SOTERIA CRITICAL ELEMENTS

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1. FACILITY:

a. Small, community based
b. Open, voluntary home-like
c. sleeping no more than 10 persons including two staff (1 man & 1 woman) on duty
d. preferably 24 – 48 hour shifts to allow prolonged intensive 1:1 contact as needed

2. SOCIAL ENVIRONMENT:

a. respectful, consistent, clear and predictable with the ability to provide asylum, safety, protection, containment, control of stimulation, support and socialization as determined by individual needs
b. over time it will come to be experienced as a surrogate family

3. SOCIAL STRUCTURE:

a. preservation of personal power to maintain autonomy, diminish the hierarchy, prevent the development of unnecessary dependency and encourage reciprocal relationships
b. minimal role differentiation (between staff and clients) to encourage flexibility of roles, relationships and responses
c. daily running of house shared to the extent possible; "usual" activities carried out too maintain attachments to ordinary life – e.g. cooking, cleaning, shopping, art, excursions etc.

4. STAFF:

a. may be mental health trained professionals, specifically trained and selected non-professionals, former clients, especially those who were treated in the program or a combination of the three types
b. on the job training via supervision of work with clients, including family interventions, should be available to all staff as needed

5. RELATIONSHIPS: these are central to the program's work

a. facilitated by staff being ideologically uncommitted (i.e. to approach psychosis with an open mind)
b. convey positive expectations of recovery

c. validate the psychotic person's **subjective** experience of psychosis as real by developing an understanding of it by "being with" and "doing with" the clients
d. no psychiatric jargon is used in interactions with these clients

6. <u>THERAPY;</u>

a. all activities viewed as potentially "therapeutic" but without formal therapy sessions with the exception of work with families of those in residence
b. in-house problems dealt with immediately by convening those involved in problem solving sessions

7. <u>MEDICATIONS:</u>

a. no or low dose neuroleptic drug use to avoid their acute "dumbing down" effects and their suppression of affective expression, also avoids risk of long term toxicities
b. benzodiazapines may be used short term to restore the sleep/wake cycles

8. <u>LENGTH OF STAY:</u>

a. sufficient time spent in program for relationships to develop that allow precipitating events to be acknowledged, usually disavowed painful emotions to be experienced and expressed and put into perspective by fitting them into the continuity of a person's life

9. <u>AFTER CARE:</u>

a. post discharge relationships encouraged (with staff and peers) to allow easy return (if necessary) and foster development of peer based problem solving community based social networks
b. the availability of these networks is critical to long term outcome as they promote community integration of former clients and the program itself