The Soteria model:
Ready for the mainstream

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Our Primary Principle:

Extreme emotional and cognitive states – psychosis, suicidal depression, manic excitement etc. – are human problems demanding humane responses.
Therefore...

-We built a home, not an institution

-We choose staff according to personal qualities, not training degrees

-Companions are the heart of the staff
- We cultivate a therapeutic community, working in groups and flattening the hierarchy.

- The basic therapeutic principle is “Being with”: Empathic, non-judgmental, imaginative listening.
Who are the people who come to get help in Soteria?

- Require hospitalization or other round-the-clock care environment
- Provide consent
- Without immediate threat of suicide or violence
- Can refrain from drug use
- Average stay 35 days, median stay 27 days
- Average age 34±12 (range 18-76)
- Over 60% are in psychotic states
Why is this a tough fit for the conventional system?

-and how did we overcome the problems in order to become a part of the public health system in Israel?
Problem

1. The system – including regulators & insurers – thinks in biomedical terms

2. Government regulation can be inimical to certain aspects of Soteria

Solution

We learn to speak two languages – one for in-house use, one for outside communication

We maintain good relationship with the regulators, and were involved in preparing the guidelines
3. Soteria is perceived as anti-psychiatry

Solution

We fashion ourselves as critical psychiatrists, and use medication – though less than in hospitals, and not as first line.
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<th>Problem</th>
<th>Solution</th>
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<td>4. Insurers worry about the cost of a new service.</td>
<td>We are careful to be less expensive than conventional round-the-clock care – by using more non-professional staff.</td>
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<td>5. Regulators demand professional carers</td>
<td>We have a professional staff, but the therapeutic heart of the house is the companions</td>
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As a result of these solutions:

• The Ministry of Health published official guidelines a year after we started, providing legal legitimacy to our model.
• That has allowed 3 of the 4 national HMOs to sign with us.
• All together, 17 houses have been established based on these guidelines.
• We have remained loyal to the principles of Soteria.
• Further community services are being developed.
Why do these homes get public funding?

- Popular demand
- Cheaper per-day costs
- Anticipated long-term savings
- Disillusionment with the system
- A research project accompanying the work
Is New York, New York ready for a Soteria of its own?

Is Soteria ready to make in the Big Apple?
To the Laszlo N. Tauber Family Foundation
To members of Soteria Israel
To the amazing companions in our houses
To all of you

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