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# Overview

## Alternative Therapeutic Programme for Dependent Individuals ARGO: Outpatient Treatment Community

### Quality level

Quality level : 2

### Executive summary

An outpatient drug-free programme by behavioural reconstruction and changing the life attitude emphasizing the role of the group as a main therapeutic tool.

Type of intervention	treatment
Sub-area	drug free treatment
Setting	outpatient
Type of approach	
Target group (universal)	family/parents,adults
Age group	
Target group (specific)	family/parents,adults
Annual coverage	
Substances addressed	cannabis,opiates,ecstasy,cocaine and derivatives,amphetamines,methamphetamines,inhaleds/solvents
Evaluation type	outcome evaluation (how far are the specific objectives achieved),process evaluation (how far are the operational objectives achieved)

Country Greece  
Start date 01/05/1998  
End date

## **Overall objective**

Psychological and physical dependence treatment by behavioural reconstruction and changing the life attitude. The main therapeutic tool is the group. The programme provides relapse prevention, schooling and pre-vocational training, and preparation for social reintegration. The open therapeutic community works daily, except for Saturday and Sunday, during evening hours and the programme duration is 12 months.

## **Abstract**

The therapeutic grounds of ARGO Alternative Therapeutic Programme for Dependent Individuals rest on the premise that drug dependence is an individual, family and social dysfunction rather than an organic disease. Its philosophy is based on the Therapeutic Community model and its theoretical evolution and it adopts as the fundamental principles of dependence treatment planning: respect for the freedom of the person, recognition of the importance of collectivity and fostering creativity. The method applied in the dependence treatment process is the reflective activity, i.e. reflecting upon the relationships in view of changing them, which leads to dependence treatment. The reflective activity also leads to the development of a “common language” within the community, which contributes to the compatibility and marginally to the synthesis of the different scientific backgrounds and approaches among staff members or the different lines of thinking that emerge during the theme groups. The therapeutic framework is group-centred, with emphasis on group dynamics, limiting individual interventions to support to enable the individual’s effective participation in the group. The use of verbal and non-verbal expression, through words or the body and symbolic and imaginary means of communication, is designed to emotionally liberate the individual, enhance their self-confidence, establish satisfactory relationships, unleash their potential, and help them understand their limits. The Open Therapeutic Community members are adults and during working hours the use of alcohol or other psychoactive substances is prohibited, as is verbal and physical violence. Alcohol abuse or other addictive behaviours (gambling, internet addiction, etc.) are prohibited at all times. In addition to the Open Therapeutic Community, the following groups are also offered: 1. Dual diagnosis 2. Low-threshold (6-month duration) 3. Relapse prevention and management 4. Family therapy Relationships with the professional and social community are a very important goal for the staff and on-going constructive contacts with its various components are pursued. Last but not least, the Open Therapeutic Community regularly reviews its means and methods on a two-year basis, in order to assess its course and its effectiveness. This is complementary to external supervision, conducted by an independent supervisor twice a month.

# **Context and theory**

## **Initial situation**

There is a large group of people with drug use problems who wish to seek help from drug addiction structures but do not have the option of treatment in a residential programme for a number of reasons; such as family, professional or social situation and living conditions. Civil servants, local authority employees, business managers, students, parents of young children or even carers of significant others, all make up a fairly large group of people with drug problems. They are the so-called 'more socially integrated users', i.e. dependent individuals who nonetheless maintain some active community involvement. This was the target population of our programme when it was first launched on 31 May 1998. It later admitted other patients with different but similar social and personal traits.

## **Basic assumptions/theory**

The main therapeutic base of the programme lies in a successful and effective combination of the Stages of Change model, the principles of Social Learning theory, the Systemic Approach, the Reflective Practice, individual counselling, the principles of continuing adult education, the Holistic Approach and the Somaesthetic Activation. The focus is on the needs of the dependent individuals and their significant others. The expectation is that the lack of free emotion and free will in individuals with drug problems will be replaced by free expression of affect and sound judgement. By enhancing both verbal and non-verbal communication, the programme aspires to lead users to dependence treatment through respect for collectivity, personal freedom and creativity. The provision of schooling, artistic and cultural expression, pre-vocational training and career guidance was also considered imperative for the recovering users' successful social adjustment.

# **Objectives and indicators**

## **Process evaluation**

## **Operational objectives**

The open therapeutic community works from Monday to Friday from 15:00 to 21:00, thus making it possible for our members to continue working or studying. It offers daily verbal and non-verbal communication groups designed to reinforce social skills, restructure behaviour patterns, enhance expression and experience management, bodily expression and communication, contacts with social developments and expression through art (black theatre, percussions, radio, drama, etc.). It also offers a schooling unit and vocational training courses, it holds information seminars and events, and regular sports

activities.

## **Process indicators**

Length of stay in treatment, number of patients who complete the programme.

Number of patients who attend the Schooling Unit of the Thessaloniki Psychiatric Hospital, number of patients who participate in pre-vocational training activities, number of patients who participate in art therapy activities (expression through rhythm, black theatre, radio, photography, etc.).

Participation rates in individual and team sport activities, number of bodily expression and communication groups, medical tests.

## **Instruments used**

### **Type of quantitative instrument**

### **Type of qualitative instrument**

Evaluation of the treatment course on a systematic basis (on the 4th, the 8th and the 10th month of treatment) using a semi-structured interview.

## **Type of evaluation carried out**

## **Evaluation design**

outcome evaluation (how far are the specific objectives achieved), process evaluation (how far are the operational objectives achieved)

## **Specific objectives and outcome indicators**

### **Specific objective 1**

Abstention from any illicit drug and delinquency. Management of alcohol use.

### **Outcome indicator 1**

Abstention rate, length of stay in treatment, treatment completion rate, relapse rate.

### **Specific objective 2**

Promotion of alternative ways of expression and communication, leisure management, education provision.

### **Outcome indicator 2**

Degree of enhanced vocational skills to facilitate job-seeking, number of patients who attend the Schooling Unit of the Thessaloniki Psychiatric Hospital, number of patients who participate in pre-vocational training activities, number of patients who complete school and pre-vocational training activities, participation rate in alternative expression activities, behaviour modification (particularly with regard to responsibility and team work), changing relationships with the family and significant others, social skills building and behavioural reconstruction.

### **Specific objective 3**

Management of both the biological and the psychological aspects of dependence, pursuit of both emotional and intellectual well-being.

### **Outcome indicator 3**

Physical health improvement rate, participation rate in sports.

## **Instruments used**

### **Name of instrument (standardised instrument)**

Maudsley Addiction Profile/MAP (Marsden et al., 1998), Treatment Perceptions Questionnaire/TPQ (Marsden, 1998).

### **Name of instrument (modified standardised instrument)**

European Addiction Severity Index/EuropAsi (Blacken et al., 1994).

### **Type of qualitative instrument**

## **Action**

Therapeutic community, group therapy, sensory movement, counselling and support, family therapy, psychotherapy, parents' groups, individual and team sports, theme weeks, education and training, hostel, cultural activities, exhibitions, percussions, black theatre, drama, music, TV and radio spot, regular radio show, information brochures, information CD, web page.

## **Results**

### **Process evaluation**

### **Results**

In 2010, 81.5% of the patients successfully completed the open therapeutic community and continued treatment in the social reactivation unit. Upon completion of the open therapeutic community, patients have either completed their studies (i.e. obtained a leaving certificate) or continue them (seminars, post-secondary education, etc.). Through vocational skills building, patients acquire qualifications and skills that increase their chances of finding a job on the labour market. Results from the Treatment Perceptions Questionnaire (TPQ) showed that patients were satisfied with the therapeutic services and that they had the opportunity to provide feedback and make their own suggestions.

## References

[www.argothes.gr](http://www.argothes.gr)

## Contact

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## Additional information

Number of staff involved	18 full-time staff 1 part-time staff 2 (and sometimes more) volunteers
Status/profession of staff involved	Psychiatrists, psychologists, social workers, therapists, nurses, IT specialist, statistician, occupational therapists, trainers, administrative staff.
Type of evaluator	Internal evaluator
Name of external institution(s)	

Full reference to  
evaluation report

## **Budget**

Annual budget Over 100 000 to 500 000  
Sources of funding National government,Other  
Percentage from each source National government=99%,Other=1%

## **Additional remarks**