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# EFFECTIVENESS OF THE THERAPEUTIC COMMUNITY INTERVENTION PROGRAM OF THE DEPARTMENT OF HEALTH-TREATMENT AND REHABILITATION CENTER (DOH-TRC)

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## ABSTRACT

***This study aimed to assess the effectiveness of the Therapeutic Community Intervention Program operated by the Department of Health-Treatment and Rehabilitation Center (DOH-TRC) in the Philippines. The research focused on four components of the program, namely the Residential, Outpatient, Aftercare, and Recovery Home programs. The study determined the areas of success and those requiring improvement to enhance the overall effectiveness of each program. Structured questionnaires and surveys were administered to two groups of respondents – program staff and patients – who had received the respective intervention programs.***

***The survey questions were designed to evaluate the effectiveness of various aspects of the programs, such as treatment plan individualization, program implementation fidelity, program structure, family involvement, patient support systems, post-treatment monitoring, relapse prevention, and post-recovery support. The statistical analysis revealed significant insights into the effectiveness of each program. The Residential and Recovery Home programs received high mean scores, indicating that staff and patients perceived them as highly effective. However, the Outpatient and Aftercare programs demonstrated areas requiring attention and improvement. The Outpatient Program showed that family support, patient anxiety towards reintegration into the community, and the absence of a program for patient and family interaction were significant concerns.***

***For the Aftercare Program, areas of concern included the lack of a structured patient monitoring system and financial support for staff assigned to monitor aftercare patients. The findings offered valuable insights into areas that needed enhancement to ensure optimal patient outcomes. Based on the data findings, a comprehensive action plan was developed to improve the effectiveness of the Therapeutic Community Intervention Program. The action plan involved specific key performance indicators, activities, budget allocations, timelines, personnel involvement, and continuous quality improvement efforts tailored to each program. The study provided information on the advantages and disadvantages of the Therapeutic Community Intervention Program implemented by DOH-TRC.***

***By implementing the proposed action plan, the center can further improve the effectiveness of its Residential, Outpatient, Aftercare, and Recovery Home programs, ultimately leading to better patient outcomes and contributing to the program's overall success in combating substance abuse and promoting lasting recovery. Continuous evaluation and improvement will be*** essential to ensure the program remains responsive to the evolving needs of its participants and consistently delivers high-quality care.

**KEYWORDS:** ***Rehabilitation, Residential Program, Outpatient Program, Aftercare Program, Recovery Home Program***

## INTRODUCTION

The therapeutic community intervention program implemented by the Department of Health-Treatment and Rehabilitation Center (DOH-TRC) holds immense potential to address the complex challenges individuals in the criminal justice system face.

This dissertation explores the effectiveness of the DOH-TRC's therapeutic community intervention program by examining its impact on recidivism rates, psychological well-being, and successful reintegration into the community.

There are numerous related criminology studies which have contextualized and enhanced the discussion, highlighting the significance of therapeutic interventions in lowering criminal behavior and promoting rehabilitation. The excerpt provided discusses the setting for therapeutic interventions in the field of criminology. It highlights several relevant studies that stress how crucial these interventions are for lowering criminal behavior and fostering rehabilitation.

As a result, this dissertation aims to thoroughly evaluate the therapeutic community intervention program of the DOH-TRC by building on these critical studies. In addition, this study aims

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to advance evidence-based practices in criminology by conducting an empirical investigation using quantitative methodologies. It also seeks to add to the body of existing knowledge. The dissertation investigates the program's impact on recidivism rates, psychological health, and successful social reintegration.

## LITERATURE REVIEW

Smith et al. (2016) conducted a longitudinal study to analyze the impact of therapeutic communities on recidivism rates. The study proved that the reoffending rate was significantly lower among participants who underwent the intervention than those in the control group, highlighting the positive effects of such treatments. Martinez (2016) researched the psychological aspects of therapeutic communities, focusing on improving participants' emotional and mental health. Brown (2016) significantly contributed to our understanding of successful reintegration by highlighting the value of education, social support, and vocational training within therapeutic communities. Their research emphasized these components' role in assisting inmates' transition from prison to productive, law-abiding lives.

These studies mainly show the advantages of therapeutic communities for recidivism reduction (Smith et al., 2016), mental health improvement (Martinez, 2016), and effective reintegration via job training and social assistance (Brown, 2016). A lack of qualified mental health professionals frequently limits the ability of therapeutic intervention programs to provide adequate care, especially in low- and middle-income countries (WHO, 2020). It is possible that many therapeutic intervention programs do not provide patients with enough follow-up treatment, which would restrict their efficacy and make it challenging for patients to maintain their mental health over time. (Weintraub, et. al., 2017). It may be easy to assess these programs' actual effectiveness and make improvements over time (Smith, 2019). According to the study (Tagle, et. al., 2017), substance use disorder in the Philippines (Aranas, 2019) provides a comprehensive review of the existing studies on substance disorders in the Philippines. Substance use disorders in the Philippines Challenges and Opportunities for the Department of Health, Health System, and Reform (Quimbo, et. al., 2018).

The Substance Abuse in the Philippines (Gatchalian, et. al., 2019) study reviews the literature on substance abuse in the Philippines, including drug relapse. One author emphasizes the need for comprehensive research on the effectiveness of therapeutic community intervention programs in the Philippines (Cruz, 2017). In their publication, "Evaluating the Effectiveness of Therapeutic Community Interventions in the Philippine Setting," Cruz highlights the importance of conducting empirical studies to evaluate these programs' outcomes and identify improvement areas.

## OBJECTIVES OF THE STUDY

The present study aimed to evaluate the effectiveness of the Therapeutic Community Intervention Program of the Department of Health's Treatment and Rehabilitation Center. Specifically, this research sought to answer to the following questions:

1. How may the groups of respondents be described in terms of;
1.1. Educational attainment,
1.2. Case of a person who used drugs,
1.3. Length of stay in the center,
1.4. Place of confinement?
2. How may the effectiveness of the therapeutic intervention program of the Department of Health-Treatment Rehabilitation Center (DOH-TRC) for the person who used drugs be described in terms of
2.1. Residential program (therapeutic community)
2.2. Out-patient program,
2.3. Aftercare programs,
2.4. Recovery home program,
3. Is there a significant difference in the effectiveness of the Therapeutic Community Intervention Program of the Department of Health-Treatment Rehabilitation Center (DOH-TRC)?
4. What are the challenges in the implementation of the Therapeutic Intervention Program of the Department of Health-Treatment Rehabilitation Center?
5. From the study findings, what program can be proposed to enhance the implementation of a therapeutic intervention program at the Department of Health-Treatment Rehabilitation Center?

## METHODOLOGY

### Research Design

The study employed a quantitative research design that involved the systematic collection and analysis of numerical data to address research questions and test hypotheses. In the context of the conducted study, which aimed to assess the effectiveness of the Therapeutic Community Intervention Program offered by the Department of Health's Treatment and Rehabilitation Center, a quantitative research design proved particularly appropriate due to its structured and objective nature. This approach enabled the precise measurement of variables, the application of statistical analysis, and the identification of patterns and relationships within the data, (Zhu et al, 2023).

### Research Method

The research design for this study involved a quantitative descriptive survey method, which systematically measured and analyzed specific characteristics, behaviors, opinions, and attitudes within a targeted population or sample. In addition to utilizing standardized questionnaires to collect numerical data, this research supplemented the survey with semi-structured interviews to gain deeper insights into the handling of drug dependents by the DOH TRC Bicutan.

### Population of the Study

The population of the study covers two groups, namely (a) Department of Health Treatment and Rehabilitation Center (DOH-TRC) staff and (b) Department of Health Treatment and

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Rehabilitation Center (DOH-TRC) patients. The presents is an overview of the respondent groups in this study, comprising two distinct categories. The first group encompasses 60 Staff members, representing 33% of the total respondents. The second group consists of 120 Patients, constituting 67% of the overall respondent population.

**Data Gathering Tools**

In alignment with the chosen quantitative research approach, the researcher meticulously followed a systematic data gathering process. To enhance the effectiveness of the data collection tool, a tryout was conducted, and necessary adjustments were made. Subsequently, the final version of the questionnaire was prepared. Multiple copies of the questionnaire were reproduced, and the researcher personally distributed them to the selected participants. The questionnaire underwent a rigorous review and approval process by a respected health program officer known for their expertise in the field. This meticulous review aimed to bolster the questionnaire's reliability and appropriateness for the study.

**Data Gathering Procedure**

The researchers diligently ensured the questionnaire's clarity and appropriateness through rigorous testing before finalizing its draft. Once approved, the questionnaire was reproduced in the required number of copies and personally distributed to selected respondents. In addition to questionnaire administration, interviews were conducted as a complementary data-gathering method. Before finalizing the questionnaire, a validation interview process was conducted with a subset of respondents to ensure its accuracy and effectiveness. This step involved engaging in interviews with selected participants to assess their comprehension of the questionnaire's content, wording, and relevance. The validation interview aimed to uncover any potential ambiguities, biases, or areas of confusion in the questionnaire, enabling necessary adjustments to enhance its clarity and validity. This iterative process of obtaining feedback directly from respondents significantly contributed to improving the questionnaire's quality and the likelihood of obtaining reliable data.

**Ethical Considerations**

The researcher meticulously upheld stringent ethical principles throughout the study's implementation, placing a paramount emphasis on informed consent, risk reduction, participant benefits, and the safeguarding of privacy and confidentiality. Informed Consent to ensure the utmost transparency and participant autonomy, a comprehensive informed consent form was thoughtfully crafted. Risk Reduction and Privacy throughout the data collection phase, stringent ethical considerations guided the use of questionnaires and interview guides. Protection of participant confidentiality and information security were of paramount importance. Benefits and Voluntary Participation the principle of voluntary participation was consistently reinforced, ensuring that individuals freely chose to partake in the study without any form of coercion. Special Considerations for Vulnerable Groups special ethical safeguards were instituted when engaging with specific groups, such as minors, women, senior citizens, persons deprived of liberty, persons with disabilities, and other sectors.

## RESULTS AND DISCUSSIONS

***1. The Level of Effectiveness of the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Residential Program.***

The assessment reveals that the program is highly effective, with an overall mean score of 3.29. The assessment considered several key program indicators, most of which were rated as highly effective. These indicators include:

1. "The program promotes self-help and mutual help," achieving a mean score of 3.55.
2. "The employees of the center assist patients in improving their patience and positively influencing patient behavior," with a mean score of 3.54.
3. "The program implemented by the center includes an orientation process and engagement with new patients," scoring 3.50.
4. "The program helps patients develop spirituality," achieving a mean score of 3.40.
5. "The program implemented by the center aids patients in understanding and overcoming anxiety related to their family and community," with a score of 3.34.
6. "The center provides a treatment area conducive to a therapeutic program," receiving a mean score of 3.33.
7. "The center offers patients a range of medical services, including the management of withdrawal symptoms and co-occurring psychiatric conditions," also scoring 3.33.
8. "The services of the center create an emotionally and physically safe environment for patients," with a mean score of 3.30. However, it's important to note that "The program implemented by the center having a graduated system of sanctions for deviant/negative behavior" was rated as less effective, with a mean score of 2.48.

The remaining program indicators were generally rated as effective, with the following mean scores:

- "The program implemented by the center includes rewards or privileges for patients" with a mean score of 3.23.
- "The program offers opportunities for access to educational programs and vocational/technical skills training to facilitate effective patient reintegration into mainstream society," scoring 3.19.

These assessment findings provide valuable insights into the overall effectiveness of the Therapeutic Community intervention program, highlighting its strengths and areas for potential improvement.

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| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The service of the center provides an emotionally and physically safe environment for the patient. | 3.55 | HE | 3.05 | E | **3.30** | **HE** |
| 2. The program implemented by the center has an orientation process and engagement with the new patient. | 3.58 | HE | 3.42 | HE | **3.50** | **HE** |
| 3. The program implemented by the center helps the patient to understand and overcome the anxiety from their family and the community. | 3.53 | HE | 3.15 | E | **3.34** | **HE** |
| 4. The center provides a treatment area conducive to a therapeutic program. | 3.54 | HE | 3.12 | E | **3.33** | **HE** |
| 5. The program implemented by the center has a reward or privileges given to the patient. | 3.30 | HE | 3.16 | E | **3.23** | **E** |
| 6. The employee of the center helps patients to improve their patience and have a positive impact on the behavior of patients. | 3.56 | HE | 3.52 | HE | **3.54** | **HE** |
| 7. The program promotes self-help and mutual help. | 3.57 | HE | 3.53 | HE | **3.55** | **HE** |
| 8. The program helps patients develop spirituality. | 3.55 | HE | 3.25 | E | **3.40** | **E** |
| 9. The program implemented by the center has a graduated system of sanctions on deviant/negative behavior. | 2.85 | E | 2.10 | LE | **2.48** | **LE** |
| 10. The center provides patients range of medical services including management of withdrawal symptoms and co-occurring psychiatric conditions. | 3.35 | HE | 3.15 | E | **3.33** | **HE** |
| 11. The program includes opportunity to access educational programs and vocational/technical skills training to facilitate the effective reintegration of patients to mainstream society. | 3.30 | HE | 3.08 | E | **3.19** | **E** |
| **Overall** | **3.43** | **HE** | **3.14** | **E** | **3.29** | **HE** |

Both the interview findings and the study's outcomes strongly corroborate the remarkable effectiveness of the Therapeutic Community Intervention Program at DOH-TRC Bicutan. These findings resonate with the research conducted by Shin and Ahn (2023), which delved into the experiences of teenagers during their stays in mental health hospitals, mutual support, as highlighted in Beck et al.'s (2023) research on adults seeking assistance for various addictive behaviors, including methamphetamine use, emphasized the significance of peer support networks, such as SMART Recovery online groups, in addiction recovery.

***Mean Distribution on the Level of Effectiveness of the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Out-Patients Programs***

This evaluation underscores the program's high effectiveness, as indicated by an overall mean score of 3.38. Crucially, all indicators within the outpatient program received high ratings, affirming its success in addressing essential areas for treatment and rehabilitation. These highly rated indicators encompass:

1. "The program of the center helps patients develop social skills," with an impressive mean of 3.55.
2. "The staff of the center shows a good rapport to motivate the patient/s," achieving a mean score of 3.42.
3. "The program includes the opportunity to access educational programs and vocational/technical skills training to facilitate the effective reintegration of patients into mainstream society," with a commendable mean rating of 3.36.
4. "The program helps patients obtain knowledge & skills in preventing relapse," receiving a substantial mean score of 3.28.
5. "The staff in the center employs motivational enhancement strategies to facilitate behavior change," garnering a noteworthy mean rating of 3.27.

The assessment of the Therapeutic Community Intervention Program's effectiveness at DOH-TRC Bicutan, particularly within the Outpatient Program, is presented in Table 11.

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| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The staff in the center employs motivational enhancement strategies to facilitate behavior change. | 3.35 | HE | 3.18 | E | 3.27 | HE |
| 2. The staff of the center shows a good rapport to motivate the patient/s. | 3.58 | HE | 3.25 | E | 3.42 | HE |
| 3. The program of the center help patients develops social skills. | 3.55 | HE | 3.55 | HE | 3.55 | HE |
| 4. The program helps patients obtain knowledge & skills in preventing relapse. | 3.35 | HE | 3.20 | E | 3.28 | HE |
| 5. The program includes the opportunity to access educational programs and vocational/technical skills training to facilitate the effective reintegration of patients into mainstream society. | 3.40 | HE | 3.32 | HE | 3.36 | HE |
| Overall | 3.45 | HE | 3.30 | HE | 3.38 | HE |

In alignment with these findings and to further underscore the effectiveness of therapeutic community interventions, the study conducted by Leon and Unterrainer (2020), titled "The Therapeutic Community: A Unique Social Psychological Approach to the Treatment of Addictions and Related Disorders," adds substantial weight to our assessment. The findings are consistent with research conducted by Karnieli-Miller et al. (2023), which delves into the multifaceted roles of medical clowns beyond mere entertainment. This finding resonates with the study conducted by Solbakken et al. (2023), which explores patients' perspectives on their interactions with physiotherapists during subacute stroke rehabilitation.

***Mean Distribution of the Assessment on the Level of Effectiveness of the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of After Care Program***

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The program includes an opportunity to access educational programs and vocational/technical skills training to facilitate the effective reintegration of patients to mainstream society. | 3.30 | HE | 3.25 | E | **3.28** | **HE** |
| 2. The program of the center provides activities that promote emotional, social, spiritual and growth of the patient. | 3.35 | HE | 3.30 | HE | **3.33** | **HE** |
| 3. The program of the center has an activity that promotes pro-social values and social reintegration of patients. | 3.56 | HE | 3.52 | HE | **3.54** | **HE** |
| 4. The program of the center set an activity that includes vocational/technical skills training for the patient. | 3.25 | E | 3.20 | HE | **3.23** | **E** |
| 5. The center has a family program in which the patients and the family interaction that provides support from families. | 3.60 | HE | 3.58 | HE | **3.59** | **HE** |
| 6. The center has a program that provides seminars, and workshops on relapse prevention, individual counseling, group therapy session, family dialogue and therapy, case management, and random drug testing. | 3.32 | HE | 3.30 | HE | **3.31** | **HE** |
| 7. The patient is mandatory to report to the staff of center to monitor if the patients are following the program. | 3.40 | HE | 3.28 | HE | **3.34** | **HE** |
| 8. The center will recommend to the court to arrest the patient, if the patient failure to comply with the program. | 3.60 | HE | 3.55 | HE | **3.58** | **HE** |
| **Overall** | **3.42** | **HE** | **3.37** | **HE** | **3.40** | **HE** |

Overall, the assessment outcomes highlight the After-Care Program's remarkable effectiveness in providing comprehensive support and guidance to participants during their recovery journey, with a particular emphasis on family involvement, accountability, and the promotion of pro-social values.

Similarly, Razaghi et al. (2023) investigated socio-cultural barriers to drug addiction treatment in Iran. This approach can provide a transformative opportunity for individuals to access necessary support, address addiction issues, and potentially reintegrate into society as productive members, (Gonzales, 2023). On top of that, Lai et al., (2023) investigates the relative efficacy

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of mindfulness-based relapse prevention among illicit drug abusers through a randomized clinical trial.

***Mean Distribution on the Level of Effectiveness of the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Recovery Home Program***

This study shows that it is highly effective with an overall mean of 3.36. It is highly effective to the Staff with a mean of 3.52. However, Patients considered this as effective with a mean of 3.20. All indicators are highly effective.

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The center has program specific for non-substance addiction. | 3.58 | HE | 3.18 | E | 3.38 | HE |
| 2. The center has strategies in place to ensure that patients participate in the program. | 3.38 | HE | 3.25 | E | 3.32 | HE |
| 3. The center had close coordination with anti-drug abuse councils, supportive patients, recovery and other stakeholders. | 3.56 | HE | 3.15 | E | 3.36 | HE |
| 4. The program includes an opportunity to access educational programs and vocational/technical skills training to facilitate the effective reintegration of patients to mainstream society. | 3.55 | HE | 3.23 | E | 3.39 | HE |
| **Overall** | **3.52** | **HE** | **3.20** | **E** | **3.36** | **HE** |

Table above presents the assessment of the effectiveness of the Therapeutic Community Intervention Program at the DOH-TRC Bicutan, focusing on the Recovery Home Program. The study indicates that the program is highly effective, with an overall mean of 3.36. It is noteworthy that all indicators are considered highly effective. The indicator establishing coordination about the coordination with anti-drug abuse councils, supportive patients, recovery and other stakeholders acquired 3.38 which is effective.

Remarkably, both staff and patients share a positive perception of the program, with staff providing it with a mean rating of 3.52 and patients rating it with a mean score of 3.20. It is important to acknowledge that the cited study, titled "A Qualitative Study of the Experiences of Moving on from a Non-Residential Democratic Therapeutic Community" by Hewitson (2021), while providing valuable insights into therapeutic communities, may not directly align with the specific findings presented in the interview data. This agrees with the research conducted by Hechanova et.al., (2023) investigates biopsychosocial predictors of drug dependence among Filipino drug users in community-based drug rehabilitation. The research by Hechanova et al. (2023) explores community-based drug rehabilitation and care within Philippine local governments.

***Mean Distribution on the Problems Encountered in the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Residential Program***

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The staff assigned to the patients to secure the environment and handling patient is lack of training in handling patients. | 2.10 | LS | 2.08 | LS | **2.09** | **LS** |
| 2. The patients and the staff have good communication. | 1.85 | LS | 2.00 | LS | **1.93** | **LS** |
| 3. The program of the center is not strictly implemented. | 1.95 | LS | 3.15 | S | **2.55** | **S** |
| 4. There are patients who failed to comply the program. | 3.20 | S | 3.18 | S | **3.19** | **S** |
| 5. The patients disrespect the staff of the center. | 3.25 | S | 3.30 | S | **3.28** | **VS** |
| 6. Hard to engage the patients in the social gathering. | 2.28 | LS | 2.25 | LS | **2.27** | **LS** |
| 7. The staff has encountered difficulties to bring out the patient's talent. | 2.75 | S | 2.10 | LS | **2.43** | **LS** |
| **Overall** | **2.48** | **LS** | **2.58** | **S** | **2.53** | **S** |

Addressing these challenges necessitates a multifaceted approach, including staff training, clear communication strategies, and fostering a culture of respect within the therapeutic community. It is essential to prioritize these efforts to ensure the effective delivery of care and positive outcomes for both staff and patients within the program. The findings of this data are in line with the research conducted by Ardman et al. (2023), which affirms that disrespect can lead to a hostile working environment, negatively affecting staff morale and their ability to deliver optimal care. It diverts attention and resources away from patient care as staff must address and manage conflicts arising from disrespectful interactions (Alsharif et al., 2023). Zahin et al. (2023) added that patient disrespect also has implications for patient outcomes. Another concerning issue is

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that some patients failed to comply with the program, with a mean rating of 3.19. Kumar (2023) also pointed out that patients who fail to comply with their prescribed treatment programs can have several significant implications. Non-compliant patients can also strain patient-provider relationships, as healthcare professionals might become frustrated or feel powerless when their recommendations are ignored (Yunilisiah, 2023). Lastly, non-compliance may lead to feelings of guilt, frustration, or regret for patients, negatively affecting their emotional well-being and overall quality of life (Liu, 2023). Malik (2023) also suggested that addressing non-compliance requires a comprehensive approach.

***Mean Distribution on the Problems Encountered in the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Out-patient Program***

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The patient has difficulties overcoming the anxiety from their family to the community. | 3.28 | S | 3.35 | S | 3.32 | S |
| 2. The patients have no direct support from the family if the family discovers that the patient is a drug addict. | 3.20 | S | 3.40 | VS | 3.30 | S |
| 3. There is no program for the patient and family interaction. | 2.85 | S | 3.00 | S | 2.93 | S |
| 4. The facility of the center is conducive for the patients. | 1.40 | NS | 1.45 | LS | 1.43 | NS |
| 5. The barangay and the center have no agreement for the out-patient. | 1.95 | LS | 2.18 | LS | 2.07 | LS |
| Overall | 2.54 | S | 2.68 | S | 2.61 | S |

The findings from the table indicate that implementing the Therapeutic Community intervention program at DOH-TRC Bicutan, specifically in the Outpatient Program, is perceived as serious, with an overall mean of 2.61. It suggests that significant challenges and problems were encountered in the program's execution, which requires attention and improvement. Both staff and patients expressed concerns, with staff rating the seriousness slightly lower mean of 2.54 than the patients' mean of 2.68.

The study conducted by McPherson and colleagues (2017) sheds light on factors influencing recovery from substance use disorder treatment. The study by Li, Y., Zeng, X., & Zhou, H. (2023) examines the link between anxiety and drug abstention motivation among men with substance use disorders undergoing compulsory isolation rehabilitation in China. The study by Xiong et al., (2023) investigates the relationship between family support and medication adherence among residents with hypertension in informal settlements of Nairobi, Kenya. The lack of a supportive family network could result in decreased motivation, reduced accountability, and a higher likelihood of relapse, (Norman, 2023).

***Mean Distribution on the Problems Encountered in the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of After Care Program***

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The family does not support the patient after the program. | 3.20 | S | 3.16 | S | 3.18 | S |
| 2. The center has no program for constant monitoring of the patients that underwent an aftercare program. | 3.15 | S | 3.10 | S | 3.13 | S |
| 3. The eighteen (18) monthly program of the center is very long, one of the reasons that the patients failed to comply with the eighteen programs. | 2.32 | LS | 2.35 | LS | 2.33 | LS |
| 4. The center has no program for the financial support provided to the staff to monitor the after-care program patient/s. | 3.15 | S | 2.15 | LS | 2.65 | S |
| 5. No clear policy or program for the person who used drugs after completing the six months program. | 2.05 | S | 2.00 | S | 2.03 | LS |
| 6. The patients are not interested to participate in the open discussion. | 2.15 | LS | 2.18 | LS | 2.17 | LS |
| 7. The center program has no direct effect to the patients. | 1.85 | LS | 2.00 | LS | 1.93 | LS |
| Overall | 2.55 | S | 2.42 | LS | 2.49 | LS |

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Table above presents the Mean Distribution of the Assessment on the problems encountered in implementing the Therapeutic Community intervention program at DOH-TRC Bicutan, focusing on the After Care Program. The study reveals that the After Care Program perceived as less serious, with an overall mean of 2.49. Among the indicators, the family's lack of support for the patient after the program mean of 3.18, the absence of a program for constant monitoring of patients who underwent the aftercare program mean of 3.13, and the lack of a program for financial support provided to staff to monitor aftercare program patients mean of 2.65 identified as areas of high concern.

Within the identified areas of concern, several indicators require immediate attention. These include the lack of family support for patients after completing the program, highlighted by a mean score of 3.18, indicating the need for more substantial post-program support structures. In parallel, a recent study conducted by Lopez-Soler C. and colleagues in 2022 on the effects of a residential multimodal treatment intervention for individuals with substance use issues provides valuable insights.

The study, which focused on participants from the Program Base, highlights significant improvements in various problematic areas over the course of treatment, except for legal status. The Philippines, like many countries, faces the need for accessible and effective drug rehabilitation programs, especially in the wake of its own drug-related challenges, (Antonio et al., 2023), Yusay et al., (2019) added that limited funding for drug rehabilitation centers in the Philippines can lead to several concerning outcomes. In the Philippines, where family support often plays a pivotal role in recovery, financial shortages could undermine the ability of rehabilitation centers to offer comprehensive family-oriented programs, (Kiblasan et al., 2023).

These findings agree with the recommendation of Calleja et al., (2020) added that the recommended duration of rehab programs varies based on individual needs and the severity of the addiction. Calkins, (2023) studies that patients' lack of communication in drug rehabilitation programs can lead to several negative effects.

***Mean Distribution on the Problems Encountered in the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Home Recovery Program***

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | **M** | **VI** | **M** | **VI** | **M** | **VI** |
| 1. The family of the patients has encountered difficulties, to encourage the patients to attend the livelihood training programs provided by the center. | 3.20 | S | 3.25 | S | **3.23** | **S** |
| 2. The patients have no direct communication with their patient/s. | 1.85 | LS | 1.90 | LS | **1.88** | **LS** |
| 3. After the recovery treatment program, in the after-care program, there is some relapse patient problem. | 2.95 | S | 3.10 | S | **3.03** | **S** |
| 4. The staff has no direct communication with the patients after the recovery program. | 3.18 | S | 3.15 | S | **3.17** | **S** |
| **Overall** | **2.80** | **S** | **2.85** | **S** | **2.83** | **S** |

Table above presents the Mean Distribution of the Assessment on the problems encountered in implementing the Therapeutic Community Intervention Program, explicitly focusing on the Recovery Home Program at DOH-TRC Bicutan. The study reveals that the issues related to the Recovery Home Program are considered serious, with an overall mean of 2.83. Both staff and patients participating in the study perceive the seriousness of these problems, as indicated by their respective means of 2.80 and 2.85. Most of the indicators are perceived as serious by both groups, highlighting areas requiring attention and improvement. However, it is worth noting that the indicator "The patients have no direct communication with their patient/s" is rated as less serious, with a mean of 1.88. It suggests that there might be some level of communication between the patients and their peers during the Recovery Home Program.

The study also reveals that most indicators within the Recovery Home Program are uniformly perceived as serious by both staff and patients, reinforcing the importance of targeted intervention and enhancement in these areas. This intriguing observation implies that patients might have opportunities to communicate with one another during their participation in the Recovery Home Program, suggesting a potentially positive aspect of the program. In the study conducted by Ross and colleagues in 2020 offers valuable insights into substance use disorder treatment. Caluzzi (2023) has identified a significant challenge regarding the involvement of family members in motivating and encouraging patients to participate in livelihood training programs.

Drawing on the work of Dennis and Pienaar (2023), their insights can provide valuable guidance in developing strategies to enhance family involvement and support in the patients' journey to recovery. Masanda's (2023) work highlights a potential gap in the continuity of care and support for individuals who have successfully completed their rehabilitation. Magor-Blatch et al. (2017) emphasized an attachment and trauma-informed model for therapeutic residential care for children and young people. Gale et al. (2018) discussed "The Oxford Handbook of Child and

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Adolescent Residential Care," providing comprehensive insights into implementing therapeutic interventions in residential settings.

**2. Proposed Measures to Address Problems Encountered in the Implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of residential program.**

***Mean Distribution on the Proposed Measures to Address Problems Encountered in the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Residential Program***

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The staff must focus on the program and respect the feeling/s of the patients. | 3.63 | HR | 3.65 | HR | **3.64** | **HR** |
| 2. The strict implementation and supervision of Therapeutic Community must be implemented. | 3.45 | HR | 3.48 | HR | **3.47** | **HR** |
| 3. Provide therapeutic work environments, in which the patient, can interact, promote a drug-free lifestyle, and bring out the patient's knowledge, skills, values, and life motivation, for active life employment throughout the whole life. | 3.70 | HR | 3.68 | HR | **3.69** | **HR** |
| 4. The staff of the center must show respect to the patients and keep in mind that they are role models and have rational authority over the patients. | 3.68 | HR | 3.70 | HR | **3.69** | **HR** |
| 5. For the patient, try to treat her/himself as you would your best friend, be supportive, kind, and understanding. | 3.64 | HR | 3.66 | HR | **3.65** | **HR** |
| 6. Build self-esteem with other patients as strong connections and interaction to others. | 3.63 | HR | 3.67 | HR | **3.65** | **HR** |
| 7. Formulate a program that focuses on individual activities on providing direct assistance to the patient, a family therapy program, and encourage to bring the family members to form self-help discussions to resolve their problems. | 3.65 | HR | 3.69 | HR | **3.67** | **HR** |
| 8. Staff who teaches patients a culture of self-help and mutual help be consistent and the staff must possess good values and social norms as role model. | 3.57 | HR | 3.59 | HR | **3.58** | **HR** |
| 9. The center will inform the patients if they are mandatory to go back for rehabilitation if the patient is hand on treatment or might need to get back into a strict treatment program. | 3.66 | HR | 3.58 | HR | **3.62** | **HR** |
| 10. The staff must help the patients to increase their competence to understand the reason, why they are undergoing the treatment program and inspire different stories of people who have successful. | 3.72 | HR | 3.75 | HR | **3.74** | **HR** |
| 11. The patient has a personal involvement in seminars, training, and fun game that require talking about various stories, and contain several topics by personal exposure that require to a patient to share his/her personal experiences in the community. | 3.60 | HR | 3.62 | HR | **3.61** | **HR** |
| 12. Offers livelihood program and vocational services to the patient after the completion of the treatment program. | 3.73 | HR | 3.75 | HR | **3.74** | **HR** |
| **Overall** | **3.64** | **HR** | **3.65** | **HR** | **3.65** | **HR** |

The results presented in the table above indicate that the proposed measures to address the problems encountered in implementing the Therapeutic Community intervention program in the Residential Program are highly recommended, as evidenced by the overall mean of 3.65. Both staff and patients strongly endorse these measures, with mean scores of 3.64 and 3.65, respectively, indicating a consensus on their importance.

The results presented in Table 18 indicate that the proposed measures to address the problems encountered in implementing the Therapeutic Community intervention program in the Residential Program are highly recommended, as evidenced by the overall mean of 3.65. Both staff and patients strongly endorse these measures, with mean scores of 3.64 and 3.65, respectively, indicating a consensus on their importance. The study highlights that all indicators, except one, are highly recommended by both groups.

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The one indicator that received a slightly lower mean score of 3.47 indicating it is recommended, pertains to the strict implementation and supervision of the Therapeutic Community. Other essential measures highlighted in the study are the importance of staff respecting patients as role models and providing individual and family-focused activities to offer direct assistance and resolve problems through self-help discussions.

This consensus highlights the vital role these measures play in improving the program's effectiveness and addressing existing challenges comprehensively. Drawing on the study by Laranjeira et al. (2023), which explores therapeutic adherence in the context of individuals with mental disorders. To further enhance the study's effectiveness and strengthen the proposed measures, Durkee et al.'s (2019) book, "The Therapeutic Community: Theory, Model, and Method," provides valuable insights into the theory and strategies for implementing therapeutic community interventions. Gale et al.'s (2018) work in "The Oxford Handbook of Child and Adolescent Residential Care" offers perspectives on implementing therapeutic interventions in residential settings.

While their focus is on children and adolescents, the principles and strategies presented can be adapted to enhance the program's impact on adult patients in the Therapeutic Community Intervention Program. Additionally, the contributions of other scholars such as Magor-Blatch et al. (2017), La Vigne et al. (2020), Stinchfield et al. (2021), and Dingle et al. (2022) offer valuable insights and strategies to optimize the implementation of the Therapeutic Community Intervention Program in residential settings.

***Mean Distribution on the Proposed Measures to Address Problems Encountered in the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Out-patient Program***

Table above provides a comprehensive overview of the mean distribution of assessments, elucidating the recommended measures aimed at addressing the challenges encountered in the implementation of the Therapeutic Community Intervention Program, as administered by the DOH-TRC Bicutan's outpatient program. The study underscores the high level of recommendation for the proposed measures, with an overall mean of 3.70, indicating strong endorsement. This endorsement is shared by both staff and patients, with staff members presenting a mean of 3.70, and patients closely following with a mean of 3.69.

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. To implement the therapeutic community programs, helping the patients in rehabilitation, by attending meetings, patients group interaction with a similar background to share their stories, wisdom, and struggles in a non-judgmental environment. | 3.73 | HR | 3.70 | HR | 3.72 | HR |
| 2. Livelihood program for social skills training and practice, that patient will cope with the embarrassment of the community. | 3.70 | HR | 3.72 | HR | 3.71 | HR |
| 3. Better to have a decision framework that provides rehabilitation treatment policymakers with a tool to support the selection of an incentive/reward model. | 3.68 | HR | 3.70 | HR | 3.69 | HR |
| 4. To have a treatment program in the center that is designed to address conditions and disorders that affect self-esteem and modify negative behavior. | 3.71 | HR | 3.69 | HR | 3.70 | HR |
| 5. The counselor motivates the patients to take the livelihood program as options especially to the patients who have no employment, and to teach the work culture ethics for them to earn money which raise their self-esteem. | 3.69 | HR | 3.68 | HR | 3.69 | HR |
| 6. To have a family support training program with the support of the staff, and monitoring and evaluation for the sustainability of patient to the program of the center. | 3.74 | HR | 3.70 | HR | 3.72 | HR |
| 7. The counselors need to contact each patient regularly during the retention period to enhance the program and monitor the status of the patient. | 3.66 | HR | 3.69 | HR | 3.68 | HR |
| 8. The counselors should encourage the patients to contact other group members to reinforce the value of reaching out for support and may use network interventions. | 3.65 | HR | 3.65 | HR | 3.65 | HR |
| Overall | 3.70 | HR | 3.69 | HR | 3.70 | HR |

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The holistic approach to treatment, as supported by community-based treatment (Smith A. et al., 2013), aligns harmoniously with the endorsed measures. Expanding on these insights, the studies by Magor-Blatch et al. (2017) and Belderson (2018) offer valuable perspectives on therapeutic residential care and therapeutic communities in prison settings, respectively. Additionally, De Leon's work (2018) contributes foundational insights into the theory and methods of therapeutic communities, offering potential strategies for addressing implementation challenges. Further enriching the study's perspective, McKay et al. (2018) emphasize the importance of adaptive continuing care in treating substance use disorders, aligning with the need for ongoing support in outpatient programs. Kressel et al. (2020) delve into program structure and therapeutic factors in addiction treatment, potentially informing the implementation of the Therapeutic Community Intervention Program in outpatient settings. Finally, Jason et al. (2021) explore recovery residences, presenting a model for reintegration that resonates with the program's goals.

***Mean Distribution on the Proposed Measures to Address Problems Encountered in the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of After-care Program***

| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | **M** | **VI** | **M** | **VI** | **M** | **VI** |
| 1. Formulate a treatment program for reintegration and rehabilitation so that the patients will avail of the services offered by the center. | 3.68 | HR | 3.65 | HR | **3.67** | **HR** |
| 2. The center must create a program in collaboration with the family of the patient to have regular visitation to the house of a patient and regular dialogue or conversation to know the status of the patient. | 3.66 | HR | 3.63 | HR | **3.65** | **HR** |
| 3. The rules, program, and policy of the center should be implemented through sanctions that provide rewards in accordance with the standard program of the center. | 3.67 | HR | 3.68 | HR | **3.68** | **HR** |
| 4. Create a program to sustain the positive relationship between the staff, family, and patients. | 3.70 | HR | 3.67 | HR | **3.69** | **HR** |
| **Overall** | **3.68** | **HR** | **3.66** | **HR** | **3.67** | **HR** |

The outcomes presented in the table above emphasize the highly recommended measures for addressing challenges in the After-care Program of the Therapeutic Community Intervention Program. The results, with an overall mean of 3.67, indicate strong endorsement from both staff and patients, with mean scores of 3.68 and 3.66, respectively. These highly recommended measures hold paramount importance in optimizing the effectiveness of the Therapeutic Community's After-care Program.

By fostering positive relationships between all stakeholders, including staff, patients, and families, a supportive environment can be cultivated that aids the patient's continued recovery journey. Clear and well-implemented rules, accompanied by appropriate incentives, can motivate patients to adhere to the program's guidelines and structure, enhancing their commitment to recovery. The insights offered by (Magor-Blatch, 2017) in the field of therapeutic residential care for children and young people provide relevant strategies for implementing effective interventions in the After-care Program. Similarly, (Belderson, 2018) offers adaptable insights from therapeutic communities in prison settings that can enhance the After-care Program's approach.

The work of (De Leon, 2018) delving into the theory and method of therapeutic communities provides valuable measures that can be applied to strengthen the After-care Program's effectiveness. Furthermore, (McKay, 2018) emphasizes the importance of adaptive continuing care in substance use disorder treatment, providing insights that can guide the design of the After-care Program.

The exploration of program structure and therapeutic factors in substance abuse treatment by (Kressel, 2020) informs potential strategies to enhance the After-care Program. Lastly, (Jason, et. al., 2022) highlights the need for improved aftercare for individuals with substance use disorders, offering insights and measures that resonate with the goals of the Therapeutic Community Intervention Program's After-care Program.

***Mean Distribution on the Proposed Measures to Address Problems Encountered in the implementation of the Therapeutic Community intervention program given by the DOH-TRC Bicutan in terms of Recovery Home Program***

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| Indicators | Staff | | Patients | | Overall | |
|---|---|---|---|---|---|---|
| | M | VI | M | VI | M | VI |
| 1. The social worker and psychologist of the center must have motivational interviewing to the patients to increase individual readiness to change destructive behavior. | 3.65 | HR | 3.60 | HR | 3.63 | HR |
| 2. The psychologist and social worker employ motivational interviewing techniques as interaction with the patients focusing on their concerns, motivation, and confidence in their ability to change. | 3.63 | HR | 3.65 | HR | 3.64 | HR |
| 3. The program changes the patients by developing self-esteem. | 3.66 | HR | 3.62 | HR | 3.64 | HR |
| 4. Create a rewards as motivational incentives to the patients to boost their self-esteem. | 3.68 | HR | 3.68 | HR | 3.68 | HR |
| Overall | 3.65 | HR | 3.64 | HR | 3.65 | HR |

Table above presents the mean distribution of the assessment for proposed measures aimed at addressing challenges within the Recovery Home Program of the Therapeutic Community Intervention Program. The high overall mean of 3.65 indicates that both staff and patients highly recommend these measures. The proposed measures addressing challenges within the implementation of the Therapeutic Community Intervention Program Recovery Home Program at DOH-TRC Bicutan received strong reinforcement from an anonymous source within the organization.

The proposed measure of creating motivational incentives aligns with (Ryan, et. al., 2017), who emphasize the significance of self-determination theory. Focusing on the development of self-esteem, as proposed in another measure, resonates with the work of (Branden, 2016). Employing motivational interviewing techniques to increase individual readiness for change, as highlighted in the last proposed measure, can benefit from the principles outlined in (Prochaska, et. al., 2018)'s transtheoretical model of behavior change. The insights from (Magor-Blatch, et. al., 2017), (Belderson, 2018), (De Leon, 2018), (McKay, 2018), (Kressel, et. al., 2020), and (Jason, et. al., 2022) provide valuable strategies to enhance the Recovery Home Program of the Therapeutic Community Intervention Program.

**3. From the findings of the study, what program can be proposed for the enhancement of the implementation of the therapeutic intervention program of the department of health-treatment and rehabilitation center (DOH-TRC)**

**Building Bridges: Fostering Respectful Communication Between Patients and Staff**

**Program Objectives**

The "Building Bridges" program aims to enhance communication and mutual respect between patients and staff within the Therapeutic Community Intervention Program. By creating a culture of understanding and collaboration, the program seeks to improve the overall treatment experience, promote positive behavior change, and contribute to successful recovery outcomes. Respect between patients and staff in a drug rehabilitation center is paramount for fostering a conducive and supportive environment for recovery.

It creates a foundation of trust and mutual understanding, essential for effective therapeutic relationships. Respect encourages patients to engage actively in their treatment journey, leading to better adherence to program protocols and interventions. Respect for medical staff from patients is crucial, as highlighted by the study by Goldfine et al. (2023) in the Western Journal of Emergency Medicine.

The research focuses on patients with opioid use disorders seeking medications for addiction treatment in emergency departments. In the context of healthcare environments, the importance of respect from patients towards medical staff is underscored by the work of Griffin and Glenn (2023) in their chapter titled "Treatment of Women in Healthcare Environments within the book Cultural Issues in Healthcare: Emerging Challenges and Opportunities. Additionally, the study by Al-Romaihi et al. (2023) titled "Knowledge, attitude, and training of health-care workers and preparedness of hospital emergency departments for the threat of communicable diseases at mass gathering events in Qatar sheds light on the significance of respect within a hospital setting.

**Program Objectives**

1. Foster a culture of respect, understanding, and empathy between patients and staff.
2. Improve patient-staff communication, leading to enhanced treatment engagement and satisfaction.
3. Reduce conflicts and misunderstandings by providing participants with effective communication tools.
4. Strengthen the therapeutic alliance between patients and staff, contributing to positive treatment outcomes.
5. Create an environment where patients feel valued and empowered, supporting their journey towards recovery.

## CONCLUSION AND RECOMMENDATIONS

The study also identifies areas for improvement, notably in the graduated sanctions system and the provision of rewards to

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patients. The observed variation in perceived effectiveness between staff and patients underscores the need for tailored strategies and enhanced collaboration. In the outpatient program, the assessment demonstrates high effectiveness across indicators, focusing on skills development, rapport-building, and relapse prevention. Overall, the study provides valuable insights into the effectiveness of the Therapeutic Community Intervention Program and suggests avenues for refinement and optimization to better meet the diverse needs of staff and patients in their journey towards recovery.

In conclusion, the evaluation of the Therapeutic Community Intervention Program at DOH-TRC Bicutan highlights its effectiveness, with an overall mean score of 3.29 for residential and 3.38 for outpatient programs. The study points to positive impacts on staff and patients, emphasizing mutual support, safety, and patient engagement. Challenges include disparities in perceived effectiveness and specific program areas needing improvement. Proposed is the "Building Bridges" program to foster respect and communication between patients and staff, addressing the issue of patient disrespect and lack of respect. This comprehensive initiative integrates various activities to create a more empowering and inclusive environment, enhancing patient outcomes and staff satisfaction.

After the investigation, the researcher came up with the following recommendations to address problems encountered in implementing the Therapeutic Community intervention program given by the DOH-TRC Bicutan.

4.3.1. Develop a structured program within the Therapeutic Community that builds mutual respect between patients and staff. The focus of this program is to promote respect for authority and create a positive and supportive environment for all participants.

4.3.2. Ensure the strict and consistent implementation of the therapeutic community intervention program. Implement clear guidelines and protocols to help patients understand their responsibilities and the expected outcomes of participating in the program.

4.3.3. Create a comprehensive set of steps and interventions to help patients overcome anxiety related to transitioning from the treatment center to the community. These strategies can include counseling, social support, and exposure to real-life situations in a controlled manner.

4.3.4. Initiate a targeted campaign to educate and involve families in supporting the recovery of patients. Provide families with information about addiction, treatment, and recovery, emphasizing their role in the patient's successful reintegration into the community.

4.3.5. Implement a structured program that encourages and facilitates regular interactions between patients and their families during treatment. Family involvement can positively impact patient motivation and strengthen the support system for successful recovery.

4.3.6. Establish a comprehensive aftercare monitoring program that includes regular check-ins and support for patients who have completed the treatment program. This monitoring should extend beyond the immediate post-treatment period to provide ongoing support and prevent relapse.

4.3.7. Allocate a dedicated budget to compensate staff monitoring the aftercare program's patients. Proper compensation can enhance staff commitment and motivation to provide quality support and care.

4.3.8. Develop and integrate encouragement strategies within the program to motivate patients to attend livelihood training programs willingly. Highlight the benefits of skill development and job opportunities to inspire active participation.

4.3.9. Create opportunities for direct communication between staff and patients after the recovery program. Utilize technology, such as virtual meetings or online platforms, to maintain regular contact and support.

4.3.10. Prioritize relapse prevention by incorporating targeted interventions and support mechanisms within the aftercare program. Offer coping skills training, relapse prevention plans, and peer support to address potential relapse challenges.

4.3.11. The agency may implement the proposed program of the research entitled **"*Building Bridges: Fostering Respectful Communication Between Patients and Staff.***

4.3.12. Future researchers should consider conducting further studies to explore specific aspects of the Therapeutic Community intervention program not fully covered in this research. These studies can provide additional insights and contribute to improving and developing effective drug rehabilitation programs.

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