

EMPOWERMENT

IN THE DIANOVA THERAPEUTIC

COMMUNITIES

2017

INDEX

INTRODUCTION

- 1. HISTORY**
- 2. FROM THE HOLISTIC VIEW OF THE BIOPSHYCOSOCIAL APPROACH TO THE EMPOWERMENT AS THE PURPOSE OF THE INTERVENTION**
 - 2.1 The Biopshycosocial approach**
 - 2.2 The Empowerment**
 - 2.3 Actions to be taken**
- 3. A RESEARCH ON THE EVALUATION FOR CHANGE**
 - 3.1 The objective of the research**
 - 3.2 The tool**
 - 3.3 The sample**
 - 3.4 Analysis and discussion of the data**
- 4. FROM THE ABSOLUTE AUTONOMY TO THE POSSIBLE AUTONOMY**
- 5. THE OBJECTIVE FOR THE FUTURE**
- 6. CONCLUSIONS**

INTRODUCTION

The Dianova mission consists of the development of actions and programs that actively contribute to personal autonomy and social progress.

Dianova responds to the complexity of the drug addiction and the psychotropic substances phenomenon through customized residential programs proposed in its therapeutic communities. The five therapeutic communities are located throughout Italy and accredited in accordance with current regional regulations.

The communities host legal age and either sex users in treatment with alternative measures to detention and from public service and penitentiary circuit.

The programs are developed from a detailed analysis on individual users' needs, through a holistic view and a biopsychosocial approach that allows to treat the complexity of the addiction phenomenon and the person as a whole.

The proposed intervention is flexible: an educational / therapeutic project is thought and developed for each person by defining specific objectives that are pursued through the use of multiple therapeutic tools (educational and psychological). All this is guaranteed by the synergetic work of a multidisciplinary team.

Structuring the intervention around differentiated and customized programs means the implementation timing of the community path to be linked to the achievement of the set objectives. So the concept of "time" is flexible and can differ from a user to another.

The objectives of the program will be shared with the referring service and the user.

In the course of time, Dianova developed the concept of "autonomy" focused on the individual. For this reason, the user is accompanied on a personal path aimed at achieving planned and shared objectives. In this way, everyone can obtain the maximum degree of "possible autonomy."

1. HISTORY

“Le Patriarche” community was born in France in 1974. It is inspired by the pedagogical model and the method of the Summerhill School, which offers a natural therapy and a community life system based on the self-help among drug addicts in treatment.

“Le Patriarche” opened its first communities in Italy in 1974: then it spread across the country through counselling centers and therapeutic communities.

At the end of the eighties, “Le Patriarche” counted 210 communities in 17 countries in Europe and America and it hosted more than 5,000 people in residential regime.

In 1990, Italy issued the Regional Decree no. 309/90 of the Consolidated Law on Drugs which regulates the relationship between the public and the private service. Dianova is also accredited for integrating people from public service.

In the nineties, “Le Patriarche” turned in on itself and it went through a critical period related to the absolutist management of its founder. The result is an internal movement founded by national associations for a profound renewal of the Association whose key words are transparency, consistency, democracy and decentralization.

In 1998, the founder was deposed and Dianova spread everywhere. In Italy Dianova supports “Le Patriarche” by delivering services in the fields of drug addiction. Dianova International, which includes all the Dianova organizations in the world, was also founded in the same year.

In those years a profound reconstruction process started. The objective is to be a flexible reality able to give efficient answers and in line with the change of needs. Now the intervention is from the group to the person who, according to a holistic view, is considered in the totality of his needs. “Le Patriarche” were combined with the “Association Dianova Onlus” into a single association under the name of Dianova in 2005.

Dianova received the "Consultative Status" to the United Nations Economic and Social Council (ECOSOC) in the field of education, youth and drug addiction in 2007. Dianova International became an official member of UNESCO in 2012.

In Italy, from 2013, Dianova expanded its activities through educational services including residential services for children, teenagers and young people. Only a year later, Dianova celebrated thirty years of activity in Italy and it obtained the recognition of legal personality.

2. FROM THE HOLISTIC VIEW OF THE BIOPSHYCOSOCIAL APPROACH TO THE EMPOWERMENT AS THE PURPOSE OF THE INTERVENTION

Over the years, the biopsychosocial approach has become a cornerstone intervention in Dianova: starting from it, the person is treated and observed in the totality of his needs. The empowerment intervention is defined and accepted by analyzing those needs: its objective is the development of the individual skills to improve people’s life conditions.

The objective of the programs is not only the achievement of a "drug- free" status which is considered as an integral part of a global project.

The network is the working method: it allows not only to enhance and increase the individual skills

and resources but also to ensure a greater supply of responses to the needs. This approach is possible through the work of a multidisciplinary team based on educators, practitioners, psychologists, psychotherapists, psychiatrists, doctors and healthcare assistants.

2.1 The biopsychosocial approach

In 1946, the WHO (World Health Organization) defines health as follow: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The analysis of the interaction of biological, psychological and social aspects allows to make an evaluation of the individual health, as so defined by the WHO, and to propose a suitable treatment.

Dianova operates through a biopsychological approach by offering residential rehabilitation programs oriented to the real needs of people in treatment.

The individual's health condition is analyzed by a biological point of view. In particular, the needs on which the specialized figures define their intervention are:

- Detoxification, in collaboration with the referring and the reference public service;
- Initiation / maintenance / tapering of drug therapy, in collaboration with the referring and the reference public service and / or the psychiatrist;
- Medical care for the control / diagnosis through hospitals and / or specialist doctors.

The psychological needs identified after a first diagnosis and evaluation, represent the support and, in some cases, the psychotherapy.

In the social context, the user's needs are related to socialization, training, schooling and legal fields.

Dianova has chosen to use some observation tools of specific areas to get a complete picture of the person.

The tools are flexible and adaptable to the individual. In particular, the survey areas that define a knowledge as more objective as possible are:

- The area of self-care;
- The regulatory area;
- The area of social skills;
- The area of relations;
- The area of responsibility;
- The cognitive-motivational area;
- The emotional area.

The equipe defines objectives from its observations and incorporates them into an Individual Education Project. The project is constantly monitored and modified by the equipe according to changes and variables during the program. The path is not meant to be linear but gradual because recovery and relapse coexist in it. It is a process where the individual, respecting his own time of learning and change, has an active role through a supportive and non-judgmental environment. This active involvement in the shared project has a fundamental importance in the assumption of responsibility by the user to activate a process of change.

2.2 Empowerment

The word “empowerment” derives from the verb “to empower”, which means "increase in power". Empowerment does not deal with the power to force the others to do what they would rather not do (oppressive power). It is the power of open themselves and the others up to new possibilities (constructive or generative power) . In short, it is the POWER TO and not the POWER ON.

Rappaport (1987) defines empowerment as “a process by which individuals, organizations and communities gain mastery control over issue which are of concern to them”. In particular, he focuses on the individual’s abilities to move from a condition of “learned helplessness” when facing alienating or frustrating experiences, to a condition of “learned hopefulness” which enhance a sense of control over events through participation, commitment and experience.

In general, the change process starts from perceiving and experiencing the lack of power. The tools aimed at the enhancement of self-esteem, of self-confidence and of self-responsibility, work in the empowerment perspective. Indeed, the purposes of the intervention are the activation of individual resources and skills and the growth in the capacity of using their own positive qualities.

Nowadays, we can talk about empowerment in the political, medical, psychotherapeutic, organizational and managerial areas. Considering the addictions area, this idea is directed to the excluded and the outsiders who manage to emerge by influencing their own decisions in different areas.

In biology, all the processes guarantee a gradual assumption of responsibility for the care of the self.

Each community has a general practitioner who deals with the first health inspections (general health status and any requirements of diagnostic exams, specialist examinations, medications). In psychology, a greater self-knowledge is guarantee through individual and groups interviews and it increases the responsibility for their own actions and everyday dynamics.

In the social sphere, all the described processes allow the integration of the person into the society by acquiring new skills or by strengthening the existing ones.

2.3 Actions to be taken

To activate a real changing process it is necessary to promote and encourage many experiences allowing people to move from an idea of possible change to an action for change.

In Dianova, there are many tools to promote autonomy and mainly there are some activities which are considered necessary for the achievement of individual targets .

Specifically, we have:

- 1. WORKING ACTIVITY:** It deals with activities carried out directly by the people included in the therapeutic process within the community context, they take place in groups and are monitored by community operators. Their purpose is to foster the growth and empowerment process, the care of oneself, of others and of living spaces, the relationship with the other, respect for rules and common coexistence. These activities include cooking, laundry, care of green and common areas.
- 2. SPECIFIC LABORATORIES/PROJECTS:** have a specific function with defined goals such as technical learning, cultural growth, the development of social skills, communication and expression, the development of creativity, socialization and self-esteem.

CERTIFIED TRAINING

SCHOOLING

Between the fundamental rights of the person, the right to education undoubtedly has a considerable importance. As well as being a right in itself, it is also the prerogative of the exercise of other rights; it helps people to maximize their potential, to participate actively in social life, to promote access to employment and to protect themselves, their families and other people from deprivation and denial of their rights. The courses are made by teaching staff.

BAKING (bread and pizza)

The bakery and pizza makers courses are aimed to train our users with solid knowledge base and practices, to ensure tomorrow an entry in the world of work, especially in a sector such as bakery and catering, in which the demand of professional resources is very high. The courses provide theoretical and practical, and are managed by qualified teachers.

HORTICULTURE

Learn the techniques of cultivation of the land can be a useful tool for improving access to the world of production for those who will be able to try their hand with a real work, at the end of the therapeutic and rehabilitation process . The courses work out techniques of cultivation and maintenance of orchards and gardens indoor and outdoor; provide theoretical and practical. The courses are taught by qualified teachers.

TRAINING

CYCLOFFICINA

The Cyclofficina is a laboratory that allows to involve people in the art of bicycle maintenance. Users involved meet "the other" : the participate repair between the user and the owner becomes a moment of relationship between two universes as an opportunity for exchange of knowledge and experience. The repair of the bike as a nursing signal and attention to things and against the trend of disposable.

RESTORATION

The restoration teaches to love ancient and antique furniture and to bring people closer to the world of restoration understood as " old job " in respect of techniques , secrets and know how that are often forgotten. The laboratory helps to know how to recognize the styles , finishings and objects, to rediscover the taste of the word "artisan", to use chisels, enter the world of old carpentry, the ancient knowledge of the building, creating and maintaining. The restoration is patience, is not to cover but to follow, is not to replace but to conserve.

GLASS

The laboratory provides cognitive tools and technical elements of the artistic glass working for the design and creation of handmade objects .

It is an ancient activity that is part of those trades that develop the use of manual skills and creativity.

LABORATORIES / PROJECTS

MOUNTAIN THERAPY

The mountain therapy consists in a therapeutic and rehabilitative and/or socio-educational approach identifying the mountain as adequate to the development of a work therapy to prevention, treatment and rehabilitation of different problems, psychiatric, physical, emotional,

cognitive, age-related developmental. Climb a peak, reaching a peak, making the climb: all expressions that, through the metaphorical reference to the mountain, indicating success, achieving goals, going upwards. The mountain, therefore, as a symbol of determination, the point of arrival, more or less easy to reach, well representing the idea that " I can do it . "

EXPERIENTIAL WORKSHOPS

experiential workshops are active in all communities, in which people learn to work on their psychophysical wellbeing to become aware of how to " express " themselves, discover their own ways of encounter with the other and promote the balance of the " body -mind connection " unity .

3. ACTIVITY ' SPORTS AND LEISURE :

Every community has designed and arranged space and time dedicated to sport, among these the most structured are:

RUNNING

FITNESS

NORDIC WALKING

CLIMBING

These activities offer the opportunity to increase body awareness and limits, attention to the care and psycho - physical well-being, a better mood and also the chance to become passionate about a sport, which is also useful in the management of leisure.

4. ACTIVITY ' experiential:

They are also initiatives to promote contact between people and the territory. Among the objectives there is the discovery of new methods for the management of free time and the organization/promotion of outings, excursions , meetings with other groups .

3. A RESEARCH ON THE EVALUATION OF CHANGE

3.1 Research Objective

The concept of empowerment poses measurement difficulties because it refers to specific areas of intervention. The change of person and the self-development cannot be measured in an univocal way.

The objective of this research is to verify if the intervention in Dianova leads to quantifiable results that can be suitable for good interpretations. Moreover, it is assumed to define future work objectives. In particular, we believe that a study on the MAC could be used as an instrument of change measurement.

In particular the study aims to reveal if, after a first administration, the test results change after three months and then interpret these changes by observing the everyday teamwork.

3.2 The instrument

The MAC-P is a test that evaluates the motivation for change in people addicted to multiple substances. The tool is based on the transtheoric model of Prochaska and DiClemente and provides a measure of the position of subject about the continuum of the stages of change

(Precontemplation, Contemplation, Determination, Action); about motivation factors as the perceived self-efficacy estimates, the inner fracture and availability to change.

The MAC / P consists of 24 items that must be answered in according to a Likert scale (5-level) indicating the degree of agreement or disagreement with phrases (from completely disagree to completely agree). To 5 possible answers is given a score from 0 to 4. The scores of individual items, grouped appropriately, are added together to obtain the values of variables.

The test uses 12-items for the first four stages of change, 6 for the self-efficacy and 6 for the inner fracture. In the latter two instances the six items were divided into two groups of three items each, which respectively indicate the presence and the absence considered aspect.

The third section contains the summary data that enables an assessment of motivation to change called availability for change.

For the stages of the availability to change the values will be from 0 to 12; for the inner fracture and self-efficacy, the reference values will be from 0 to 24; for the willingness to change from 0 to 72.

The stages of the model are:

Precontemplation: the possibility to change our behavior is not taken into account by the subject. In particular, the subject is not informed or misinformed about risk behavior, or he may have made unsuccessful attempts to change and therefore he has lost confidence in his concrete ability to change.

Contemplation: the person begins to consider the possibility of changing his behavior: the subject takes into consideration change and this can cause a situation of great ambivalence and he can remain in this stage for long periods of time.

Determination: the subject has decided to change his behavior in the near future, planning the change mode, such as contact an Addiction Service or ask the entrance into a community.

Action: the subject acts to change his behavior. The action is not always a direct modification of behavior but it is all that set of activities that are put in place to change behavior (individual and episodic acts, recurring actions, simple and complex strategies). To consider a behavior as an effective action of change that will reduce somewhat the risk of disease. The failures and the actions do not go to fruition must be taken into account by the operator and emphasized as an opportunity for further learning, not as a relapse or evidence of defeat.

The individual residence time in each stage is variable, while the tasks needed to pass to the next stage are the same for all (for example, to switch from Precontemplation to Contemplation is necessary to become aware of the problem, start to consider the negative aspects and address the defensive and routine aspects that make it difficult to control).

There are also psychological factors that influence the change along the stages. Among these have been identified by Miller and Rollnick two factors, the internal fracture and Self-efficacy, that changed over time affect the availability to change.

The term inner fracture is the painful perception of a contradiction between what a person is and what would (or could, or should) be, in relation to personal self-image, his own system of values and his resulting goals and aspirations. Elements motivating the comparison between the objective to be pursued and perception of their current condition. Self-efficacy is the trust a person in their ability to achieve and maintain a specific objective, is considered a very important

predictor in the field of problems related to substance use. The Self-efficacy is the capacity perceived to cope with high-risk situations

3.3 The sample

The study was conducted on users of Dianova community, in particular recruited at the Cozzo, Garbagnate Milanese, and Palombara Sabina communities.

In addition to the results of the MAC, some socio-demographic variables useful for descriptive purposes have been analyzed.

The sample was made up of 30 subjects, 27 males and 3 females. The average age is 40.2 years with a minimum of 24 years and a maximum of 57 years.

Although the number of subjects can be considered a limit of this research, it was considered valid because the sample is a inspected sample. We considered the number of individuals who have had access in the various communities for a specific period. In particular, the test was administered to all who entered in Garbagnate Milanese between October 2015 and April 2016, in Palombara Sabina and Cozzo between March 2016 and April 2016. In total from the starting sample of 45 people the suitable tests were 30 then a proportionately valid number.

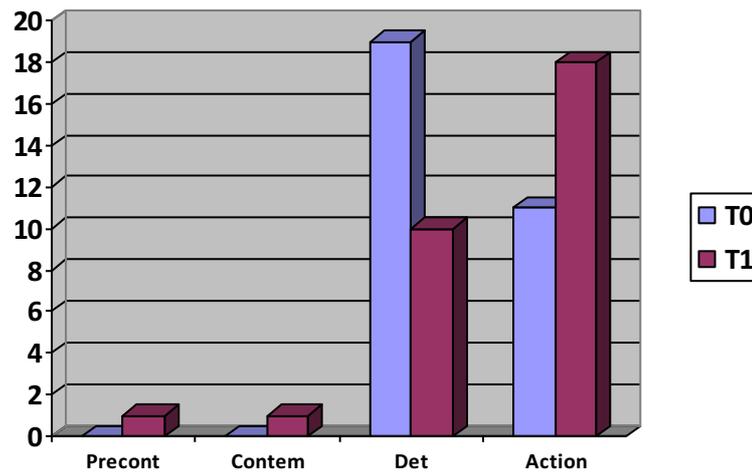
3.4 Analysis and discussion of the data

Data analysis was performed using the statistical program SPSS version 24.

In the first analysis we verified the stage placing people at time 0 and at time 1. As can be seen in Table 1 and 2, are 7 people who go to the action stage at Time 1: from 11 to 18 people . This result gives us a first indication of how in three months there are significant personal changes in motivational terms.

	Frequency	Percentual	Percentual Validity	Cumulative percentual
Action	11	36,7	36,7	36,7
Determination	19	63,3	63,3	100,0
Total	30	100,0	100,0	

	Frequency	Percentual	Percentual Validity	Cumulative percentual
Action	18	60,0	60,0	60,0
Determination	10	33,3	33,3	96,7
Contemplation	1	3,3	3,3	63,3
Precontemplation	1	3,3	3,3	100,0
Total	30	100,0	100,0	



It is evident the turnaround time at the time 1 between determination and action. The determination is the active search for a solution: at the time of the practical implementation can pass to the action stage. It is reasonable to think that at one time the person has gained the conviction to take concrete action towards the solution found, working on their goals within the community.

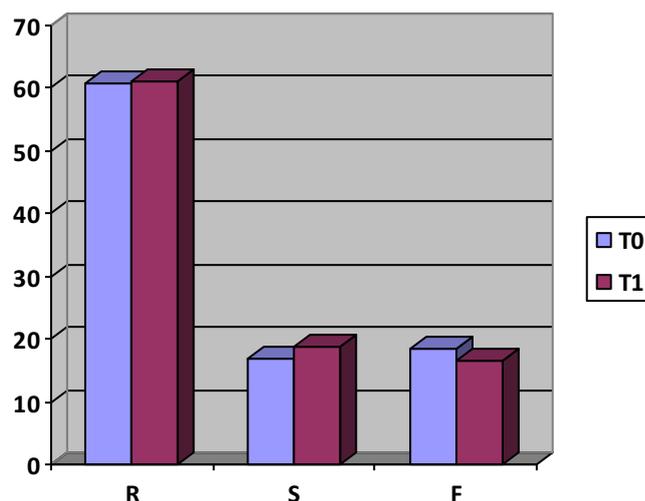
We have decided to proceed by way of verifying how to distribute the means of psychological factors such as interior fracture, self-efficacy and availability to change at time 0 and 1.

From Tables 3, 4 and 5, we can see that the main increase for the availability to change and for the self-efficacy, while it decreases for the inner fracture.

	N	Min	Max	Medium	Std Deviation
R T0	30	30	72	60,73	8,538
R T1	30	35	72	61,23	8,893
Validi	30				

	N	Min	Max	Medium	Std Deviation
S T0	30	1	24	16,93	6,443
S T1	30	4	24	18,90	5,391
Validi	30				

	N	Min	Max	Medium	Std Deviation
F T0	30	7	23	18,40	3,729
F T1	30	10	24	16,97	4,140
Validi	30				



Given this distribution we have found necessary to make the paired simple test.

		Differenze a coppie							
		Media	Dev. std	Errore std	Intervallo di confidenza per la differenza al 95%		t	Df	Sig. (2-code)
					Lim inferiore	Lim superiore			
Coppia 1	mac R - mac T1 R	-,500	10,261	1,873	-4,332	3,332	-,267	29	,791
Coppia 2	mac S - mac T1 S	-1,967	4,902	,895	-3,797	-,136	-2,197	29	,036
Coppia 3	mac F - mac T1 F	1,433	3,794	,693	,017	2,850	2,069	29	,048

The test value T gives us significantly different averages for the values of self-efficacy and inner fracture; it suggests, therefore, that the perception of the users regarding its effectiveness increases significantly at time 1, and vice versa the value of inner fracture decreases significantly. Regarding the self-efficacy it can be concluded that during treatment increases the perception that the user has the ability to change their own, with a greater confidence in their ability. The subject, therefore, feels the ability to reach a specific goal in a specified time. Self-efficacy is in fact the push to activate available energies for change: greater self-efficacy is related to the most significant prognostic factors in the usage of substances.

About the inner fracture, it is reasonable to conclude that, thanks to treatment, it decrease because there aren't any more contradictions between the starting condition of subject and subsequent aspirations, values and ideal goals. The definition of self is therefore at Time 1 most compatible with current self-image. At first a high level of inner fracture is fundamental to justify the choice of a change, but it is nevertheless painful and its width should be reduced within a short time, to achieve greater well-being and a coherent self-image.

Availability to change does not show significant differences; it is therefore concluded that the level relative to what the user feels ready to change, remains constant during treatment.

In general, the test demonstrates the effectiveness of the Community treatment in terms of change in the time of three months.

4. FROM THE ABSOLUTE AUTONOMY TO THE POSSIBLE AUTONOMY

The term “autonomy” refers to the ability and the right to govern itself and stand on its own. Considering this kind of work, the care pathway could exclusively lead to the construction of an autonomy in which the individual has the full capacity and power to define and satisfy his own needs.

Over the years, the associations and the public service who deal with addictions, evolved in different ways responding to the change of needs. Nowadays, we are facing a new scenario. Currently, we often deal with the rehabilitation of patients who have a wide story of addiction and numerous failures behind them.

It is a new reality with new considerations to be faced.

Even if we are aware that the Dianova mission actively contributes to the patients’ autonomy, the experience in the field of rehabilitation directs us to a relativism concept of individual autonomy. Starting from this definition, we speak about personalized projects because the autonomy cannot be defined as an absolute competence in its strict sense and it may vary with the person and his own resources.

So it is right to decline the concept on the basis of an analysis of personal resources to define a possible context where avoiding further failures.

This analysis is made using observation and monitoring tools and personal evaluation that help to define the individual objectives. Nowadays, the focus is on the person. For this reason, we frequently talk about the highest degree of AUTONOMY POSSIBLE.

The concept of autonomy does not contrast with the idea of dependency but with the idea of assistance. This term is increasingly widespread and defines the characteristics of a specific personality. It is possible that the person can rehabilitate from his addiction, become independent and self-responsible. That does mean it can be independent from the environment and other areas of his life.

It is no coincidence that at this time, new services related to chronicity, which completely erase the idea of absolute autonomy, are activated. Nowadays, by defining new rehabilitation projects, we cannot ignore the subjectivity of the person and the characteristics of the context in which he is integrated.

The tools used in Dianova, as well as its attention to the individual, are meant to define a picture of the person in which the absolute autonomy frame, cannot be exclusive while remaining an important stronghold; excluding those individuals who fail to achieve this kind of goal means to not respond to the current needs. An organization that takes care of addicted people has to do the best for those who are never going to reach a degree of absolute autonomy.

Over decades, Dianova showed its ability to adapt to historical changes. The attention to society changes and the ability to innovate are an important value of the organization. They provide answers about the addiction fields and about other issues in which they are involved.

5. THE FUTURE OBJECTIVES

Dianova has grown by adapting to world changes. Dianova Manifesto was published in 2010 in addition to the Bill of Responsibilities. It defines its position on themes and key issues like: addictions, education, youth, poverty and social exclusion, gender equality, immigration, academics, sustainability and environment.

In 2015, Dianova has revised its position on drug policy for the United Nation General Assembly Special Session on Drugs (UNGASS 2016). This position focuses on the rights to care, on the diversification and complementarity of actions and on scientific evidence rather than ideological positions.

Nowadays, the addictions are not only related to the consumption / substance abuse, but also to the behaviors. For this reason, Dianova launched the campaign #dontletthempossessyou during the International Day Against Drug Abuse and Illicit Trafficking in June. Its objective is to raise public awareness on the problem of technological addiction and to create a constructive debate with governments, international organizations and civil society on this phenomenon.

Currently, Dianova increasingly feels the need to open up to the scientific community in order to carry out a study on outcome and product social impact assessment. In this way, we constantly can supervise the quality of our service, the benefits offered to people in treatment and eventually, if necessary, modify the intervention.

6. CONCLUSIONS

In the previous paragraphs, we tried to explain how Dianova aims to achieve the empowerment in people with addiction problems.

Interventions expect that the person moves from a condition of feeling acted upon, typical of the addicted with external locus of control, to an intentional action condition through awareness and sense of responsibility (internal locus of control).

The more the individuals are able to develop a sense of responsibility, the more they feel involved, feeling to have the power and to "be part of".

The community in general, and the Dianova one in particular, are places where people can gain experience and where can desire and hope for a better and possible future.

I hear and I forget. I see and I remember. I do and I understand. (Confucius).