

is their interest in the use of transitional facilities. On a theoretical basis, a discussion of the continuum of care in any one of these fields, as well as in addiction, has integrated within it the concept of the halfway house as a means by which the afflicted is introduced into the complexities of modern society. The theoretical model has come of age, but there is a sizable lag between the concept and its application in the affairs of people in need.

The one overriding consideration which seems to unite the many and diverse programs under the label of halfway house is their lack of consistent financing. It seems that it is the lack of financial security which unites, as much as the program services which are provided. When talking to administrators of halfway house alcoholism programs, the common problem which all face is funding. Few consistent patterns have emerged so that each program looks almost unique in terms of its fiscal structure. What I believe is needed is the development of a philosophy of halfway houses and funding. Halfway house alcoholism programs may be able to exist on the basis of getting funds where they can, but it will not be until consistent funding is worked out will the halfway house be able to relate effectively to the total community structure.

The halfway house can best be thought of as a bridge. A means by which the individual moves from one point of his addiction to another point which represents successful treatment. In most instances we are relating to in-patient intensive care on one hand, to out-patient supportive care within the halfway house, and then, finally, to independent living within society. I am well aware that halfway houses have at times been seemingly forced into the situation of being a treatment facility, but it is my firm conviction that the primary in-patient role is not the proper area of the halfway house and every effort should be used to divest the program of that element of responsibility. The reason for this is that the halfway house is simply not equipped by either its facilities or staff to carry on the intensive in-patient care that is often needed in the treatment of alcoholism.

The halfway house makes its main contribution in providing a substitute family for the person in the course of his treatment and is not a substitute for the primary treatment of alcoholism. The transitional facility provides a peer group experience where the individual can learn how to live without the help of chemical crutches. It is a transference of dependency from chemical means to interpersonal relationships that are characteristic of the family setting. Many individual who find their ways into the cycles of addiction have never learned how to live so the process of socializing is very difficult for persons with addictive histories. This can be most effectively accomplished within the living situation in which there is a common identity and supportive staff.

The dynamics of the halfway house are in the community of mutual support which is generated by people who have similar afflictions, who join together not out of their strengths, but out of their weaknesses and contribute to each other's recovery by providing support, identification, and hope. The principle that the afflicted can help others who are afflicted recover has been dramatically demonstrated within the program of Alcoholics Anonymous, and this principle has been accepted and re-applied over and over again in the multitude of self-help organizations which are now in existence. The same principles apply to the halfway house where out of a common experience of misery, there can develop a shared experience of hope and the learning experience necessary to live a new life.

In that the community of mutual support is the basic therapeutic ingredient of the halfway house, therefore I believe that halfway houses will invariably, of necessity, be specialized facilities. The individuals entering the halfway house are often by definition incapable of accepting the broad spectrum of community maladies and are so preoccupied with their own state of misery that they are able only to identify with people of similar experience. I can foresee that there will be those who are interested in comprehensive planning who will want to seriously consider multi-purpose types of halfway houses, but I cannot see practical application. I defend as a practical consideration that the specialization of halfway house facility is necessary and there is need to provide specialized facilities and to adequately fund them.

The claim that halfway houses can be self-supporting outside of capital investment has often been made in a well-intentioned way to insure the private donors that there would be a limitation on the appeals made in behalf of halfway house facilities. Time has been the teacher and we have come to learn