The Effectiveness of Long-Term Rehabilitation Programmes

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Abstract

As the consequences of illicit drug use become more widespread amongst all sectors of our society, the relevance of long term rehabilitation continues to grow. A review of the literature reveals that although there has been considerable debate over the last decade surrounding the effectiveness of long-term rehabilitation, especially that involving residential TCs, research still predicts better outcomes for this treatment modality. This paper will explore some of the principle reasons why long-term rehabilitation has remained so effective. It will also examine how, 12 years after its inception, the Caritas New Hope Programme in Malta is evolving into a holistic and biopsychosocial project offering a range of services to drug users in rehabilitation.

Introduction

The concept of long-term rehabilitation for drug users within therapeutic communities (TCs), as we know it today, evolved over the last thirty years. It started with the formation of Synanon in the USA during the early 1960s, following the emergence of Alcoholics Anonymous. Drug rehabilitation TCs were also influenced by psychiatric TCs emerging in the UK, where an existential view of recovery, self-help and group processes was being prescribed to patients in mental institutions.

As these traditional TCs evolved they maintained a unique philosophy that developed, in part, as a result of the common code of behaviour and belief system which individuals within the TCs shared, and which provided a framework for social therapy. This unique philosophy gave them the freedom to innovate and discover effective new tools and strategies. Long-term rehabilitation within a TC setting spread, providing an environment conducive to learning, development, change and spiritual growth. Rosenthal (1989) outlines various reasons why such TCs grew to be so effective so quickly. Certain psychodynamic factors, such as, communal nurturing, empathic understanding, control of personal behaviour, spontaneous self-disclosure and role modelling were treatment methods that drug users benefited from.

How Do TCs Provide a Suitable Environment for Drug Users?

Structurally, a TC model is a 24-hour residential programme, employing trained ex-user clinicians. Traditional programmes generally considered optimal length of treatment to be at least 15 months but today this is no longer considered to be an absolute minimum for all residents. However, the length of time in rehabilitation remains highly controversial, especially since effectiveness grew to become the focus of much attention.

When discussing effectiveness and outcome in rehabilitation, studies often consider the following three areas: drug abstinence, stable employment and freedom from criminal involvement. These measures reflect one of the crucial goals of rehabilitation: integration back into society as drug-free and productive individuals. Thus, any TCs view of rehabilitation should be global and holistic, addressing along with physiological and psychological problems, the chronic deficits in social and economic skills, as well as the other effects of social and spiritual disadvantage and family disruption.

In order to achieve the magnitude of change that allows a drug user to leave rehabilitation successfully, a developmental process is required. During this process, for example, the individual is helped to develop intrinsic authority, which is preferable to authority imposed from outside. This process is similar to human development and allows residents a second chance to develop in themselves those numerous skills, attributes, values and beliefs that attain and maintain recovery and contribute to the development of healthy relationships, personal satisfaction and adequate housing.

Although rehabilitation is voluntary, residents are encouraged to honour and respect rules and structures set up to induce the development that produces positive outcomes. Examples of such rules and structures include separation from the outside world, distance from the context of drug use and shelter within a family-like community whilst change takes place. In addition, the social treatment system aims to encourage, support and reward the development of new skills.

The heavy handed coercive practices that relied heavily on symbolism and were often used within traditional TCs are slowly being abandoned within today's rehabilitation settings. Now, techniques that strike a balance between the com-

plex, demanding and intricate needs of any human being living in modern society and issues relating to drug use are being introduced. A drug user in rehabilitation today must take time and space to address the personal, educational, social and vocational skills needed to remain drug free, in employment and housed comfortably. They must also address factors relating to drug use, such as, cravings and withdrawals. More specifically, rehabilitation aims to teach and develop new skills and strategies, which help drug users lead a balanced and healthy life outside the TC.

As the traditional TC model evolved into a modern framework, newer theoretical models, such as, the cognitive-behavioural model, were introduced to compliment rehabilitation. Themes, such as, relapse prevention, problem solving and anger management became part of the overall package that provided long-term, effective results.

The Effectiveness of Long-Term Rehabilitation

Despite the many factors that, when combined, influence rehabilitation, and despite the immense pressure to shorten treatment in order to increase access and accommodate managed care imperatives (McCusker *et al.*, 1995), there is still a strong link between long-term rehabilitation and better client outcome (Bale *et al.*, 1980; Condelli & Hubbard, 1994; DeLeon, 1984; Hubbard *et al.*, 1989; Simpson, 1979).

Similar results have been obtained from studies conducted at single or multiple TCs or at multiple long-term residential programmes that included TCs (Condelli & Hubbard, 1994). Clients remaining in programmes for a long duration had lower rates of drug use and criminal activity and higher rates of employment and school attendance than clients remaining in programmes for a shorter duration.

Studies have continuously found that clients available for interview post discharge have better outcomes than those who are not (Goldstein, Suber, & Wilner, 1984; Miller, Pokorny, Valles, & Cleveland, 1970; Moos & Bliss, 1978). Using the availability for interview as an indicator of successful outcomes, researchers (Bleiberg, Devim, Groan, & Briscoe, 1994) have examined the association between treatment length and outcome amongst drug users treated in a TC. Results show that those offered longer treatment, in this case 6 months, were

significantly more available for interview than those undertaking a shorter programme of one month, even though clients attending the longer programme had a longer drug use history and more opportunities to turn to drugs post discharge.

A study conducted by McCusker *et al.* (1996) also supports a longer stay in rehabilitation. When comparing the effectiveness of a 3 month with a 6 month relapse prevention programme, longer stays demonstrated improvements in depression and pre-contemplation; lower rates of drug use at follow-up; and, amongst those who went on to use drugs, a longer time from discharge to first episode of drug use. Similarly, Jainchill (1994) found that lower rates of relapse and improvements in psychological status, particularly depression, are directly associated with longer stays in rehabilitation.

Residents leaving TCs have the highest rate of treatment completion (Simpson, 1979) and the lowest rate of relapse (Savage & Simpson, 1981). Furthermore, studies indicate that successful outcome in TCs is related to total time spent within rehabilitation (DeLeon & Schwartz, 1984; DeLeon, Wexler, & Jainchill, 1982; Savage & Simpson, 1981; Simpson, 1979; Simpson & Sells, 1982; Wexler & DeLeon, 1977). Time spent in rehabilitation is also associated with motivation for change as clients who remain in treatment longer are likely to be more motivated (DeLeon *et al.*, 1994).

On the basis of findings by the Drug Abuse Reporting Programme and the Treatment Outcome Perspective Study in the USA, an expert panel at the Institute of Medicine concluded that the minimum stay in residential treatment programmes needed to yield improvement in long-term outcomes was several months (Gerstein & Harwood, 1990).

What Constitutes Effective Long-Term Rehabilitation?

Whilst research has shown that longer stays in rehabilitation produce better outcomes, the qualities of good rehabilitation need to be determined. According to Pilling (1993) if rehabilitation is to be effective it should:

- be based on a broad and comprehensive understanding of human needs;
- support the personal development of the client;
- promote and value the involvement of the client in decision making;
- promote the integration of the client in the community;

- promote natural patterns of life through the establishment of appropriate social roles;
- seek to maximise the independence of its users, and build on their assets and support systems;
- be based on the assessment of individual needs;
- aim to be comprehensive in the range of services it offers;
- be co-ordinated both within and across agencies;
- be continuously evaluated in terms of its acceptability, equity, comprehensibility and cost effectiveness.

Long-term rehabilitation programmes provide residents with the time and space needed to develop new skills and techniques. This process is achieved by means of the following outputs and activities (Bleiberg *et al.*, 1994):

- attendance in daily groups;
- the gaining of insight and awareness;
- the practice of emotional and behavioural changes that helps to develop stronger control over behaviour;
- contact time with trained staff allowing for positive role modelling;
- the development of psychological distance from old and potentially dysfunctional support systems.

Although long-term rehabilitation is beneficial, it also has a number of limitations. Contra-indications and possible drawbacks listed by Talbot and Glick (1986) include:

- high cost;
- the development of dependency on the staff and the rehabilitation complex;
- disturbance of the resident's already fragile social network in the outside world;
- deterioration in social functioning;
- drop in quality of life;
- increased risk of re-admission.

These contra-indications do not justify the withholding of long-term rehabilitation. If the programmes offered were withdrawn, there would be a number of negative consequences, including an increased burden upon families; an increase

in the number of homeless and emotionally distressed drug users; an increase in criminal activity within society at large; higher rates of unemployment; and a greater demand on a whole range of national services, especially mental health services (Talbot & Glick, 1986).

The New Hope Programme

Caritas originally recognised the need for a drug rehabilitation programme that addresses the complex needs of Maltese and Gozitan drug users in the late 1970s. Then, after some research, training and funding, a day programme was officially opened in Floriana in 1985. Today, several years later, the whole project is still evolving in order to remain effective in its attempts to offer users a second chance to grow, develop and learn new skills that allow them to leave rehabilitation willing and able to cope with the demands and challenges of daily life.

At present, the project offers a range of services including outreach, induction and a long-term programme made up of a residential TC, re-entry and aftercare. It is planned that new programmes, such as, the Prison Inmates Programme, will also operate in the future.

The need for other free standing programmes that cater for young adults, relapsers and those who are not in a position to abstain totally from drugs are also being assessed. In fact, although Caritas already offers a service to most of these people in its long-term programme, it would like to formalise its help by opening free standing programmes that use already established frameworks to support and service new programmes.

The New Hope Programme maintains an effective overall project with the help of the following four principle goals:

- To offer holistic rehabilitation to drug users looking for a second chance to develop, learn and practice skills that allow them to live and cope in the outside world without drugs.
- To offer a service to the families of drug users.
- To ensure that all staff members working for the New Hope Programme continue to develop and sharpen their intervention strategies and specific skills.
- To ensure that the Programme continues to consolidate its services by under-

going frequent monitoring, and when necessary introducing new and updated methods according to recent academic and research findings.

In order to address the complex and multi-faceted problems of drug users, the Programme also adopts an overall biopsychosocial approach, which compliments the TC philosophy and cognitive-behavioural model. This is manifested in a range of group and individual work that starts in outreach, continues through induction, is heavily reinforced and intensified in the long-term TC, is sustained and practised in re-entry and is supported in aftercare.

The biophysical and medical needs of all clients are given their due importance throughout the whole Programme. However, the induction phase focuses upon these needs. Clients who are on medication or using drugs are encouraged to undergo detoxification. Dental care, personal hygiene, physical health, risk of infections and blood tests are also discussed, acted upon and reinforced in both structured seminars and individual sessions.

Another significant aspect of the Programme is the psychological component. All clients, whether drug users or family members, are offered a 'first contact' session, which often leads to motivational counselling prior to enrolment in the Programme. Once clients decide to attend regularly, they are introduced to the main intervention strategies, including individual and group work, which will continue throughout the Programme.

The traditional groups that have given rehabilitation programmes their unique characteristics, such as, the encounter group, have either been complimented or replaced by other groups. The current groups aim to render the participants competent in various areas including lifeskills, health and hygiene, communication skills, anger management and anxiety management. This shift from delving into long-term emotional problems and deep-rooted issues to preparing users for the outside world is believed to enhance the effectiveness of the New Hope Programme. During rehabilitation residents are given a second chance to develop, learn and discover skills that will help them live in a complex society. Those requiring help and assistance with psychological problems are assessed and offered professional interventions accordingly.

This professional help, which requires specialist skills, experience and particu-

lar qualifications, comes in the form of individual, couple and family counselling offered by the Clinical Resource Team throughout the whole Programme. On a socio-spiritual level, residents are also offered guidance and help to address their spiritual, legal, housing, employment and financial needs.

Over these last 12 years, the New Hope Programme has evaluated its efficacy through a range of methods and has aimed to improve effectiveness by investing in various activities, such as, staff development programmes, training courses held by local and foreign experts, ongoing supervision and provision of support to all staff members.

Conclusion

One can confidently conclude that long-term rehabilitation is effective although there is no acknowledged consensus as to the optimal time and duration of rehabilitation. Research studies conclude that maximum or moderately favourable outcomes are directly related to time in treatment. The longer residents stay in rehabilitation, the greater the likelihood of sustained post-treatment success. Thus, although we have drifted away from the traditional model that called for a minimum of 15 months in rehabilitation, TCs are now complimenting their work with other highly effective treatment models that still require their time and space.

In the New Hope Programme, time in rehabilitation is important because residents are given a second chance to develop, learn and practice new skills. These skills help the residents maintain a drug free life, freedom from criminal behaviour, stable accommodation and gainful employment. In addition, the skills developed prepare them to cope with the complex demands and challenges of modern life.

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