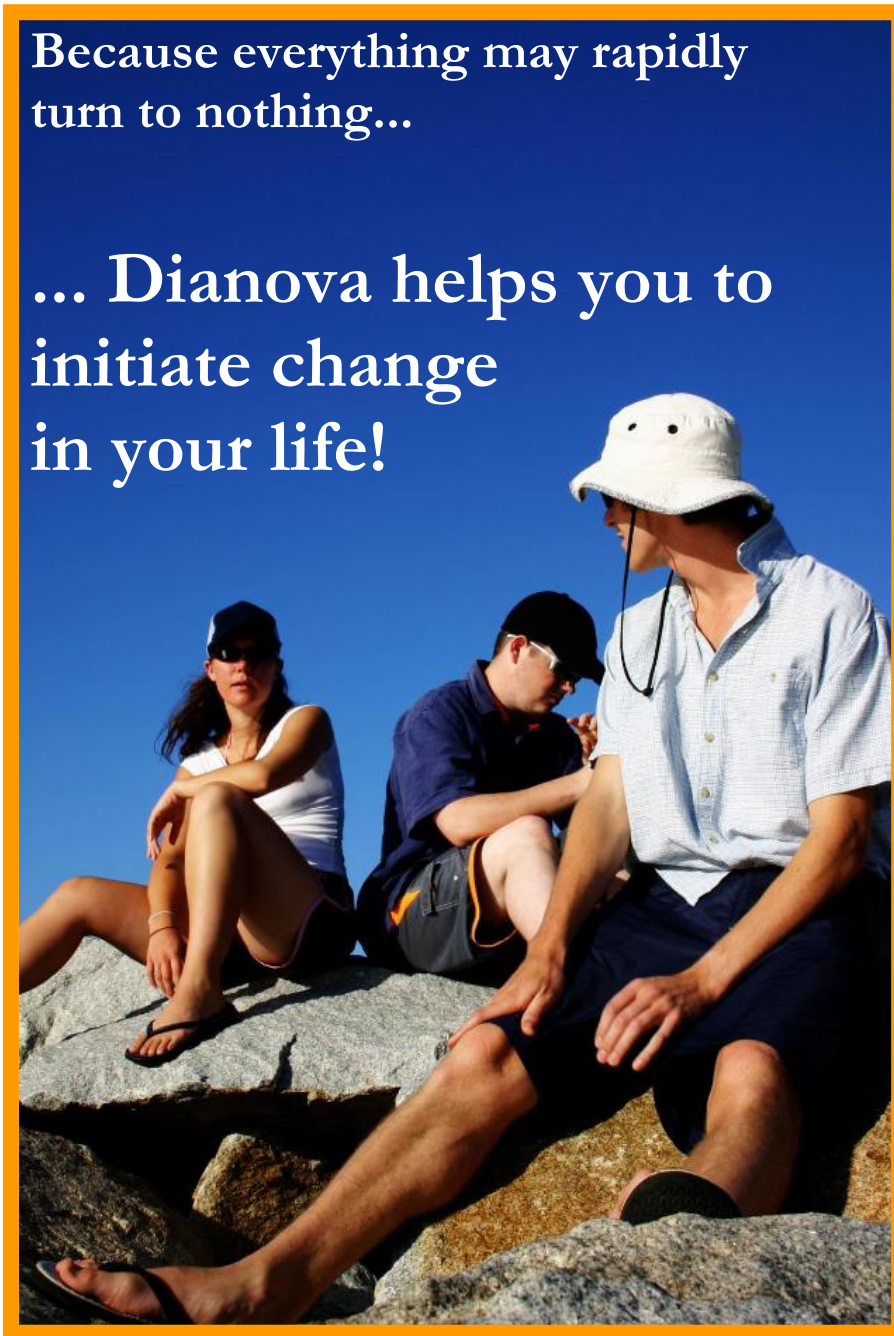




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Educational-therapeutic Program in
Therapeutic Community

INTRODUCTION

Dianova – Portugal integrates in its methodology a philosophy which invests, above all, in the user's capacities; through an educational and therapeutic programme the aim is to empower the users with personal and social competences that may allow them emotional and social growth and development. For Dianova, autonomy is the end of a process which through therapeutic intervention and education, allows the user to recover self-esteem, acquire a sense of responsibility and, lastly, resume habits of independence that will result in his full social integration.

Considering the need to reorganize the service provisioned to the beneficiaries that we receive from Dianova Sweden, considering also a 6 month time frame, we think a definition of the objectives is needed, as is the planning of the therapeutic procedure, organizing what is and what is not, due to not being considered an important objective in the Therapeutic Community - TC - context) focused on, what has and what hasn't been consolidated. In fact, (a question of thinking about the things that can be worked on adapting out work at the TC with that which is later done in the country of origin in the Reintegration Unit) we wish to outline our intervention taking into account a continuity guideline regarding what will be worked on later in the Reintegration Unit.

Drug abuse treatment should, despite other conditioning factors, be considered a long-term process and should be taken beyond TC (hence the importance for it to be continued after the stay in TC and an urging need to step forward to reintegration as consequence of previous treatment). In fact, we are talking about multidisciplinary treatment and accompaniment whose success depends upon the subject's adhesion, the constancy of his motivation, the trust had in the team, the continuity of accompaniment and, therefore, the quality of the therapeutic relationship, the relationship with the team, the relationship with the group and their maintenance on the long run. It's important to bear in mind that the programme must allow adaptative malleability of a behaviour that must follow the guidelines of familiar, professional and social relationships but also taking into account cultural idiosyncrasies.

Thus, it is wanted that the main advantages of a treatment of this nature be regulated by the principles of controlled abstinence, bigger intensity and continuity of treatment, assumption of social behaviours under conditions of observation, bigger potential of intervention upon the group and time separation of the usual surroundings.

EDUCATIONAL-THERAPEUTIC PROGRAM

An intervention thought within these guidelines is based upon the directives of a medium run residential programme – 6 months as the remaining stages are done and validated in the country of origin in a Reintegration Unit context. It is intended to establish defined goals so as to perform regular evaluations in order to monitor individual progresses and determine intervention strategies towards an adequate recovering and reintegration in what concerns each user's needs.

This Project is thought out to people of the male sex, older than 18, no serious psychiatric pathologies or before psychiatric opinion when in doubt, that, by their own personal characteristics need a contention space outside their original surroundings; it is implemented and assured by an inter and multidisciplinary team that works, according to the area, in different aspects of treatment: doctor, psychiatrist, psychologist, social worker, social and cultural animator, monitors and auxiliary staff with adequate competences.

This residential program has the objective of making available to people who, due to drug abuse may have emotional problems caused and aggravated by drug consumption, difficulties in dealing with their own personal issues, difficulties in self-control and impulsivity management, the opportunity to work with these issues as well as others (temporarily away from their original environment) with a distancing that may facilitate an initial process of change that will be put into practice in a later process of reintegration.

This programme has the following characteristics:

- Existence of an admission proposal issued by Dianova Sweden and analysed by the Technical and Therapeutic Direction of CTQL;
- Individualized treatment;
- Divided in areas and stages of intervention;
- Organized in occupational, psychotherapeutic, cultural and sportive activities;
- Continuous evaluation;
- Individual and group work;
- Progressive self-accountability and awareness of the dependency and need of continuous treatment.

The main activities done in the programme are:

- Individual psychotherapy every fortnight or with different periodicity if needed;
- Group psychotherapy; rendezvous groups; emotions groups; integration groups; self-esteem groups; relapse prevention groups.

Integration in the groups depends on the stage of the programme where the user is and on the objectives determined by the team;

- Occupational activities;
- Thematic classes;
- Sports activities;
- Ocupacional workshops;
- Cultural and leisure activities;
- Educational and therapeutic trips.

In short what is wanted is, through everyday life pedagogy, that all relations and activities in the TC assume a therapeutic role.

It is, therefore, a treatment which facilitates the recovery of the user and which is supported in the life conditions and social and affective stability. The accompaniment of the user, the acuity of therapeutic and technical team: it's permanent presence throughout the work of life reconstruction and reorganization done by the substance dependent in abstinence are essential factors in therapeutic efficiency. These objectives of the therapeutic process are initiated and worked in the TC even if the acquired competences must be strengthened after the internment stage.

A) ADAPTATION STAGE

Overall Objectives

- Admittance
- Enhance quality of life given that the first factor in this enhancement is the continuous abstinence and the ability to acquire basic hygiene habits, respect for others and adaptation to daily routines.

Specific Objectives

- Physical recovery: physical stability, recovery of sleeping and feeding habits, effort resistance and recovery from any physical abstinence symptoms that may persist [medical following always and when needed with a primary care physician, psychiatrist (in the TC) or any other; physical exercise, sports and gymnastics, incorporation of a normal life in what concerns schedules, meals and personal hygiene].
- Rules acceptance and early integration: change of the behaviour and the way of life caused by drug use, the person must learn the need to respect the norms of community life [the permanent presence of fellow users (in a more advanced stage of the program) is an incentive and moral support. The carers are a reference, facilitate the integration and are more present throughout the first weeks of stay in the TC, which is to say until the new user integrates the group, participates in daily meetings, in integration therapeutic group and in First stage Mini-Groups (occupational and therapeutic activities, sports, leisure...)].

End of Stage

The multidisciplinary team proceeds according to a threefold evaluation:

- Self-Evaluation (done using predefined forms in individual interview);
- Evaluation by peers (hetero-evaluation done by the TC users);
- Evaluation by the multidisciplinary team.

Stage Length

The duration of the stage is directly connected to the achievement of prefixed goals and is adapted to each case although the usual previewed length is **1 month**.

B) CONSOLIDATION STAGE

[Note: in the beginning of this stage a report is sent to Dianova Sweden]

General Objectives

- Consolidation of the objectives of adaptation stage;
- Consolidation of rupture with drugs;
- Restructuring of personality and adequate management of positive and negative emotions;
- Personal growth towards emotional autonomy;
- Abstinence continuation and relapse prevention.

Specific Objectives

- Valuing: It's about recovering and adequate value scale adjusted to people and contexts; learning our recovering esteem for things and people that surround them so as to allow them to accept and comprehend the therapeutic program.
- Commitment: Personal commitment and group stimulation will help the user reach a level of motivation and self-esteem that are necessary to acquire new habits personal and group adequate conducts.
- Accountability: It's the process where the person starts to be held accountable by certain actions learning by their own mistakes and learning to solve the problems.
- Self-Control: Learning to deal with conflict or risk situations and getting the necessary control to contain their own impulsiveness.
- Self-Esteem: Reach an adequate level of self-esteem that may give them safety, confidence and emotional stability.

End of Stage

The multidisciplinary team proceeds to an evaluation along the same lines of the previous stage.

This evaluation formula is applied throughout the stage; applied a second time at 3 months of program (2 month length) and a final evaluation at 6 months of program (3 month length). After this evaluation, as with all others, an evolution report to which we will append a life project. If the team considers that the user hasn't reached the proposed

objectives essential for the user to return to the country or origin, an extension shall be proposed to the user.

Stage Length

The duration of the stage is directly connected to the achievement of prefixed goals and is adapted to each case although the usual previewed length is **5 months**.

ORGANIZATION OF THE THERAPEUTIC WORK

1. Individual Interviews (every 15 days)

Objectives:

- Establishing of the support relationship

No pharmacological treatment can replace this essential period of accompaniment which is a continuous support while the users give themselves the opportunity to carry on with changes and, as such, the risks of them not allowing themselves to engage in a treatment process may be analysed with them. This oriented reconstruction is based upon the general principles of support treatments like listening, relative directivity, tranquilization and appreciation of positive behaviours.

It is essential to, ever since the first contacts, establish a trustworthy relationship, being the Job of the technician to facilitate the user's awareness of his dependency as well as the need for help, therapy binding and motivation reinforcement.

- Exploring the life story

- Focus on guilt, forgiveness and relationship with the addictions

It is intended, at a given time, to work with the user on essential issues as second stage objectives. The interviews are one of the valences of long term user following, and imply a relationship maintenance (whatever the changes in the user's behaviour may be) the relative directivity, tranquilization, revaluing, accepting guilt and forgiving processes.

Their permanent objective is to identify, with the user, the need and benefits of abstinence but also to avoid that all sorts of difficulties originating from them may lead them to drug use again. The user is wanted to learn how to struggle against discouragement and despair originated by the danger of relapsing.

- Elaborating a Life Project and beginning of establishing a bridge with reintegration

It is important to analyse with the user some future expectations, identification of abilities and needs and that a life project fitting each one's personal characteristics is elaborated (it shall be sent to Dianova Sweden, along with the reintegration apartment application and final evolution report).

2. Group therapies

Group therapies have as the main objective to be and invitation to the user's personal engagement; furthermore they allow to diminish denial attitudes and a better impulsive reactions control as well and anxiety fits.

- Integration groups (oriented towards the motivational process)

They work to allow the user to deepen the knowledge about the community's rules and Dynamics and be, thus, a factor which facilitates integration. They are relatively small groups that work exclusively with new users so its elements are not permanent and may suffer changes depending on the entrance of new user in the TC. It's important to take into consideration that rules and timings are different for this type of treatment so the user must be aware of the way the TC is organized and how the process of going to Reintegration Apartment goes.

After some sessions meant to explain TC rules and dynamics these groups carry on and are assumed as oriented to the motivational process as the length of the program is not as big and the acquisitions more time-limited but also because we want to motivation to start rooting since the very beginning. This is an area of work that must be given importance because, although many users express a will to be admitted, they're not always totally motivated for changing as in the majority of cases they chose to change some aspect of their behaviour not because of its unpleasant nature but because it implies undesired consequences; there's very often a state of anxiety and ambivalence towards the main objective of admission.

Motivation is often unstable, depending on external circumstances, mood and an array of other factors and, as such, we consider it to be an essential point for the

user to take into consideration from early on so as to prevent motivation breakdowns to be seen as unavoidable relapses.

Thus, if motivation varies there ought to be some sort of commitment towards change and the role of the team is to bring users to this commitment and help them return to it when they're not motivated. In a way, it's a matter of promoting a sort of oriented discovery where users are help to think about the mains disadvantages of drug use.

Estimated length: 1 month

- Encounter (rendezvous) Groups

They're free theme groups where users are to prepare and deliver the approached theme each week. As such, we consider to be possible that the new users may integrate existing rendezvous groups. In these works themes like family relationships, lack of motivation, events in one's life, among others are worked on.

Estimated length: That of the program

- Emotions groups

They're groups where different types of emotions are worked on with each user being in charge of a specific emotion.

Estimated length: 3 months (it varies and depends on the date of the user's admission)

- Self-Esteem Groups

The focus is on the definition of self-esteem as well as on promoting self-knowledge and how to deal with mistakes, failures, frustrations, on one hand, and, on the other, on qualities needed to face life that are often underused due to drug use and to self-centred thought.

It's important to focus on the lack of self-esteem as a risk factor towards relapse but also on the excess of self-esteem that may also work as a risk factor.

Estimated length: 3 months

- Relapse Prevention Groups

A therapeutic sequence was thus thought out to these groups, taking into account the reduction of relapse likeliness, will be completed by the group organizers through their own speech and through focused group dynamics which function around these 6 big topics:

1. Help the users to understand their addiction and its causes and help to think about guilt and shame on the one hand and, on the other, working on admitting their own mistakes;
2. Help the users to do a realistic evaluation of the degree and seriousness of their addiction;
3. Help the users identify social, psychological and affective precedents of drug use;
4. Help the users to find abstinence maintenance strategies through self control, the effort to maintain abstinence and the need to find new paths and defences;
5. Reorganize consumption consequences and evaluate de capability to face up to situations that may increase the relapse risk;
6. Exploring and training strategies of relapse prevention.

Estimated length: 3 months

CONCLUSIONS

Considering that the therapeutic program has different timing, the goals that we consider to be important are those which have been identified and the areas of psychological intervention those which have been explained in a context of centring on Everyday Life Pedagogy, Biopsychosocial Reorganization and Relapse Prevention.

Objectives such as labour capacitating, family and social relationships, social abilities centred on the exterior, and adequate management of free time as well as reinforcing relapse prevention strategies shall be focused on in the country of origin and shall be contemplated in the reintegration plan.