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**Colegio de Ciencias Sociales y Humanidades**

A conscious and sustainable therapeutic community for  
substance abuse

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A conscious and sustainable therapeutic community for substance abuse

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## RESUMEN

La situación actual del Ecuador respecto a los centros de rehabilitación para el abuso de sustancias es considerada ser bastante ineficaz con muy poco impacto terapéutico en la sociedad. Por esta razón, una comunidad terapéutica consciente y auto sustentable, que trate el abuso de sustancias de una manera nueva e innovadora es sumamente importante. Este estudio es una evaluación de programa de una comunidad terapéutica que tendrá como filosofía una visión budista/humanista y 5 componentes claves: Yoga, Empoderamiento con caballos, Terapia grupal, Nutrición consciente y el Diseño y arquitectura del sitio. Los resultados se esperan ver en un cambio cualitativo en la vida de los clientes, con una tasa de éxito del 75% y será medido en base a una serie grupos focales durante y después del tratamiento. Las implicaciones de este estudio recaen en la importancia de la creación de un lugar donde la gente tenga la oportunidad de dejar atrás hábitos autodestructivos y conectarse a uno mismo, una comunidad y a la propia tierra.

**PALABRAS CLAVES:** Comunidad terapéutica, abuso de sustancias, humanismo, empoderamiento con caballos, yoga, alimentación consciente.

## **ABSTRACT**

The current national situation regarding therapeutic centers for substance abuse is considered to be highly inefficient with little therapeutic impact on Ecuadorian society. For this reason, a therapeutic community that treats substance abuse in new, innovative ways is paramount. This study is a program evaluation of a conscious and self-sustainable therapeutic community based upon the philosophy of Buddhism/humanism and five key components: Yoga, Horse Guided Empowerment, Group Therapy, Conscious nutrition and the design and Architecture. Results anticipate a qualitative change in the lives of patients, with a 75% success rate, as measured by a series of focus groups run during the course of treatment. The implications of this study lie in its importance of the creation of a place where people have the opportunity to leave behind self-destructive habits and connect to one's self, a community and earth itself.

**KEY WORDS:** Therapeutic Community, Substance abuse, Humanism, self-sustainability, Horse Guided Empowerment, Yoga, Conscious Nutrition.

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## INTRODUCTION

In present day Ecuador, the use and abuse of substances is a real-life conflict, which affects a great percentage of Ecuadorian families leading not only to a deteriorated lifestyle but also to the deteriorated lifestyles of those around a patient. Data recently published by CONSEP states that 4.4 % of Ecuador's studied sample admitted to having assisted to work under the influence of legal or illegal substances bringing in other major issues such as work productivity decreasing due to the use of such substances (CONSEP, 2013).

A study by the National Council of Psychotropic and controlled Substances done to an experimental group of 10976 persons between the ages of 12 and 65 of both sexes and of diverse socioeconomic statuses, revealed that 9.9% of the sample in question needed medical services due to the use and abuse of controlled substances; while 2% of the sample mentioned having initiated an ambulatory treatment to quit or reduce the use of such legal or illegal substances (CONSEP, 2013).

The consequences that have been brought by the misuse or abuse of substances in addition to the discourse behind public policy, in most cases, fall on the consumer; the micro-dealer, and drug-trafficking thus, leading to simplistic and totalitarian visions. Ecuador lacks efficient centers that better Ecuadorian people's quality of life, especially of those, which are, affected the most by the use and abuse of substances. The lack of results in the implemented solutions within the last years opens a new discussion where the paradigm revolves around the illegality of substances as well as the meaning or the purpose of rehab centers active in Ecuador's present reality. (Velez, 2012)



Having considered the previously stated facts, it is obvious that there is a need for a therapeutic center that is able to tend to a large percentage of its surrounding community. The designated location for such center will be in the province of Imbabura close to the San Pablo del Lago region. It is important to mention the location because the healing properties of the Andes and the fact that it is far from any big and busy city makes easier the sharing and living within the therapeutic community. Also, because it is mandatory to have the space enough to build a therapeutic community like the one presented, the field and atmosphere were is going to be placed the therapeutic community is a key component.

A therapeutic community is understood as a place where adults gather with the purpose of gaining some abilities to cope with their addictive behaviors. Hence, a need for such tools in order to better fit within our current society is arises. Five key components will play a leading role in reaching such goal: A conscious nutrition, yoga, Horse Guided Empowerment, group therapy, and the design, esthetics, and architecture of the place.

There are some important aspects that should be considered within the therapeutic community in order to adequately tend to the physical, mental, and spiritual needs of both patients and therapists. It is important to state that the therapist's job will not be as explicit as it is in regular therapy sessions because each patient's process could be misguided by the therapist's interference. This is why therapies such as "Horse Guided Empowerment" or yoga therapy will serve as a guide in each patient's personal process, helping them to reconfigure their mental structures and to be more authentic in recognizing their individuality.

The importance of eating habits during the treatment stands as a key component, not only because the diet includes only vegetarian-based meals, but also because an organic

orchard will serve as part of the sustainability plan where patients will be able to work on their own food, connect with the soil, and benefit from its healing properties. One of the main outcomes of working on the orchard is its capacity to enroot patients to earth and make them feel safer resulting in the sensation of being held by “mother nature”. This cyclic process of realizing and going back to one’s roots is vital within each patient’s own steps towards reinsertion.

The program will reach its end when the therapeutic community’s patient has been through the three mainstays of the treatment (Detox, de/un-habituating, and maintenance) and has the certainty of having acquired the necessary psychological tools in order to reach full reinsertion into society. An interview between the therapist and the patient will take place and the participant must agree upon a program termination date.

Having considered the fundamental structure of the therapeutic community, the reader will not only have the chance to understand both, the significance and the development of each applied technique during the treatment. Having established the above framework, the literature review brings further information in which the philosophy behind the therapeutic community is explained further on to explaining its five key components.

## LITERATURE REVIEW

Literature review will be explained in two major themes. The first one that will talk about the bases and philosophy of the therapeutic community, and the second one will be in charged of giving the reader the comprehension of the treatment and therapies that are going to be applied in the therapeutci community.

### Philosophy

One of the best ways to understand the philosophy in which the therapeutic community focused on susbstance abuse is going to lean on is by reading an interesting paperwork that G, Marlatt wrote on the year 2006 where he explained the buddhist philosophy on addictive behavior. First of all, the author introduces himself as he starts explaining how he got interested about meditation and its healing power. When he started exploring the way the Buddhist philosophy sees addiction, and how meditation could be useful when negative thinking and anxiety start taking over the mind of the individual, mostly common on substance abusers, he realizes that it could help to apply it on treatment.

Part of meditation is letting go and getting free from the “attachment” on the drug that has been the bridge to the addictive behaviors. Besides talking about meditation and how powerful it could be, Marlat mentions how Buddhism breaks with the Theist approach that the 12 steps program has. This also helps for those people who were not open to a Theistic way of going through treatment. Also, as a clinical application, he sees Buddhism as a way to get to the patient not only with meditation but also with its philosophy that helps with the existentialistic part in every individual in his/her life. What Marlatt takes into account is that it is important to give a series of relaxation techniques, where the patient

have to do some therapeutic exercise; one of the most common one that patients agree to do is yoga (Marlatt, 2006).

Besides relaxation, the author mentions the way mindfulness is incredibly useful in addictive behavior, because one of the most dangerous thoughts an addict can have is worrying about the future and not handling the present. So, mindfulness gives the person the power to focus on the present thoughts and emotions and having a wider perspective, non-judgmental way to see him or herself and also having different relationships with that kind of thoughts and reactions. So, basically, the individual ends up monitoring the thoughts and scenario that trigger the craving and reconstructing them. (Marlatt, 2006).

As a conclusion, the author says how the problem of addiction could be solved going through the “middle way”. Because addictions, as any other extreme habit people can have, is a polarized field. Abstinenes and relapse are extremely opposite, which gives the addict a feeling of anxiety because is too hard to keep on one of the poles. This is a harm-reduction technique for those who are not whiling to engage with an abstinent way of life. So the individual can manage the relapse as an episode and not as a decree (Marlatt, 2006).

### **Humanism.**

Humanism is a concept that occidental psychology has managed to give shape to, basing it upon a secular concept which many ancestral cultures and philosophical branches of thought already possessed. Humanism is characterized by a belief in the potential creativity within each human being and its ability of overcoming obstacles of all sorts throughout their lives. Humanists seek the study of the spiritual dimension, transcending natural and human existence. (Lez, 1999).

Humanistic psychology therefore results as an emergent reaction to conductivism and psychoanalysis. Psychology resulted in disadvantage by the rationalistic paradigm, which brought about a new science in which the patient in treatment and the therapeutic makings are more in accordance with each other in a holistic -and more importantly scientific manner. It is important to highlight the fact that humanism appears skeptical to religious beliefs and accepts science as an understanding (Lez, 1999).

### **Transpersonal Psychology.**

To understand the concept of awareness expansion and the importance of it, it is mandatory to talk about transpersonal psychology and its actual point of view. Transpersonal psychology was first created basing their believes on humanistic psychology, and on its most important authors. Abraham Maslow and Anthony Sutich decided to explore the consciousness further than what psychoanalysis and conductivism did, so Abraham Maslow and Sutich were the first psychologists to consider the spiritual and transcendental nature of human being and existence itself (Grof, 1984).

Transpersonal Psychology is a branch within humanism, which focuses on the ability of the individual to reach real and genuine truths through the use of non-ordinary states of consciousness. It seeks to integrate ancestral knowledge and actual scientific understandings. This is why it has developed a series of techniques such as holotropic breathing or psychedelic therapy in order to reach an expanded state of consciousness that allows the individual to explore him or herself and connect with their inner master. Having accomplished this, the patient manages to come closer to the depths of their consciousness and establishes a personal genuine truth that will lead them to a self-healing of the psyche. This same quest of the psyche not only helps in healing, but also in transforming the process

into an existential search and a spiritual encounter that nurtures the patient with maturity, self-understanding, and a sense of belonging (Grof, 2000).

One of the most important findings of transpersonal psychology is the classifying of consciousness levels of an individual; transpersonal psychologists not only speak of the biographical subconscious but also of the perinatal experiences of an individual, the collective unconscious of a transpersonal consciousness that goes beyond physical self and human experience (Grof, 2000).

### **Self-sustainability and environmental coherence:**

As it has been stated, part of the philosophy is being coherent with the environment and trying to rebuild a connection between the participants of the therapeutic community and “mother nature”. So the need to build a place that does not exploit the soil with an organic orchard, for example, is mandatory. (Wheldon, 2000).

(Muller, 2006)

## **Therapeutic Community**

The therapeutic community for treatment of abuse and addiction to drugs has been around for approximately 40 years in the United States; generally providing residential drug-free atmospheres that represent a hierarchical model with treatment stages which become greater in difficulty and social responsibilities as they progress through time. Influence of peers is used and mediated through a variety of group processes in order to help each person cope with social norms and develop more successful abilities (De Leon G, 1995).

Therapeutic communities differ from other treatment approaches mainly in their community use; composed of treatment staff and those in the recovery process who act as

agents of change. This approach is often known as “community as method”. The members of the TC interact in structured and non-structured manners in order to have an impact in the patient’s attitudes, perceptions and behaviors which are associated with drug use (De Leon G, 1995).

Many of the patients admitted to the therapeutic communities have a long history of social performance, educational or vocational abilities, family and community positive bonds that have been weakened by drug use. For such patients, recuperation involves rehabilitation, re-learning or re-establishing a functioning of abilities and healthy values such as taking care of one’s physical and emotional health (Fernandez, 2009).

Other therapeutic community residents never had functional lifestyles. For them, therapeutic communities are generally the first time they are ever exposed to an organized healthy lifestyle. In their case, recuperation involves learning the behaviors necessary in order to live in community, for the first time (Winters, 2003).

Apart from the Community being the primary agent of change; a second fundamental principal of therapeutic communities is “self-help”. Self-help involves having the patients play a leading role contributing to their own process of change. “Mutual self-therapy”; third parties taking up a partial responsibility in the rehab process of their partners, becoming a very important aspect of the patient’s own treatment (Winters, 2003).

### **Treatment:**

Treatment will be divided in three core aspects: abstinence, de-habituation and maintenance or re-insertion, including a diverse treatment of therapies based in self-exploration and understanding, and acceptance or admittance and self-regulation. All

therapies will be led by specialized therapists who will seek to connect with the patient with the least use of dialogue as possible so that the knowledge and the awakening of consciousness comes to the patient in an authentic manner without it being influenced by the therapists or other patients (Arnau, 2010).

Abstinence patients will fall under the first core aspect. Those of which will have to take toxicological tests, vital organs tests, and blood work in order to reach an accurate diagnosis of what the patient has been using and therefore, design a treatment in accordance to their needs. After stabilizing the patient, a rigorous diet will be designed, giving clear instructions, conditions and rules of the therapeutic community just as informing them of the timetables and daily routines and “punishments” that they will receive if they don’t follow these rules and norms and collaborate with the balance of the rest of the patients and therapeutic team (Arnau, 2010).

After having established a strong basis in which the patient will be able to stand on their own, a strong nervous system and a healthy body, each patient will get the opportunity to experiment certain ancestral/psychedelic therapies guided by a chaman or an experimented therapist as part of the therapeutic team. The chaman will lead several guided therapies depending on each conflict and treatment design such as the *temazcal* or ceremonies with the corresponding entheogen. This step will be discussed and agreed upon by the entire therapeutic team within the second or third core stage of the treatment. Similar to the Takiwasi rehabilitation center, the therapeutic community will seek to syncretize the ancestral knowledge with modern science highlighting the importance of the spiritual development of the patient (Fernandez, 2003).



The chamanic guide will be in charge of canalizing the modified states of consciousness so that the patient reaches their own healing finding their own “internal master”. For which the therapist’s role is only to guide and generate the appropriate conditions in order for the patient to develop their process safely (Fernandez, 2003).

This process will take longer than 6 months, for which at least 6 sessions/rituals are required accompanied with ongoing medical exams previous to and after each ceremony. The main psychotherapist will also play a leading role in dealing with the effects of the ceremony such as insights, significant dreams and the experimenting of synchronicities for which the isolation period necessary after the taking of *ayahuasca* (Fernandez, 2003).

### **Therapeutic Team**

The therapeutic community will be equipped with an extensive therapeutic team working to look after the whole development of each patient. Each and every member of the therapeutic team will work under the same philosophy of the center, having understood and agreed upon a non-violence policy in which under no circumstance a member of the team is to use violence of any kind (physical or psychological) over any patient. We believe that only in this way the full and proper recovery of the patients can be reached (Arnau, 2010).

A main therapist will lead each therapeutic team, consisting of a professional psychotherapist with knowledge in the field of equine-therapy, a psychotherapist with knowledge in the field of yoga-therapy, an educator for patients that have not yet finished primary school, three to five nurses and 4 to eight security guards, as well as an administration team.

Even though the therapeutic team will include doctors and psychiatrists, the distributing of allopathic and psychotropic medicine will be none, in alignment with the community's core beliefs, views, philosophies and methods of treatment and care. Each team member will be trained to lead an individualized treatment with each patient, lead weekly meetings in which the therapeutic team will meet to discuss, organize, and make decisions related to each patient's process (Arnau, 2010).

Security staff and nurses will be equipped with high-tech tools in order to keep peace and safety within the therapeutic community. A well-trained team in reacting accordingly (non-violent) with patients as well as in raising awareness in the community about non-violent lifestyles, in accordance with the community's core views and beliefs.

### **Yoga**

SuperHealth is a rebuilding technology, based on Kundalini yoga, for systems that have been compromised. In practical life situations where we are tempted or have an urge or craving, we've developed the resources in nervous system vitality and mental resolve to be successful in withstanding the pressure of the moment. This is a system of training for success (Khalsa & Bhajan, 2011).

To change addictive behavior it is important to heighten the consciousness, this is made through the changes in neuron patterns; one way of doing this is through the practice of Kundalini Yoga. The benefits of Kundalini yoga extend to the gain of mental health, physical well-being, and the cultivation of awareness of our inner lives. This is achieved through the active pressure of the glandular system. This pressure stabilizes the nervous system by balancing the hormone production and at the same pace, the emotional system.

Kundalini Yoga uses a wide exercise and breathing techniques, which stimulate the brain and the nerves that arouse happiness and a sense of well-being. The practice of Kundalini Yoga brings to the patient the sense of integration that excludes the feelings of depression or fragmentation, in addition to the enhancement of the physical well-being by improving the cardiovascular and respiratory functions. The physical activity of yoga extends our physical limitations of strength, flexibility and balance, and then it allows deep relaxation. This increases the body's ability to be responsive to stressors both physical and psychological. Chronic tension is released from muscles. Therefore, the tissues can more easily detoxify and regenerate (Khalsa & Bhajan, 2011).

Resting techniques are important to get through while in the process. That is why beginners are encouraged to rest after each exercise, so that they can learn through corporal memory relaxation skills. When the practitioner goes further, it will become more challenging and will have less time for relaxation; this is because the body learns to relax under pressure and stress. These processes along breathing techniques will maintain the body relaxed even under serious stress. This influences in the addictive behavior, since it is essential to have mental clarity and a relaxed state of mind when creating strategies for a life without destructive habits, depression or anxiety. It is important to denote that the nervous system becomes vulnerable with the abuse and use of substances, behavior that normally comes along with the ingestion of junk food, smoking habits and cycles of anxiety and depression. In this vulnerability the patient is easily led to temptation. Kundalini Yoga is one of the best ways to reconstruct the nervous system. The techniques used in Kundalini Yoga help to go beyond our excuses and rationalizations. The pressure created through

Kundalini Yoga slowly builds stamina, determination, and the ability to face life with an empowered view (Khalsa & Bhajan, 2011).

### **Horse Guided Empowerment:**

The method that is going to be applied was created by Christina Ring and her first book is called "Horse Guided Empowerment". Throughout this book, Ring explains the power of healing that working with horses could have. Beyond the rationale use of horses in therapy, the intuitive communication that horses establish with patients, or any client, could lead the person to get to a beautiful but radical self-discovery. Also, Ring explains how Horse Guided Empowerment differs from Hippo-therapy and Equine Assisted Therapy, by not just having the horses as a tool but also to by practicing natural dressage with horses (Ring, 2013)

Talking about natural dressage, Ring clarifies that the will of doing or having done activities with horse, the client starts feeling empowered and realizes how to pass a clear message to the horse or to anyone else through body language and willingness. Besides that, working with horses that live in their natural environment (as a herd), gives the client a sense of social abilities that are really useful in the daily life. So, Ring does not just give a sense of a therapeutic tool of the horse but also give the same importance to the horse as the therapist in therapy (Ring, 2013).

One of the interesting thing that Ring mentions along the book, is that most of the work that is done with horses must be with the feet on the ground. It is important to mention this because the relationship with the horse must be equal and do not pretend that one should be on the top of another one. Working like this also helps the client to lose the

guard and present him or herself as he or she is. So the therapy becomes more authentic and honest.

Finally, Ring gives about ten types of exercises that a therapist could use for therapy and that they have worked pretty good for her. She even mention in which cases each exercise should be use, but still, she mentions how important is to follow the therapist own intuition to perform any other exercise. Because one of the most important thing to do in this kind of therapy is to create a special field where the “here and now” is the bridge that could help the therapeutic relationship work between the client and the therapist. Having this done, the exercises that the therapist decides to use will definitely help the client.

A research done by Shultz in 2007 for children who have experienced intra-family violence got to the conclusion that the program approaches can be unlimited if the method is genuine and well based. And Shultz makes emphasis on the importance of having a non judgemental point of view when the first encounter is being held, between the client and the horse. Horses use their natural instincts so they will act accurately to the clients position on the field. And from here, it starts a healing and powerfull relationship between the client and the herd (Shultz, 2007).

#### **Conscious Nutrition:**

#### **Conscious Nutrition:**

Nutrition is an important area within the detox treatment. A bond between nature and the patient will bring balance between the body and the mind. A clinging space, designated to eliminate the substances that are blocking sensibility, in the physic and energetic parts of the patient (Takiwasi, 2011).

We will start by using healing plants as artichoke, milk thistle, dandelion, boldo, lavender, nettle, radish, olives, and rosemary. Such plants will help, above all, to liver detoxification, one of the organs most affected by substance abusers. The fact that the norriture is a hundred percent vegetarian and organic, makes easier for the great emunctories organs the purgatory properties they have.

This diet is based primarily on plant foods like fruits (grapes, apples, kiwis, pineapples, cherries, etc.) and vegetables (artichokes, Brussels sprouts, broccoli, celery, carrots, and all the variety that is available in a garden). We may also include whole grains that, besides vitamins B, provide protein and other dietary fibers; thereby, reducing cholesterol. Also, they promote drainage and help to expel toxins that are dumped into the blood at the beginning of the purifying process (Cordain, 2002).

One of our main allies will be our own 100 % organic garden, which will be guided by an agronomist who will help us to recover the maximum nutrients of the soil used and obtain the widest range possible of food. Also, we will be guided by a philosophy of permaculture – sustainable system that integrates harmoniously the house and the landscape, saving materials and producing less waste, while natural resources are conserved; it is designing sustainable human habitats and agricultural systems, which mimics the relationships found in the patterns of nature– (Wolf & Albay 2010).

Each axis will have a type of power commensurate with their detoxification and rehabilitation, so the participants will have psych education on how and when to eat, so this will make them aware of the impact of food on their body and mind. This will go hand by hand with an overemphasis on the importance of planting and harvesting food processes within the individual, so that each of the inmates will be responsible for planting, caring and

harvesting the food that goes to their table. With this, we have community work, valued by each of the members of the therapeutic community, and, thanks to this, the appreciation of food as an integral and very important part in the human life process is achieved (Wolf & Albay 2010).

**Design and sustainable architecture:**

This therapeutic community will be built upon a sustainable architecture in order to manage an integral understanding of the therapeutic community's philosophy: An expansion of Consciousness of the being. This project design is based upon an already-existent center in Ecuador under the direction of the architect María Teresa Ponce who designed the first sustainable architecture project in Ecuador: *Sacha Ji Retiro Ecológico en los Andes*; serving as a basis of knowledge in creating the least environmental impact as possible within the San Pablo del Lago zone in the Imbabura province in Ecuador.

The least environmental impact will be accomplished by the modeling and handling of the new space around the already existent space, the optimization of materials of the zone such as bricks made from the same materials taken from the grounds, the use of solar panels as energy sources and water heating, non-toxic paint, water-saving toilets, thermic glass, floors made with recycled materials, biodegradable soap, energy-saving systems to heat spaces, reusing of tires as anti-seismic safeguards, and the processing of rainwater from water sources within the surrounding areas (Ponce, 2013).

The therapeutic community design will be inspired in the principles of feng shui; the construction of corners will be avoided so that energy can move and travel in circular patterns, benefiting those around. The roofs will include gardens in order to help reduce CO2 emissions and keep better-quality oxygen within the rooms (pure and nutritional). And

finally, rainwater and natural residue water will be used in the showers so that patients can benefit from the natural healing properties of such water (Ponce, 2013).

## **METHODOLOGY**

Considering the main goal of this study is to present a therapeutic community with new tendencies of treatment, the methodology is carried out in the modality of program evaluation. The project is thus, structured, organized, and analyzed in its process of accomplishing total effectiveness of program goals, and accurately predicting its possible outcomes.

The first point to assess is the need for the program to be developed within the community in accordance with its socio-cultural context. The need of creating such therapeutic community focused on the abuse of substances is paramount. The state invests a large amount of money in providing medical assistance for people that get sick or injured as a consequence of substance abuse. Most of the consuming population falls under the low socio-economic section not being able to access private healthcare. Thus, the state has to cover both the user and the family that is often affected by the economic and working instability of the drug abuser.

Nowadays few institutions are in charge of the section of the population called "substance abusers" leaving us with a great group of people coming from diverse socio-economic levels with no attention and without an effective treatment that successfully treats the patient. There is currently a great investment in the control and supervision of illegal substances just as their keepers, the amount of money that is injected with this purpose could be re-directed towards the making of therapeutic communities such as this



one. Just like it would avoid the extravagant waste of money in public health care and the cost of deaths considering that the program would have an expected successful therapeutic impact reducing the public care using percentage.

According to CONCEP and the results of the 4<sup>th</sup> national study about drugs in the Ecuadorean population; 2% of the population has required or looked to start treatment to reduce their use of substances. Out of this 2%, very few persons managed to finish treatment with 0% of follow-ups. 4.9% of the population has required medical services due to the abuse of legal or illegal substances, meaning that less than half of the patients that have looked for medical care have had the intentions to do something about their use or abuse of substances (CONSEP, 2013).

The second point of assessment within the program is the definition of the design and theory of the therapeutic community. It is necessary to have a well-grounded theory in order to predict its possible outcomes. The therapeutic community pilot program in Ecuador stands as a possibility for success in many areas and for learning in many others; therefore, small changes and re-adjustments will be made on the way. Regular feedback and analysis will be taking place. Personalized interviews and focus groups will be regularly occurring with interns and the therapeutic team.

The next step within the assessment of the program is to think about the implementation of the theory to the field of experience. This therapeutic community will manage to be equipped with the therapeutic equipment needed in order to offer assistance; just as the location and team providing for the basic physiological, and sociological of the interns. The therapeutic community is expected to generate an improvement within the

functions of each patient as well as the therapeutic team being able to offer personalized care to those who are part of the community.

If expected results were reached, Ecuador would manage to have a program focused on the abuse of substances, which could be replicated around the world raising an interest from foundations and governments in supporting research on this field.

### **Content Analysis:**

The information gathered during the interviews and focus groups will be regularly analyzed by the therapeutic team allowing an understanding of the history and development of each patient's own process within the therapeutic community. The analysis will be qualitative and it will be assessed based on the conformity that the participants show regarding the treatment. Further on, the patient will also be assessed with questions that measure their cognitive abilities, the handling of emotions and given activities during the treatment. The assessment program design will mostly be observational considering that the focus groups extend through two years (Talpade, 2008).

### **Participants Description:**

Participants of this study will include a population of teens and adults that have the desire to work on their abuse of substances in common. There will be great gender, age, culture, and socio-economic status diversity within all participants. The therapeutic community will hold a maximum of 18 participants receiving the treatment. Furthermore the therapeutic team will be mostly constituted of 12 professionals, it will also be assessed which will serve as a source of detailed information on the evaluated program.

Considering this will be a private therapeutic community; financial aid will be provided in order to tend to a wider, more diverse community. Among the population of this therapeutic community; there will be young adults and older adults who seek to change behavioral patterns that have affected or taken part in their daily lives. Abusing substances leads to an alteration of brain structures, which promote empathy amongst other social abilities making this a vulnerable section of the population (Nielson, 2015).

### **Research tools:**

During the treatment and after the termination of it there will be carried a series of focus group so the pros and cons of the treatment can be tested with qualitative information. This will help to maintain the techniques applied in therapy up to the needs of patients and the therapeutic team.

The Focus Group Questionary is divided by 3 Focus Groups. The first one Due to the mother tongue of the population, the questionnaire is in Spanish.

### **Ethics**

Considering this is a pilot version of the program in which alternative techniques, which haven't yet managed to empirically be demonstrated, will be put to practice. The program director will be in charge of selecting a therapeutic team with health professionals equipped competently and accordingly in order to treat substance abuse. With this, physical, emotional, mental, and spiritual well being will be accomplished and secured. Furthermore, being a therapeutic community, which treats a great variety of substance; the population (no franchise) stands fully protected information-wise. Their data, clinical history, and

personal information will be fully safeguarded and kept secure by the community, maintaining its anonymity. One of the protection methods that occur is a process of encrypting all virtual data. In addition to this, audio and video will be collected from focus groups and safeguarded under high security in third places.

It is necessary to state the fact that each community participant will be provided with an informed consent form for when they wish to form part of the therapeutic community. This consent form will not only state a release of responsibilities, but also keep detailed information of the schedules and rules to follow within the community previous to the initial three months of treatment after which participants will have the option to abandon the community or apply for a closure session if necessary.

## **ANTICIPATED RESULTS**

The therapeutic community will have a positive impact within the immediate surrounding community after the first three months of treatment. Its impact will be felt in the emotional control as well as the well being of the participants. After completing all three phases of the treatment, the patient should be able to: Cope with stressing emotions, feel empowered, and use their creative energy accordingly so that mediates or canalizes emotions through art-making activities and life projects.

One of the main goals of the treatment is to offer therapeutic assistance to patients that have already been part of the center and feel themselves going backwards in the treatment. The providing of assistance at this point within a patient's healing process is a priority goal, which the center wants to achieve successfully and efficiently. Achievement of the program will be guaranteed through a proper use of the tools and strategies provided by

the initial research phase of the project. Considering the Taikiwasi Center successful cases in patients that are willing to go back to the center before going backwards in their process, a 75% of cases is expected to return for the same reasons (Takiwasi, 2011).

The results will be analyzed during the treatment, and after each semester since the patient left the therapeutic community, so that the program can be evaluated in a longitudinal manner. One of the limitations of rehabilitation centers is the long-term maintenance of the effects of the treatment and in the mental health of the patient, representing a real challenge for the proposed therapeutic community.

## **DISCUSSION**

As the initial design stage of the program started, the idea of creating a space in which people would want to quit self-destructive habits and substance abuse within an integral treatment and a reconnection with the sense of belonging. After having done research on certain contemporary authors, which have assessed the standard models of change for the treatment of substance abuse, I could analyze and further conclude that during the last few decades, research around modifying models of addictive behaviors has reached a conclusion; change is generic. Conceiving it as a trans theoretical model meaning that it goes further than applied theory. Di Clemente and Prochaska, in 1998, proved that there are three types of conduct change key in modifying addictive behaviors. The first is creating behavioral patterns such as exercising regularly< the second is to modify habitual conduct patterns such as leading a healthier diet. And last, the third is to fully stop the problematic and self-destructive patterns (Di Clemente, 2003)

This therapeutic community, apart from accomplishing all three types of previously mentioned changes, offers a great series of activities which allow the patients to explore within creative and stimulating experiences which require perseverance and attention in order for stress levels to lower. A recent study done in a psychiatric hospital for addictions in India applied Kundalini yoga and one of its most important results was knowing that the stress level handled by the subjects of study did not lower at any point within the 90 days of the treatment suggesting that abstinence as much as atmosphere could have been counterproductive at the moment of measuring or assessing patients' stress levels. Due to this fact; the therapeutic community of the present project takes into account the space in which the clients live as one of the key components (Khalsa, 2008).

Another important point which highlights the great value of this therapeutic community is that the values and philosophy of life that are required are "non-judgmental", for which a space for immediate acceptance within the therapeutic team and extended community. This helps nurture the ongoing relationships among all community participants in a horizontal manner creating a more empathic bond avoiding a hierarchical organization (Talpade, 2008).

At last, the integral and holistic vision of the program will help individuals to get empowered and take better control over their emotional triggers and emotions which lead them to self-destructive conducts helping them to become complete individuals with wisdom to better their social and interpersonal relationships as they leave the therapeutic community. This is of fundamental importance given that the problem of living with a community isolated from society and the system could lead to patients suffering from shock at the moment of reinsertion (Grof, 1984).

## LIMITATIONS

Economically speaking, to build up from the ground a therapeutic community as it is proposed here, requires a significant amount of money. Even though the project goal is to be a hundred percent sustainable, the first couple of years it is going to be requested some inversions from the public and private businesses willing to support the treatment of substance abuse cause. This means that the therapeutic team will be shortened as well as the first group of participants to ten professionals and ten participants.

Another limitations is the ability to maintain the participants through the whole program, as we are dealing with a very unstable population, so there might be a group of people who won't finish the three stages that are basic for the reinsertion of the substance abuser. The population living in side the therapeutic community will be mostly adults, but if there is a chance for an adolescent to start the program, there will be some "freedom" limitations so the safety of the under aged will be priority.

A replicability limitation might be found in the importance of the geographical location. The healing aspects of the countryside can play an important role in the healing process. Besides that, the organic orchard is something that Ecuador's soil has as a privileged land, so may be there will be a change of activities if this therapeutic community wants to be replicated by other countries.

Finally, as a personal limitation I can say that I do not have, actually, the practice nor wisdom to be the head therapist of a therapeutic community. For this reason, I would search

for the ideal person to work on that position until I have the competence to deal with that job.

## **FUTURE RESEARCH**

There is more and more interest in creating therapeutic communities due to their results in the field of substance abuse treatment. Due to this, the pilot program can serve as a base for future state research in order to further develop a non-profit program focused in the treatment of substance users of low income and low socio-economic status.

Other research can take place in the future as a program to treat substance abuse focused in the treatment of opium-derived substances. Treating with this segment of the population requires a fully trained team able to treat any medical illness that could possibly arrive to the therapeutic community. Furthermore more complex medical grounds will be needed in order to provide pertinent medical assistance in the case of opium-derived substance abstinence.

Following along the lines of opium-derived substance treatment; the use of Ibogaine as an ancestral and medicinal plant, which has accomplished good, results in the recuperation of certain therapeutic communities within the United States and Europe



## REFERENCES

- Alvarez, H. (2011). *Paisajes de la psicoterapia: Modelos, aplicaciones y procedimientos* (1a ed.). Buenos Aires: Polemos.
- Arnau, D. (2010). *La metodología de la comunidad terapéutica* (1st ed., Vol. 1, p. 391). Madrid: Fundación Atenea Grupo Gid.
- Chen, H. (2005). *Practical program evaluation assessing and improving planning, implementation, and effectiveness*. Thousand Oaks, Calif.: Sage.
- Cody, P., Steiker, L. H., & Szymandera, M. L. (2011). Equine Therapy: Substance abusers 'Healing Through Horses'. *Journal Of Social Work Practice In The Addictions, 11 (2), 198-204. doi:10.1080/1233256X.2011.571189*
- Cordain, L. (2011). *La dieta paleolítica: La paleodieta : Pierda peso y gane salud con la dieta ancestral que la naturaleza diseñó para usted = [The Paleolithic diet : Lose weight and gain health with the ancestral diet that nature designed for you]* (1a ed.). Barcelona: Ediciones Urano.
- DiClemente, C. (2003). *Addiction and change: How addictions develop and addicted people recover*. New York: Guilford Press.
- Dirección Nacional del Observatorio de Drogas, (2014). *IV Estudio nacional sobre uso de drogas en población de 12 a 65 años..* Quito: Consejo Nacional de Control d Sustancias Estupefacientes y Psicotrópicas., pp.2 - 24.
- Fernandez, P. (2009). *Drogodependencias: Farmacología, patología, psicología, legislación* (3a. ed.). Buenos Aires ; Madrid: Panamericana.
- Fernández, X. (2003). Estados modificados de consciencia con enteógenos en el tratamiento de las drogodependencias. *Revista de Etnopsicología, 1(2), 33-45.* Retrieved from [http://www.neip.info/downloads/textos\\_novos/xavier.pdf](http://www.neip.info/downloads/textos_novos/xavier.pdf)
- Grof, S. (1984). *Ancient wisdom and modern science*. Albany: State University of New York Press.
- Grof, S. (2000). *Psychology of the future lessons from modern consciousness research*. Albany, NY: State University of New York Press.
- Khalsa, M., & Bhajan, Y. (2011). *Meditaciones para los comportamientos adictivos programa "SuperHealth"® de ciencia yóguica, con fórmulas nutricionales para la recuperación y autodescubrimiento, según lo enseñó Yogi Bhajan*. Barcelona: Alas.
- Khalsa, S. S., Khalsa, G. S., Khalsa, H. K., & Khalsa, M. K. (2008). Evaluation of a Residential Kundalini Yoga Lifestyle Pilot Program for Addiction in India. *Journal of Ethnicity In Substance Abuse, 7(1), 67-79.* Doi: 10.1080/15332640802081968
- Lez, M. (1999). *La psicología humanista un nuevo paradigma psicológico*. México D.F. (México: Editorial Trillas.
- Mollison, B., & Slay, R. (1994). *Introduccion a la permacultura*. Tyalgum, Australia: Publicaciones Tagari.
- Muller, D. (2006). *25 casas ecológicas*. Barcelona, España: G Gili.

- Nielson, T. (2015). Practice-Based Research: Meeting the Demands of Program Evaluation through the Single-Case Design. *Journal Of Mental Health Counseling*, 37(4), 364-376. doi: 10.17744/mehc.37.4.07
- Ponce, M. (2013, Diciembre 02). Interview by Sara Flores []. Arquitectura y diseño sustentable., Retrieved from <http://www.sachaji.com/es/nosotros/ambiente-y-arquitectura.html>
- Schultz, P.N., Remick-Barlow, G. A., & Robbins, L. (2007). Equine-assisted psychotherapy: a mental health promotion/intervention modality for children who have experienced intra-family violence. *Health & Social Care In The Community*, 15(3), 265-271. doi:10.1111/j.1365-2524.2006.00684.x
- Takiwasi. (2011, Septiembre 11). *Dieta en takiwasi*. Retrieved from <http://www.takiwasi.com/esp/dieta.php>
- Talpade, M., Lynch, D., Lattimore, B., & Graham, A. (2008). The Juvenile and Adolescent Substance Abuse Prevention Program: An Evaluation. *International Journal Of Behavioral Consultation & Therapy*, 4(4), 304-310.
- Veléz, J. (2015). *Encuentro Internacional: Drogas, usos y prevenciones*.. Quito: Consejo Nacional de Control de Sustancias Estupefacientes y Psicotrópicas, pp.3 - 4.
- Wheldon, C. A. (2000). Frames of reference that address the impact of physical environments on occupational performance. *Work (Reading, Mass.)*, 14(2), 165-174.
- Winters, K. (2003). *Treatment of adolescents with substance use disorders*. Rockville, MD (Rockwall II, 5600 Fishers Lane, Rockville, 20857): U.S. Dept. of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Wolf, R., & Albay, M. (2010). *La solución paleolítica: La dieta humana originaria* (1.st ed.). Las Vegas: Victory Belt.

## Anexo B: ÉTICA

### Solicitud Para Aprobación De Un Estudio De Investigación



**Comité de Bioética, Universidad San Francisco de Quito**  
 El Comité de Revisión Institucional de la USFQ  
 The Institutional Review Board of the USFQ

#### SOLICITUD PARA APROBACION DE UN ESTUDIO DE INVESTIGACION

##### INSTRUCCIONES:

1. Antes de remitir este formulario al CBE, se debe solicitar vía electrónica un código para incluirlo, a [comitebioetica@usfq.edu.ec](mailto:comitebioetica@usfq.edu.ec)
2. Enviar solo archivos digitales. Esta solicitud será firmada en su versión final, sea de manera presencial o enviando un documento escaneado.
3. Este documento debe completarse con la información del protocolo del estudio que debe servir al investigador como respaldo.
4. Favor leer cada uno de los parámetros verificando que se ha completado toda la información que se solicita antes de enviarla.

<b>Título de la Investigación</b>
A conscious and sustainable therapeutic community for substance abuse
<b>Investigador Principal</b> <i>Nombre completo, afiliación institucional y dirección electrónica</i>
Sara Flores
<b>Co-investigadores</b> <i>Nombres completos, afiliación institucional y dirección electrónica. Especificar si no lo hubiera</i>
<b>Persona de contacto</b> <i>Nombre y datos de contacto incluyendo teléfonos fijo, celular y dirección electrónica</i>
Sara Flores: 593998907299. La primavera 1. Mail: saraflores91@gmail.com
<b>Nombre de director de tesis y correo electrónico</b> <i>Solo si es que aplica</i>
Sonja Embree. Mail: sembree@usfq.edu.ec
<b>Fecha de inicio de la investigación</b> 01, Septiembre, 2015
<b>Fecha de término de la investigación</b> 01, Febrero, 2018
<b>Financiamiento</b> <i>Ministerio de Salud</i>

<b>Objetivo General</b> <i>Se debe responder tres preguntas: qué? cómo? y para qué?</i>
Generar una comunidad terapeutica enfocada en al abuso de sustancias, más efectiva e integral en el Ecuador.
<b>Objetivos Específicos</b>

Un cambio cualitativo en la vida de los clientes de la comunidad terapéutica  
Una reconexión y sentido de pertenencia en los abusadores de sustancias

**Diseño y Metodología del estudio** *Explicar el tipo de estudio (por ejemplo cualitativo, cuantitativo, con enfoque experimental, cuasi-experimental, pre-experimental; estudio descriptivo, transversal, de caso, in-vitro...) Explicar además el universo, la muestra, cómo se la calculó y un breve resumen de cómo se realizará el análisis de los datos, incluyendo las variables primarias y secundarias..*

Evaluación de Programa

Medición: Cualitativa mediante grupos focales durante y después de la terminación del tratamiento. Hasta después de 1 años después de la terminación.

Herramienta de medición: Grupos focales durante el tratamiento y después de terminado cada seis meses.

Población: Abusadores de sustancias. Ambos sexos. Adolescentes y adultos.

**Procedimientos** *Los pasos a seguir desde el primer contacto con los sujetos participantes, su reclutamiento o contacto con la muestra/datos.*

Primer contacto: Clientes remitidos por el ministerio de salud

Se mantendrá contacto con los participantes por vía telefónica y vía e mail después de terminado el tratamiento.

**Recolección y almacenamiento de los datos** *Para garantizar la confidencialidad y privacidad, de quién y donde se recolectarán datos; almacenamiento de datos—donde y por cuánto tiempo; quienes tendrán acceso a los datos, qué se hará con los datos cuando termine la investigación*

Todos los datos recolectados durante los grupos focales y las fichas de inscripción serán guardados bajo óptimas condiciones en un solo lugar, y se evitará el uso de nombres completos (encriptación de nombres).

**Herramientas y equipos** *Incluyendo cuestionarios y bases de datos, descripción de equipos*

Preguntas abiertas y cerradas durante los grupo focales.

Audio y vídeo bajo consentimiento.

Al menos dos terapeutas durante los grupos focales.

*Se debe demostrar con suficiente evidencia por qué es importante este estudio y qué tipo de aporte ofrecerá a la comunidad científica.*

La situación actual del Ecuador respecto a los centros de rehabilitación para el abuso de sustancias es considerada ser bastante ineficaz con muy poco impacto terapéutico en la sociedad. Por esta razón, una comunidad terapéutica consciente y auto sustentable, que trate el abuso de sustancias de una manera nueva e innovadora es sumamente importante.

*Referencias bibliográficas completas en formato APA*

- IV Estudio nacional sobre uso de drogas en población de 12 a 65 años Dirección Nacional de Drogas. Consejo Nacional de Control de Sustancias y Psicotrópicas. Quito – Ecuador
- Fernández, X. (2003). Estados modificados de consciencia con enteógenos en el tratamiento de las drogodependencias. *Revista de Etnopsicología*, 1(2), 33-45. Retrieved from [http://www.neip.info/downloads/textos\\_novos/xavier.pdf](http://www.neip.info/downloads/textos_novos/xavier.pdf)

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<b>Criterios para la selección de los participantes</b> <i>Tomando en cuenta los principios de beneficencia, equidad, justicia y respeto</i>	
Abusadores de sustancias que quieran beneficiarse de un programa piloto con técnicas alternativas a las que se encuentran actualmente en el país. De preferencia, los beneficiarios, serán mayores de edad. Se buscará que haya una variedad socioeconómica dentro de los participantes, para que este sea justo y afecte a una población más real.	
<b>Riesgos</b> <i>Describir los riesgos para los participantes en el estudio, incluyendo riesgos físico, emocionales y psicológicos aunque sean mínimos y cómo se los minimizará</i>	
Al ser un programa piloto, pueden haber reajustes que los primeros participantes tendrán que evidenciar y revisar.	
<b>Beneficios para los participantes</b> <i>Incluyendo resultados de exámenes y otros; solo de este estudio y cómo los recibirán</i>	
Una mejor calidad de vida Estabilidad familiar y laboral Técnicas de manejo de emociones y mejor entendimiento en la toma de decisiones.	
<b>Ventajas potenciales a la sociedad</b> <i>Incluir solo ventajas que puedan medirse o a lo que se pueda tener acceso</i>	
Creación de una comunidad terapéutica que pueda ser replicable y llegar a cada vez más personas necesitadas.	
<b>Derechos y opciones de los participantes del estudio</b> <i>Incluyendo la opción de no participar o retirarse del estudio a pesar de haber aceptado participar en un inicio.</i>	
Todos los participantes tendrán el derecho de abandonar el tratamiento después de los primeros 3 meses de estadía en la comunidad terapéutica. Asistencia incondicional después de haber terminado el tratamiento.	
<b>Seguridad y Confidencialidad de los datos</b> <i>Describir de manera detallada y explícita como va a proteger los derechos de participantes</i>	
La confidencialidad de los datos será tomada en cuenta al encriptar la información recibida. Los participantes contarán con la posibilidad de leer y aceptar un consentimiento informado a cerca del programa y las reglas de estadía.	
<b>Consentimiento informado</b> <i>Quién, cómo y dónde se explicará el formulario/estudio. Ajustar el formulario o en su defecto el formulario de no aplicación o modificación del formulario</i>	
Al solicitar la entrada a la comunidad terapéutica, los participantes recibirán un consentimiento informado en donde puedan leer las reglas, los horarios y el tipo de seguridad que se manejará dentro de la comunidad terapéutica.	
<b>Responsabilidades del investigador y co-investigadores dentro de este estudio.</b>	
Tener la competencia suficiente para tratar psicológicamente a pacientes abusadores de sustancias. Contar con personal especializado en cada una de las áreas a tratar dentro de terapia. Ofrecer un lugar que cubra las necesidades básicas de cada participante.	

Nombre del documento		
Adjunto	Idioma	
	Inglés	Español

PARA TODO ESTUDIO			
1. Formulario de Consentimiento Informado (FCI) y/o Solicitud de no aplicación o modificación del FCI *	x		x
2. Formulario de Asentimiento (FAI) <i>(si aplica y se va a incluir menores de 17 años)</i>	x		x
3. Herramientas a utilizar <i>(Título de:: entrevistas, cuestionarios, guías de preg., hojas de recolección de datos, etc)</i>	x		x
4. Hoja de vida (CV) del investigador principal (IP)			
SOLO PARA ESTUDIOS DE ENSAYO CLÍNICO			
5. Manual del investigador			
6. Brochures			
7. Seguros			
8. Información sobre el patrocinador			
9. Acuerdos de confidencialidad			
10. Otra información relevante al estudio (especificar)			

(\*) La solicitud de no aplicación o modificación del FCI por escrito debe estar bien justificada.

*Esta sección debe llenar solo si aplica. En ella se incluyen manejo de población vulnerable y muestras biológicas, manejo de eventos adversos, seguros de incapacidad o muerte, entre otros.*

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## Formulario Consentimiento Informado



### Comité de Bioética, Universidad San Francisco de Quito

El Comité de Revisión Institucional de la USFQ  
The Institutional Review Board of the USFQ

### Formulario Consentimiento Informado

Título de la investigación: A conscious and sustainable therapeutic community for substance abuse

Organización del investigador *Universidad San Francisco de Quito*

Nombre del investigador principal *Sara Paola Flores Martinez*

Datos de localización del investigador principal *+593998907299 / Av. Siena #6 y Miguel Ángel – La primavera 1*

Co-investigadores *(nombres completos)*

**Introducción** *(Se incluye un ejemplo de texto. Debe tomarse en cuenta que el lenguaje que se utilice en este documento no puede ser subjetivo; debe ser lo más claro, conciso y sencillo posible; deben evitarse términos técnicos y en lo posible se los debe reemplazar con una explicación)*

Este formulario incluye un resumen de la naturaleza básica de su estadia y participacion en un programa piloto. Usted puede hacer todas las preguntas que quiera para entender claramente su participación y despejar sus dudas. Para participar puede tomarse el tiempo que necesite para consultar con su familia y/o amigos si desea participar o no. Usted ha sido invitado a participar en el programa piloto de tratamiento de adicciones en una comunidad terapeutica consciente y auto-sustentable. Este estudio incluye la participacion y estadia en el centro con un minimo requerido de 3 meses y un maximo de 24.

**Propósito del estudio** *(incluir una breve descripción del estudio, incluyendo el número de participantes, evitando términos técnicos e incluyendo solo información que el participante necesita conocer para decidirse a participar o no en el estudio)*

Crear un programa evaluado y fundamentado para cubrir las necesidades físicas y psicológicas de las personas dispuestas a participar de una comunidad terapeutica enfocada en el abuso de sustancias utilizando como metodo una comunidad auto sustentable.

**Descripción de los procedimientos** *(breve descripción de los pasos a seguir en cada etapa y el tiempo que tomará cada intervención en que participará el sujeto)*

El programa consta de una duración de 18 a 24 meses con una división de 3 ejes. El plazo minimo de estadia es de 3 meses.

El primer eje constara del proceso de desintoxicacion : Exámenes toxicologicos, dieta enfocada en la desintoxicacion, ejercicios enfocados hacia la desontixacion como Yoga.

El segundo eje consta el proceso de deshabituacion: El paciente empieza a tener una agenda estructurada de actividades terapeuticas, como recreativas. Modificacion de la dieta enfocada al fortalecimiento del sistema nervioso. La creacion de nuevas rutinas estables y saludables.

El tercer eje consta del mantenimiento: Procesos de evaluacion de estabilidad de la persona, evaluacion de todo lo aprendido. Planificacion de la reinsercion a la sociedad.

**Riesgos y beneficios** *(explicar los riesgos para los participantes en detalle, aunque sean mínimos, incluyendo riesgos físicos, emocionales y/o psicológicos a corto y/o largo plazo, detallando cómo el investigador minimizará estos riesgos; incluir además los beneficios tanto para los participantes como para la sociedad, siendo explícito en cuanto a cómo y cuándo recibirán estos beneficios)*

Los riesgos que puede presentar el paciente incluyen pero no se limitan a: Síndrome de abstinencia, sensación de aislamiento y soledad. Riesgo de común de accidentes ambientales.

Los beneficios incluyen dejar atrás conductas auto-destructivas, control y manejo de emociones, mejoramiento en las habilidades de comunicación. Estrategias para el manejo y solución de problemas. Empoderamiento de la persona en todos sus ejes biosicosociales.

#### **Confidencialidad de los datos** *(se incluyen algunos ejemplos de texto)*

Para nosotros es muy importante mantener su privacidad, por lo cual aplicaremos las medidas necesarias para que nadie conozca su identidad ni tenga acceso a sus datos personales:

1) La información que nos proporcione se identificará con un código que reemplazará su nombre y se guardará en un lugar seguro donde solo el investigador y tendrá acceso.

2A) Si se toman muestras de su persona estas muestras serán utilizadas solo para esta investigación y destruidas tan pronto termine el estudio o su estudio.

**Consentimiento informado** *(Es responsabilidad del investigador verificar que los participantes tengan un nivel de comprensión lectora adecuado para entender este documento. En caso de que no lo tuvieren el documento debe ser leído y explicado frente a un testigo, que corroborará con su firma que lo que se dice de manera oral es lo mismo que dice el documento escrito)*

2B) Si usted está de acuerdo, las muestras que se tomen de su persona serán utilizadas para esta investigación y luego se las guardarán para futuras investigaciones removiendo cualquier información que pueda identificarlo *(si aplica)*

3) Su nombre no será mencionado en los reportes o publicaciones.

4) El Comité de Bioética de la USFQ podrá tener acceso a sus datos en caso de que surgieran problemas en cuando a la seguridad y confidencialidad de la información o de la ética en el estudio.

#### **Derechos y opciones del participante** *(se incluye un ejemplo de texto)*

Usted puede decidir no participar y si decide no participar solo debe decírselo al investigador principal o a la persona que le explica este documento. Además aunque decida participar puede retirarse del estudio con un mínimo de estadía de 3 meses.

Usted no recibirá ningún pago ni tendrá que pagar absolutamente nada por participar en este estudio.

Se recuerda que durante su estadía, se rige estrictamente a la normativa del centro.

#### **Información de contacto**

Si usted tiene alguna pregunta sobre el estudio por favor llame al siguiente teléfono \_\_\_\_\_ que pertenece a \_\_\_\_\_, o envíe un correo electrónico a \_\_\_\_\_

Si usted tiene preguntas sobre este formulario puede contactar al Dr. William F. Waters, Presidente del Comité de Bioética de la USFQ, al siguiente correo electrónico: [comitebioetica@usfq.edu.ec](mailto:comitebioetica@usfq.edu.ec)



Comprendo mi participación en este estudio. Me han explicado los riesgos y beneficios de participar en un lenguaje claro y sencillo. Todas mis preguntas fueron contestadas. Me permitieron contar con tiempo suficiente para tomar la decisión de participar y me entregaron una copia de este formulario de consentimiento informado. Acepto voluntariamente participar en esta investigación.	
Firma del participante	Fecha
Firma del testigo <i>(si aplica)</i>	Fecha
Nombre del investigador que obtiene el consentimiento informado	
Firma del investigador	Fecha

## Anexo B: Herramientas

### Primer grupo focal:

1. Qué ha estado en tu mente últimamente?
2. Ahora, en este momento, qué es lo que mas quieres?
3. En una frase como describirías los últimos 3 meses de tu vida?
- 4.Cuál es tu motivador numero 1 en tu vida este momento?
5. En un año desde hoy cómo piensas que tu vida será diferente?
6. Quién o que te hace sentir bien sobre ti mismo?
- 7.Cuál es el cambio que tiene que hacer en los próximos 12 meses?

### Grupo Focal 2:

1. Qué cambios siente que se ha producido en usted en todo el proceso de tratamiento?
- 2.Cuál es el cambio más importante que puede notar en usted desde el inicio del tratamiento?
3. Si tuvieras la oportunidad de hablar con una versión más joven de usted que le diría?
4. Qué es algo de lo cual se sienta profundamente orgulloso?
5. Qué es algo nuevo que ha descubierto de usted durante este tiempo?
6. Qué es algo que quiere nunca olvidarse?
7. Cuáles son sus planes inmediatos mas importantes?
8. Cómo espera que su vida sea diferente desde este momento?
9. Qué mensaje quiere darle a las personas que ama?

### Grupo Focal 3:

1. En estos últimos 6 meses como ha cambiado su vida
2. Desde que ha salido del centro cuáles son las cosas que noto mas cambio en su ambiente?
3. Hay alguna sugerencia que pudiera dar para el mejoramiento de la comunidad?
4. Qué dificultades a encontrado en la reinserción a su vida cotidiana?
5. Qué consejos le daría a una persona que esta por entrar en el centro?
6. Qué cosas le quedan pendientes por hacer de las metas propuestas al final el tratamiento?
7. Cuáles han sido sus fortalezas para mantener el espíritu de tratamiento?