# San Patrignano and The Therapeutic Community Model

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## INTRODUCTION

Located on rolling hills between the Apennine Mountains and the Adriatic Sea in Central Italy, San Patrignano is known as one of the most successful drug rehabilitation programs in the world. Viewed as non-traditional in comparison with standard models of treatment, this therapeutic community takes a comprehensive and social restorative approach to healing those with severe substance use disorders (SUDs).

The underlying philosophy of the San Patrignano (SanPa) model is "community as method", whereby residents actively use the community to promote their individual growth. While the community prioritizes individualized care plans through evidence-based psychosocial and pharmacological interventions, success in recovery is a peer-driven process. SanPa holds the belief that shared experiences within relationships hold the power to yield sustainable change and long-term healing for those with SUDs.

This chapter explores the role that therapeutic communities (TCs) have on individual recovery through examination of the Italian model. It begins with a background on current clinical approaches to treating SUDs and discusses the historical backdrop of TCs. It then explores the San Patrignano community, including its history and organization, peer-engagement methods, occupational focus, and finally its theoretical underpinnings.

— Residents of San Patrignano in the vineyards

# BACKGROUND

## Overview of Current Addiction Treatments

Addiction is characterized by persistent use of a drug despite negative consequences. Over the past few decades, extensive research has supported the medical model which refers to addiction as a "primary, chronic disease of brain reward, motivation, memory, and related circuitry" (Rastegar & Fingerhood, 2016). SUDs exist on a spectrum of severity, depending on the number of criteria met (APA, 2012). Clinical approaches to treating these disorders have ranged from pharmacological, psychotherapeutic, and psychosocial interventions discussed below.

These days, the first-line treatments for SUDs, especially those of alcohol or opioid use disorder, are pharmacological in nature (Connery, 2015). These are often referred to as maintenance therapies or medication-assisted treatments (MATs) and are used to 1) treat symptoms of withdrawal and 2) attenuate cravings, thereby decreasing likelihood of relapse (Volkow, 2018; Lee et al., 2015).

Non-pharmacological interventions are often paired with medication-based treatments and are largely psychosocial in nature. These include motivational interviewing, behavioral therapies (e.g. cognitive-behavioral therapy, dialectical behavioral therapy, contingency management), psychodynamic psychotherapies, and self-help groups (e.g. alcoholic/narcotics anonymous, 12-step peer-programs) (Avery & Barnhill, 2017; Rastegar & Fingerhood, 2016).

Other non-pharmacological interventions that have been proven to reduce complications associated with drug-use include harm-reduction strategies. For example, clean-needle exchange programs and safe-injection sites have been proven to reduce transmission of infectious diseases, thereby reducing the clinical and economic burden associated with SUDs (Galanter et al., 2014; Volkow, 2018). Naloxone distributions, also known as opioid reversal agents, are also proven to be effective in reducing the mortality associated with opioid overdoses (Maxwell et al., 2006; Seal et al., 2005; Walley et al., 2013; Doe-Simkins et al., 2014). Both are non-associated with increased use or frequency of use, thereby making them important inclusions of an integrative treatment approach (Volkow, 2019; Adams, 2018).

For the more impaired patient population who need acute and intensive support, detoxification centers and residential rehabilitation centers are utilized. These include relatively short-term, inpatient stays intended to support temporary stabilization (Miller, 1998). However, it is unclear the efficacy of short-term rehabilitation programs in the larger scheme of an individual's recovery. It is suggested that many are discharged from such centers prematurely, which might lead to increases in hospital and/or emergency room visits (Konstantopoulos et al., 2014; Rockett et al., 2005). Despite the high numbers of short-term centers across the world, research indicates that increased lengths of stay predict better prognosis, including lower readmission rates, decreased symptomatology, and better psychosocial functioning (De Leon, 1985; De Leon, 2015; Hubbard, 1985; Sells, 1979).

There are, however, individuals who continue substance use despite engagement in the aforementioned treatments. They are often considered the more severe population of SUDs and typically include those who are involved in the legal system, unemployed, with interpersonal dysfunction, and/or considered treatment resistant (e.g. poor response to treatments) (Dye, 2012; Vanderplasschen et al., 2013). These patients are thought to particularly benefit from the integrated approach of the TC model which is discussed below. However, it has been observed that an early detection and treatment with a TC approach for young people with SUDs can prevent a progression into further deterioration of their lifestyles, therefore preventing a chronic disorder and the development of physical and mental health issues.

**Historical Note on Therapeutic Communities**

TCs first formally appeared in 1958 as an alternative rehabilitation for those suffering from SUDs in the United States, though their philosophy has existed as far back as World War II (Jones, 1953). Shortly following the second world war, British psychologists promoted efforts to bridge the patient populations in the hospital back into their community, in order to support reintegration of traumatized soldiers back into society. It was at this time that the term "therapeutic community" was officially coined (Main, 1946).

The first programs included Synanon (founded in 1958 in Santa Monica, California) and Daytop Village (founded in 1963 in Staten Island, NY). As an alternative to the growing psychiatry movement, these early TCs favored an abstinence-based approach to recovery under the belief that use of drugs in any form was a threat to sobriety and recovery (Clark, 2017; Sorensen et al., 2009). Throughout the 1960 and 1970s, modifications
of the original programs flourished throughout the United States. These were termed modified TCs (MTCs) and aimed to adapt to the norms and culture they were housed in, as well as to the growing complexities of SUD presentations and interindividual differences in patient populations (De Leon, 1979). Given the diversity in populations that SUDs affect, it was sensible to make adjustments in order to meet the unique needs of each individual as they present for treatment. This included those with severe drug abuse who carried co-occurring social disorders, had children, were homeless, or involved in criminality (De Leon, 1979). MTCs supported the notion that initiation of recovery meant acknowledging the individual's unique circumstances, perceived needs and objectives, and how they experience their own personal journey.

Today, there are over 3,000 TCs or MTCs implemented in rehabilitation structures across the world (De Leon, 2015). The most prevalent are within the correctional settings, including prisons and jails, with the overall goal of reducing recidivism and substance use through a prosocial environment (Welsh, 2007). There are also many others tailored to the needs of their specific patient population, including pregnant women with SUDs (De Leon, 1991), undomiciled individuals with co-occurring disorders of substance abuse and mental illness (Skinner, 2005), and adolescents (Winters, 1999).

Though challenged with research demonstrating the considerable efficacy of MATs and psychiatric medications for SUDs, the historical roots of abstinence are still widely entrenched throughout TCs (Sorensen, 2009; Greenberg, 2007). Increasingly, however, MTCs are adopting comprehensive care systems for their patients, including primary medical care and psychotherapy, as well as MATs and psychiatric medications (De Leon, 2015; Smith, 2012).

# SAN PATRIGNANO AND THE ITALIAN MODEL

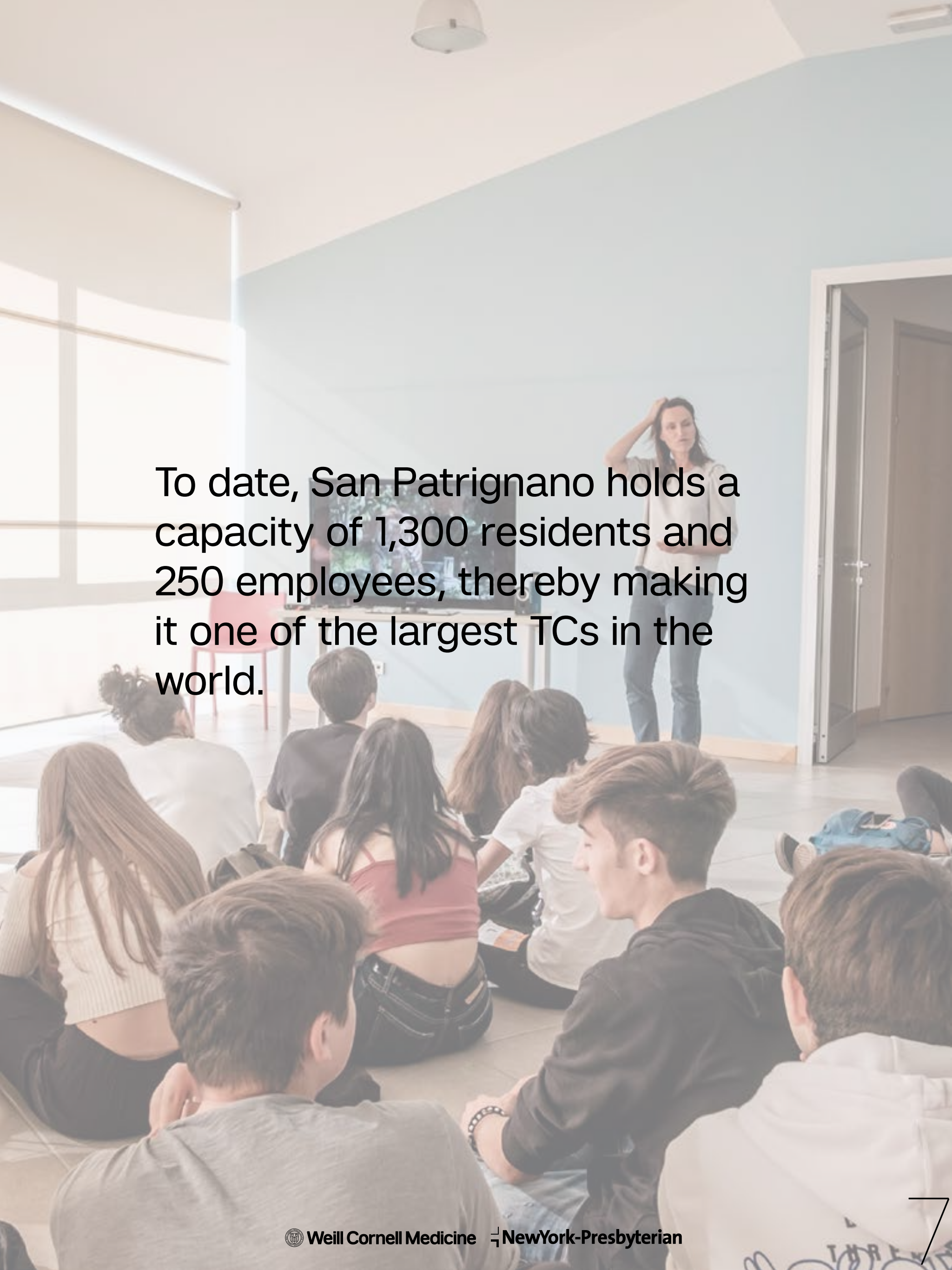
**Background**

San Patrignano (SanPa) is a TC for individuals with severe SUDs located in Cariano, Italy. The community is grounded in the cultural values of Italian life, including social traditions within the Christian faith and importance for the essentials of life (e.g. family, service, production, consumption of food). To date, the treatment community holds a capacity of 1,300 residents and 250 employees, thereby making it one of the largest TCs in the world.

Founded in 1978 by Vincenzo Muccioli, the community was created with the intention to altruistically support those who were suffering from addiction. The program has been free-of-cost for residents since its origin. Furthermore, no monthly fees are charged to residents and their families. Since January 2020, 100 beds out of the 1,300 available beds are free of charge. These are dedicated to patients referred directly by the National Health Service, which partially covers the costs of their stay normally totally covered by the community. The services are instead self-sustained through participation by the residents, as well as the patient-led commercial efforts within the community. The free-of-cost structure not only facilitates treatment availability for those who otherwise might not have access due to financial barriers, but it instills a greater trust for those who have had frequent experiences of being betrayed or taken advantage of in their past (Kast, 2019). Since its founding, over 26,000 individuals have successfully completed the program and the successes in recovery prove to be unmatched. An outcomes study at SanPa found that 72-78% of individuals sustained abstinent recovery 2 to 4 years following their discharge. This is considerable given the fact 38% of individuals surveyed previously held a SUD for a duration of at least 11 years (Manfre, 2005).

Like many individuals with severe SUDs, those who arrive at SanPa often suffer from multiple SUDs, poor employment history, involvement in the criminal justice system, and psychiatric comorbidity. Such illnesses include those on anxiety-spectrum, depression, and personality disorders 17 35. In order to address multiple domains of poor functionality in SUDs, the therapeutic frame at San Patrignano takes an eclectic approach 36. It addresses "whole-person" transformation, including changes in identities, attitudes, lifestyle engagements, and ultimately discontinuation of their substance use. SanPa carries the belief that each individual brings a unique background filled with certain experiences, struggles, and strengths relevant to their recovery. Such factors become integral in understanding the timeframes within each individual's progress. This sentiment also pushes back against the notion that individuals hold predetermined courses of treatment that must be adhered to without fail. SanPa residents are discouraged from fitting into an "ideal" recovery and are instead urged to explore what is meaningfully effective for them.

— Vincenco Muccioli with a resident of San Patrignano (photograph courtesy of Mauro Galligani).



To date, San Patrignano holds a capacity of 1,300 residents and 250 employees, thereby making it one of the largest TCs in the world.

In order to facilitate long-standing lifestyle changes, the duration of residency at SanPa is considerably longer than typical rehabilitation programs. On average, length of stay (LOS) is three to four years, with one year dedicated to reintegration into society. This stands in contrast with typical residential rehabilitation programs that are 30- or 60-days in length (Condelli, 1994). In fact, SanPa does not offer short-term treatments. Research has demonstrated that longer durations of treatment at SanPa are associated with an increased likelihood of stable recovery, particularly through lower rates of relapse. Rates are lowest in those who spend 60+ months (11%), followed by 48-59 months (16%), and lastly 36-47 months (28%) (Pieretti, 2016). In addition, participants in the TC system often have better prognoses compared with non-TC outcome studies, including better employment rates, fewer psychological symptoms, as well as improved family and social relations (Sacks & Sacks, 2010; De Leon, 2010).

**Prevention and Alternative Campaigns**

Along with rehabilitation, San Patrignano is committed to the mission of preventing drug abuse. The community frequently invites students (particularly adolescents and young adults) from all over the world for day-long experiences in an effort to teach youth about drug prevention. Every year, over 6,000 middle and high school students visit the program, whereby they participate in activities and engage in conversation with residents nearing completion of the program. This provides students with increased awareness on problems linked to drug use and facilitates the consideration of others and their experience with drugs. It becomes an opportunity for students to deeply reflect on how the experience of another's suffering might relate to themselves and their decisions, particularly at a time when they are moving through their own challenges of adolescence/emerging adulthood. In addition to inviting others in, SanPa residents reach out. They house a project called "WeFree" , which consists of drug prevention initiatives carried out across Italy and Europe. Residents lead community events and take the stage at school assemblies to share their testimonies in their recovery. Training workshops are also carried out in order to support teachers, parents, or counselors who hope to take a more active role in supporting those with addiction.


— WeFree Day, 2019. WeFree's goal is to connect with Italian youth through residents sharing their stories in schools.

SanPa also offers admission to the residential community as an alternative to prison. Once trial-related matters have been settled, the courts, defendant and SanPa discuss the reasonableness of the individual's engagement in a TC. SanPa advocates for the individual and holds the commitment to take steps necessary to ensure that the residents are supported in their petitions that are required to avoid imprisonment. If there are criminal cases pending for the individual, SanPa enlists a network of nearly 3,000 lawyers who practice throughout Italy and collaborate with SanPa's legal office at a negotiated price. Residents are provided consultations, management of their cases, and filing of applications absolutely free of charge.

**Necessity of Immersion**

At San Patrignano, individuals are completely immersed in an environment that supports their recovery. The residents are not permitted to have contact with the outside world for their first year, with the exception of letter writing. Following completion of their first year, in-person contact is reintroduced with family members and usually increases in frequency to three to four visits per year for their remaining time at SanPa. After three years, the residents are permitted to return home for 7-10 days. If residents feel that they are unable to comply with these rules, they are permitted to leave at any time. If they ask to be readmitted at a later time, a new assessment will be made. San Pa believes that an increased determination and greater awareness of their individual needs may lead them to obtain a new opportunity to be readmitted to the program.  This is guided by statistics that demonstrate those who leave SanPa without community consent are at significantly higher risk to relapse than those who leave with consent (37% vs 17.6%, respectfully) (Manfre, 2005). Long-term commitment and strict immersion are believed to transform recovery attitudes into those of patience and introspection required for long-term healing.

—Residents of San Patrignano in the dining hall.

Social isolation stands as one of the largest barriers for individuals on their path toward recovery

(Warburton, 2006).

—WeFree Day 2019

San Patrignano is also drug-free facility. However, if a resident cannot detox on their own, they are supported with medication-assisted withdrawal and maintenance medications (MATs). Primary care medical services are also housed directly on its campus and are used for assessment, monitoring, or intervention on patient's co-occurring medical conditions. Paired with these medical interventions, psychotherapeutic elements are carried out by professionals on site, including cognitive-behavioral and dialectical-behavioral therapies, motivational interviewing, and relapse prevention training.

Immersion within the community also circumvents environmental triggers, which are believed to be one of the greatest threats to recovery. These are the associations with past drug use (e.g. family, friends, locations) that ultimately drive cravings, sustain motivations for drug-related behavior, and often lead to relapse or escalated use. In a recent outcomes study at SanPa, higher relapse rates were found in those who completed SanPa and returned to their previous home and/or returned to live with their families (Manella, 2019). Complete removal of the individual from drug-associated triggers (including prior activities, relationships or living arrangements) is one of the many reasons why TCs are successful.

**"Community as Method": Peer Support and Belongingness as Means Towards Recovery**

Social isolation stands as one of the largest barriers for individuals on their path toward recovery (Warburton, 2006). Interestingly, research supports that socialization is one of the most preferable and rewarding behaviors one can engage in. In fact, when provided choice, social interaction is favored over the use of a drug until that social interaction is associated with a punishment (Venirro et al., 2018). This underscores the deleterious effects that stigma has on an individual's continued use or relapse. In the truest essence of the word, stigma is a social punishment. It reinforces the notion that individuals are weak and deviate from the norm, thereby contributing to their ostracization (Avery JD & Avery JJ, 2019). When individuals are socially excluded, there are lower rates of prosocial motivations, greater aggression, and poorer self-regulation (Twenge et al., 2007; Twenge et al., 2001), all of which contribute to difficulties in recovery.

In order to eradicate the destructive effects of stigma on recovery, SanPa targets one of the foundations on which it is perpetuated – that of interpersonal and group isolation. At SanPa, socialization is used to facilitate a sense of belongingness. As examples, individuals are immersed in group living upon their arrival to SanPa. Before having their evening meal, all residents partake in two-minutes of silence to acknowledge those who have completed the program and those now on their journey. These acts of solidarity lead to an increased sense of belonging, which further drives the identity and behavioral changes necessary for recovery.

Belongingness has been found to not only improve greater self-esteem and self-efficacy, it also has been shown to decrease health problems and increase overall happiness (Pearce and Pickard, 2013). According to Baumeister and Leary (1995), the four elements necessary to achieve a sense of belongingness within a community include the following: frequency of contact, longitudinal stability, positiveness of the contact, and presence of mutual concern. Duration of stay at SanPa not only is necessary for the long-term treatment of individual recovery, yet it creates familiarity of social contacts who move through their recovery alongside one another. Residents are also expected to stay for the expected duration, which reduces the overall rate of turnover and promotes greater longitudinal contact among members in the community.

Another important facilitator of social belongingness is the peer-based professional staff. All residents engage in communal work to sustain the community's infrastructure, including its facilities, commercial enterprises, educational, and recreational programs. Through this structure, staff are not separated from the collective ethos of recovery, rather they exist as an integral part of facilitating it. By promoting equal status within the community, the "them vs. us" distinction that formal treatments (particularly those grounded in psychoeducational methods) inherently carry is eliminated.

—San Patrignano residents competing in a basketball tournament.

In addition to the peer-based staff, success in recovery is met through peer-mentoring. Shortly after an individual arrives to SanPa, they are received by a more experienced member of the community. These resident pairs make up a group, which is part of a house, which in turn constitute a specific sector. This creates numerous threads of identification, thereby providing further mutual support and immersion within the community. This unique, peer-relationship is also used as a place of refueling when difficulties arise. It is suggested that addiction professionals in both in-patient and outpatient settings are limited in meeting one of the strongest mediators of change in an individual's recovery process – that of solidarity resulting from carrying similar experiences. Because residents can identify with experiences of another at SanPa, greater empathy is exchanged. They are not judged or misunderstood for past decisions.

**Vocational Responsibility**

Throughout their stay at SanPa, residents are encouraged to explore forms of gratification that might be found in sharing life with others. In addition to meaningful peer-relationships, each individual is accountable for their role in sustaining their community. Residents are engaged in craftsmanship and employment opportunities that foster self-efficacy, belongingness amongst their peers, and preparation for return to the outside world.

On the first day of treatment, residents are placed in a module consisting of roughly 30 other individuals. Through this module, they are assigned to a specific work sector and shortly thereafter begin vocational trainings. Sectors of training include those of food (e.g. livestock, cheese factory, a wine cellar, a plantation farm, a garden, a butcher, organic gardens, kitchen, grocery, pizzeria, a restaurant, and bakeries), hospitality (e.g. management, reception, dining room management, plumbing, laundry, electricity, call center, building), self-care (e.g. dental clinic with four offices, medical center, hair dressers, horse stables, tennis facility, library, and kennels), and recreation (tennis facility, theatre workshops, athletics, theatre groups, television broadcast from 7PM-12AM daily, musical groups, design lab).

Consistent with the harmonious threads among the residents, SanPa carries an intimacy and sustainability with nature unlike any other TC in the world. Located on over 600 acres of land, SanPa generates its own renewable energy through its solar and methane programs, as well as carries sustainable agriculture practices. Those who work on the land learn farming techniques of past generations, use methods compatible with the environment and natural development of animals, and grow non-GMO foods. Tending to gardens or agriculture requires careful attention to optimal growing environments and patience in growth, which are both necessary in individual recovery (Simson, 1997). Beyond positive psychological effects, engagement in gardening has been found to decrease cortisol levels in those with SUDs or PTSD (Detweiler et al., 2015) and decrease blood pressure and muscle tension (Ulrich & Simons, 1986), therefore promoting greater physical well-being for the residents.

**Benefits of Occupational Training: Self-Efficacy, Practicality, Preparation**

Employment and vocational trainings provide three essential benefits to the TC. The first is the promotion of self-efficacy. Residents achieve mastery on a day-to-day basis from carrying the competence to directly benefit their community. According to motivational theory, generating self-mastery leads to increased self-esteem. This is suggested to be one of the greatest aspirational goals in life, thereby offering a greater depth of dignity and achievement in recovery goals once attained (Maslow, 1943; Bandura, 1982). When an individual believes they are powerless in their life, they are less likely to form affective commitments or attempt to enact change (Pearce & Pickard, 2010). SanPa therefore integrates structural frameworks to facilitate the generation of self-mastery, such as involvement in work, education, or peer-mentoring. As an example, residents in the agricultural sectors take active roles in sustaining the basic sustenance of others. Being able to offer the fruits of one's hard work for the nourishment of those in their community not only increases self-efficacy, yet it also offers a unique layer of human connection that further strengthens social cohesion. Residents at SanPa are also gain offered opportunity to fill gaps in previously interrupted education, ultimately yielding mastery and increased vocational opportunities. Since SanPa's founding, over 1,700 students have pursued diplomas – 709 have obtained middle-school diplomas, 305 professional school qualifications, 648 high school diplomas, and 47 university degrees. In addition, nearly 200 people every year attend vocational training courses and obtain professional certifications. Such accomplishments are significant drivers for improved self-esteem in overall recovery.

—Education is an imporatnt part of life at San Patrignano.

The second benefit is that of practicality. Contributions by each resident help ensure accessibility of the community for those who need it most. Because SanPa is free of cost, a system is required to both maintain the livelihood of the residents and support therapeutic initiatives. In order to achieve this, products are created by the community that not only nourish the residents, yet also comprise a prolific, commercial enterprise. With over 500,000 liters of wine sold per year and 400 liters of milk produced each year, SanPa is recognized for its products (e.g. meats, cheeses, wine) sold at retailers across the world. These enterprises constitute over 50-60% of its annual funding source (San Patrignano Community, 2020). In fact, survey feedback gathered from residents who had completed at least 14 months at SanPa found that this involvement both increased perceptions of group cohesion, as well as a sense of personal dignity (Baraldi & Piazzi, 1998).

**Theoretical Frameworks**

Since the model's inception in the mid-twentieth century, the original philosophy of "community as method" has becoming increasingly explored through various theoretical and evidence-based frameworks. Successes in recovery are met through applications of behavioral methods, psychodynamic theory, and social cognitive learning principles discussed below.

In order to achieve social cohesion among its 1,500 residents, SanPa relies on direct behavioral methods. Operant-learning techniques, a type of behavioral learning, are used to enforce group and individual behaviors in accordance with SanPa's rules/regulations. When residents perform behaviors in line with community goals, they are provided positive feedback (e.g. privileges or rewards) that enables their progression in the program. On the other hand, they are disciplined for behaviors that run contrary to the overall goals and safety of the program (e.g. negative punishment such as removal of privileges, or positive punishment such as application of sanctions). This behavioral feedback also supports cognitive schema changes regarding what is acceptable and unacceptable in the community, thereby further driving motivations for social cohesion (Doogan, 2016).

Though the above shaping is highly influential in facilitating individual change, there are additional mediators of recovery that are rooted in psychodynamic theory. This can be best appreciated through examination of the peer-mentoring relationship. As residents advance in treatment, they serve as mentors for those entering the program and this pairing is maintained for the first year of the new resident's stay. Consistent mentoring provides a sense of usefulness for these more advanced residents, thus providing a sustainable form of gratification unlike those previously attained through drugs. The mentees also draw significant benefit. For many with SUDs, there are often co-occurring difficulties associated with behavioral and emotional self-regulation (Baumeister et al., 2005; Ivanov et al., 2011; Kober & Bolling, 2014). According to the psychodynamic therapeutic model, it stands that self-regulation is best supported when one is in the company of those who hold capacities to self-regulate amidst similar stressors. This is best supported by Donald Winnicott's theory of the "holding environment", in which available caretaking acts (e.g. active listening and emotional attunement) foster trust and safety for the individual to explore themselves (Auchincloss, 2015; Winnicott, 1988; Debaere, 2014). Because the mentor is likely more advanced and self-regulated in their recovery, they are able to offer support to those who might not be able to work through difficulties on their own. The safety inherent in this unique relationship generates 'potential space' in which the resident can explore and work through inner conflicts, as well as the painful emotional states that have led to their drug use (Winnicott, 1991).

—Residents of San Patrignano in the dinning hall.

Benefits of the peer-mentorship are also consistent with Wilfred Bion's theory of the "contained/container", whereby the mentor transforms the mentee's overwhelming affective state to an experience that is more tolerable (Bion, 1962; Bion, 1970). Research suggests that emergence of negative emotional states often precipitate the turn to drugs, both in casual and problematic situations (Koob & Volkow, 2010). Through their relationship, the mentor lends ego support to the new resident, thus allowing time and space for processing of a particular topic without them needing to take on the burden of the full emotional experience. Thus, this gradual and safe relief of pain through "peer therapy" ultimately creates new, healthy associations of pain release that are divorced from their historical drug use. New components of identity begin to slowly emerge and therefore strengthen their growth in recovery.

Another strong mechanism of therapeutic effectiveness within the community model is that of observational and vicarious learning. This occurs when an individual acquires skills, information, or behavioral patterns through direct observation of others in their environment. (Bandura, 1977; Bandura, 1997). At SanPa, daily interactions with peers enable one to "look at themselves within others" 24-hours every day of the week. Unlike one-on-one treatments in an often-sequestered professional setting, San Pa provides a more robust opportunity for rewiring of healthy attachment patterns, as a result of the abundant dynamics encountered in the community (Perfas, 2015). Furthermore, such ongoing encounters and reflections on the mental states of others is thought to improve mentalization and reflective functioning. Defined as the "uniquely human capacity to make sense of each other", exercises in reflective functioning enable residents to more appropriately align their behaviors with their mental states, therefore promoting more meaningful ways to communicate in their relationships at SanPa (Fonagy, 2018).

## CONCLUSION

This chapter features the role of TCs in the treatment of addiction through the lens of San Patrignano. The current frameworks of traditional treatments are insufficient in meeting the complex, rehabilitative needs of severe SUDs, therefore pointing to the need for alternative approaches. Success in the SanPa model resides in its biopsychosocial approach, in which it addresses the social, cognitive, behavioral, and medical facets of addiction. Through examination of San Patriagono, lessons might be offered in how to promote best addiction treatment for those left most vulnerable within our society.

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