

# WFTC XXIV World Conference *Therapeutic Communities*

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# Evidence, existence and emancipation

Can Evidence based research facilitate the integration of at first sight contradictory paradigms that underpin substance use care and enhance quality of life?

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- Lecture first presented at the Society & Mental Health Conference, Thessaloniki, 2007.
- As article submitted to Journal of Psychoactive Drugs: Broekaert, E., Vanderplasschen, W., Colpaert, K. & Autrique, M. (accepted under conditions) The Human Prerogative: 'A Critical Analysis of Evidence-Based and Other Paradigms of Care in Substance Abuse Treatment' (accepted under conditions, December, 2008).



“I heard in my dream:  
Habib, do you want this onion  
or only a slice?

A big hesitation took me by surprise.

This mysterious question  
was the question of my life!”

G. Ekelöf



# Introduction and aim

- Evidence Based Medicine
- Different Paradigms of Care
- Reactions, Criticism and Prejudices towards EBM
- Consequences of Methodo- and Ethnocentrism for Care
- Towards Integration and the Enhancement of Quality of Care and Life: Actual Paradox and Future Options



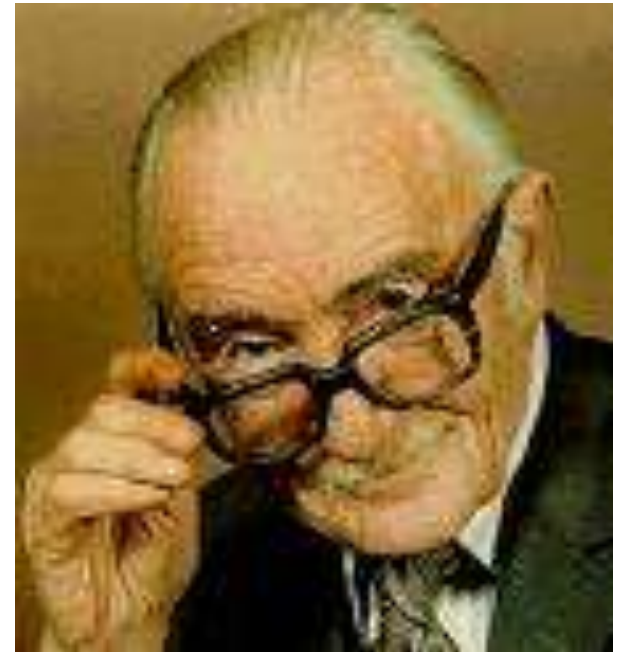
# Evidence Based Medicine

“Contra facta non valent argumenta”

“Against facts no arguments can hold”

Cicero

- **Archie Cochrane**
- **Evidence and Hierarchy**
- **Effectiveness, Co-ordination, Continuity of Care**



# Evidence Based Medicine

## Belgian Review Study

- **Best evidence found for:**
  - Voucher-based interventions – community management (Carroll & Onken, 2005) (11)
  - Motivational Interviewing (Burke et al., 2003) (12)  
(Dunn et al., 2001) (13)
  - Community Management (Roozen et al., 2004) (14)
  - Relapse Prevention (Irvin et al., 1999) (15)
  - Case Management (Vanderplasschen et al., 2007) (16)



# Evidence Based Medicine

- **Low evidence found for:**
  - Therapeutic Communities (Smith et al., 2005) (17)
  - Self-help Groups (McKay et al., 2004) (18)
  - Cue Exposure (Conklin & Tiffany, 2002) (19)
- **No evidence available for:**
  - Acupuncture
  - Educational lectures
  - Confrontational approaches
  - Compulsory participation in self-help groups  
(Miller et al., 2006) (20); (Miller, Wilbourne & Hettema, 2003) (21)



# Different Paradigms of Care

- **Empirical Analytical: EVIDENCE**

- A coherent totality of causal conditional relations that can be analysed in their composing parts, and can be defined separately

- **Phenomenological: EXISTENCE**

- A methodical approach that involves the whole person and his social network
- Complexity of human motives, interactions, beliefs, life, activities are too complex to be reduced to statistical analysis
- Need for empathic interpretative understanding



# Different Paradigms of Care

- **Critical Post-structural: EMANCIPATION**
  - The loss of the grand theory and the self-actualising subject
  - Inclusion, self-advocacy, emancipation, critical position towards conservative values
- **Empirical Analytical**
  - Behaviouristic approaches
  - Vouchers Based Interventions; Motivational Interviewing



# Different Paradigms of Care

- **Phenomenological**

- Global Treatment
- Therapeutic Communities; Alcoholics Anonymous

- **Critical Post-structural**

- Harm Reduction movement and Health Perspective
- Needle-exchange, Free Heroin Distribution, Free Injection Rooms



# Reactions, Criticism and Prejudices towards Evidence Based Research

“Damnant quod non intellegunt”

“They condemn what they don’t understand”

(Anonymous )

- **From empirical analytical point of view**
  - Statistical problems in ‘box-score reviews’
    - Low/variable statistical power to detect treatment effects
    - Multiple statistical tests for treatment effects
    - Variable comparison groups across studies
    - Lack of consistent data on patient characteristics across studies
  - Minimal bias designs



# Reactions, Criticism and Prejudices towards Evidence Based Research

- **From phenomenological point of view**
  - Professional treatment as collective of good practices vs EB treatment as one of the many elements
  - Importance of clinical freedom
  - Simplification of reality



# Reactions, Criticism and Prejudices towards Evidence Based Medicine

- **From social critical point of view**
  - Denial of post-modern approaches; lack of use of collaborative, empowering and inclusive methodologies
  - At random splitting up between those who receive and those who don't receive treatment
  - Investigation of quality of care and quality of life
  - The going together of EB treatment and new managed care and compartmentalization into units and functions of care



# Consequences of Methodo- and Ethnocentrism for Care

- **Methodocentric scientific point of view**
  - One methodology and scientific paradigm for every type of intervention
  - Consequence: behaviouristic (voucher based interventions), global (TC, AA) and progressive approaches (HR, alienating social institutions) should be researched only from OR empiric analytic, OR phenomenological OR post-structural point of view



# Consequences of Methodo- and Ethnocentricism for Care

- **Ethnocentric scientific point of view**
  - Every method is a social construction
  - Methodology has to tight-fit the nature of type of intervention
  - Behaviouristic (voucher based) → empirical - analytical
  - Global (TC, AA) → phenomenological
  - Progressive approaches (HR, alienating social institutions) → post-structural



# Towards Integration and the enhancement of Quality of Care and Life: Actual Paradox and Future Options

“Diversitas unitas est nostra”  
“Our diversity is unity”



# Actual Paradox

- **The Paradoxal marriage between Evidence Based Medicine (security of modern certainties) and Harm Reduction (relativity of post-modern incertainties) at the loss of human existence and selfactualisation**



# Future Options

- **Search for integration of different types of interventions as well as methodological approaches**
- **Distinguished treatment modalities, paradigms of care and research methodologies alternatively have to go together**



# Future Options

- **The distinguished value of Evidence Based, Global Existential and Social Critical approaches should complete each other and lead towards a higher quality of care and consequently of life**
- **Principle of Complementarity: two parts of the coin complement each other**



# Future Options

- **Integration principle: alternatively going together of the parts**
- **Dialectic transformation principle: thesis, antithesis and synthesis as (never-ending) process**
- **Propositions:**
  - The whole is more than the sum of the parts
  - Everything is (internally) interconnected

