**Therapeutic Community’s Approach**

Therapeutic communities (TCs) have a *recovery* orientation, focusing on the whole person and overall lifestyle changes, not simply abstinence from drug use. This orientation acknowledges the chronic, relapsing nature of substance use disorders (SUDs) and holds the view that lapses are opportunities for learning [(Vanderplasschen et al., 2013; De Leon, 2012)](https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/references). Recovery is seen as a gradual, ongoing process of cognitive change through clinical interventions, and it is expected that it will take time for program participants to advance through the stages of treatment, setting personal objectives along the way.

A recovery orientation is different from an *acute-care* model, which focuses on interrupting drug use and helping the patient attain abstinence during treatment episodes rather than overall lifestyle change [(Vanderplasschen et al., 2013; De Leon, 2000; Sacks et al., 2008b; Perfas & Spross, 2007; De Leon, 2012)](https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/references). TCs encourage participants to examine their personal behavior to help them become more pro-social and to engage in "right living"—considered to be based on honesty, taking responsibility, hard work, and willingness to learn [(De Leon, 2000; De Leon, 2015; Vanderplasschen et al., 2013; Vanderplasschen et al., 2014; Bunt et al., 2008; Dye et al., 2009)](https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/references). As program participants progress through the stages of recovery, they assume greater personal and social responsibilities in the community. The goal is for a TC participant to leave the program not only drug-free but also employed or in school or training. It is not uncommon for program participants to progress in their recovery to take on leadership and staff roles within the TC.

Following the concept of "community as method," TCs use active participation in group living and activities to drive individual change and the attainment of therapeutic goals[(Dye et al., 2009; Dye et al., 2012; Vanderplasschen et al., 2013; Vanderplasschen et al., 2014; Bunt et al., 2008)](https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/references). With an emphasis on social learning and mutual self-help, individual participants take on some of the responsibility for their peers' recovery. This aid to others is seen as an important part of changing oneself [(De Leon, 2000; De Leon, 2015; Sacks et al., 2012a)](https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/references).

Another implication of the recovery orientation is that it is recognized that people will need options for ongoing support once they complete residential treatment at the TC to promote a healthy drug-free lifestyle and help them avoid relapsing to drug use[(Hendershot et al., 2011)](https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/references). Relapse prevention is a part of many addiction treatment programs, aiming to increase awareness and build coping skills both to reduce the likelihood or frequency of relapse and its severity if and when it does occur. As they move toward completion of a TC program, participants are aided in connecting with formal aftercare and self-help groups in the community. This approach is consistent with care coordination, a highly emphasized component of health care reform.