REHABILITATION FACILITY
IN EL PASO, TEXAS

by

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A THESIS IN ARCHITECTURE

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Rehabilitation Facility

For Chemical Dependants

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El Paso, Texas

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Submitted for Texas Tech University, College of Architecture, as Partial requirement for completion of the Bachelor of Architecture degree submittal.

Rehabilitation Facility

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A Model of Treatment

For Chemical Dependants

Abstract

For this project I will be designing a rehabilitation facility in the city of El Paso, Texas using architecture as a metaphor to symbolize the psychological recovery of addiction to drugs and alcohol.

This project will serve the residents from all over the world, epically from the Southwest. The complex will accommodate around 126 patients and up to 30 staff-members.

The facility will utilize the Hazelden, or Minnesota model of treatment. This model of treatment utilizes a holistic approach, and a multidisciplinary staff to address the issues of addiction with group therapy, readings, and counseling.

The city of El Paso offers a mountainous desert climate, with beautiful sky and landscape views. This will drive the design's color pallet, positioning of views, and inclusion of outside spaces. El Paso offers a rich Hispanic culture, with many historical buildings that will also influence the design process.

The theory of architecture as a metaphor will be realized with several symbolic elements. A symbolic entrance and exit, as well as level changes, will be included that the patient recognizes as a pathway to freedom from addiction to drugs and alcohol. The building will also utilize elements such as meandering pathways to areas of meditation, and changing lighting to symbolize the struggles and revelations one encounters progressing through a rehabilitation program.

A Model of Treatment

For Chemical Dependants

Facility

A rehabilitation facility for the psychological recovery from addiction to drugs and alcohol may be addressed in several ways. For the purpose of this project the Hazelden Method, or Minnesota Model of treatment will be followed.

This style of treatment, which "recognized alcoholism, not as a symptom of underlying emotional problems, but as a primary, progressive disease" (White 203), has proven very effective since its conception in the 1940's. This method of treatment has its roots in Alcoholics Anonymous and relies heavily on group support of others in similar positions, under the direction of a trained counselor, all working together to treat the entire person: mind, body, and soul (Spicer 48).

The Minnesota Model of treatment relies on a holistic approach to treatment, recognizing "the power of spiritual experience as a driving force in alcoholism recovery" (White 204). In addition to the spiritual approach, Hazelden uses a multidisciplinary team that includes physicians, social workers, clergy, and recovering alcoholics as counselors.

The counselors are the key to understanding the spirit of the Minnesota Model. Their primary role is to serve as role models and teachers, and to stimulate sharing and interaction between the group. The counselors are encouraged to share

A Model of Treatment

For Chemical Dependants

their own experiences with addiction in order to stimulate the group discussion.

Another feature that sets this type of facility aside from others is their use of volunteer doctors and nurses who themselves are undergoing, or have undergone treatment at the facility.

"Treatment professionals and patients collaborate in defining the path to recovery. There is a give-and-take quality to the relationship, and the ideas of both professional and patient receive serious consideration" (Spicer 50).

The treatment centers around changes in lifestyle habits involving both cognitive and behavioral approaches and focusing on the long term. In addition, this program is multidisciplinary, acknowledging problems with family, finances, and health, and calling on family and friends to encourage the patient's recovery.

In this mode of treatment there are no locked doors. This means that patients have the freedom to leave at any point, though the percent who do is surprisingly low, about six percent (Owen 12).

The Minnesota Model of treatment relies heavily on group therapeutic interaction among peers, a series of lectures and readings, and post-treatment participation in Alcoholics Anonymous to achieve its high success rate.

A Model of Treatment

For Chemical Dependants

Summary of Treatment Events*

DAY ONE: Admission and assignment to the intensive care unit/ physical testing/ all chemicals taken from the patient. (Pathology work will be contracted out to a local hospital)

DAY TWO: Transfer to the Primary Treatment Residence/ short tour of the physical complex/ explanation of the daily routine and unit expectations/ assignment of the basic readings: The AA "Big Book" and *The Twelve Steps and Twelve Traditions.*

DAY THREE: Assessment Interview-the patient chemical use history is taken to be used in the later problem identification interview/ Patient begins to meet staff and fellow patients/ a senior peer who has been selected by the patients serves as a nominal leader of the 20 to 22 patients on the unit/ the daily routine is followed every day but Sunday.

DAILY ROUTINE

7:00 a.m.	Personal time
7:45	Meditation (optional)
8:00	Breakfast
8:45	Therapeutic duty (chore)
9:15	Lecture
10:00	Split group
11:00	Personal time
12:00 p.m.	Lunch
12:45	Personal time

A Model of Treatment

For Chemical Dependants

	1:30	Lecture
	2:15	Group sessions
	3:30	Community meeting\
	4:00	Personal time
	6:00	Dinner
	7:00	Lecture
	8:00	Patient group objectives
	11:00	Bed

DAY FOUR: Diagnostic Interview; the Jellinek chart is discussed with the patient and symptoms associated with patient problems and behavior are explored/ patient tells own story to the full group and is given written feedback from peers.

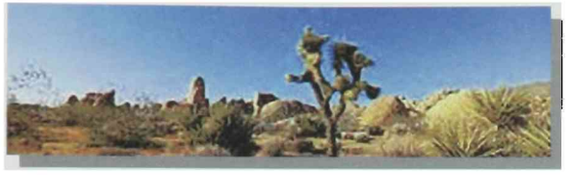
DAY FIVE "Hot Seat," a structured confrontation where peers evaluate a patient and patient evaluates self/ problem identification interview—counselor discusses previous interview findings with patient and begins formulate patient change objectives/ psychological testing—personality and intellectual functioning tests are given with results communicated by the staff psychologist both to the patient and to the treatment staff/ clergy inter view—discussion with the patient concerning use of chemicals, family problems, and personal problems.

DAY SIX Staff review—medical data, inter view findings, family questionnaire

A Model of Treatment

For Chemical Dependants

	and psychological test results are discussed by unit staff and a rehabilitation plan is developed/ Phase one: a) acceptance of powerlessness over chemicals, and b) acceptance of un manageability of one's life will proceed according to the rehabilitation plan.
DAY SEVEN	Change objectives (e.g., overcome hopelessness) and specific tasks related to Phase One are assigned to patient (assemble three peers and discuss how alcohol has interfered with a close interpersonal relationship).
DAYS 8-11	Completion of Phase One/ AA Step One.
DAY 12	Begin Phase Two: a) recognize need for change, b) recognize ability to change, c) recognize that the continuum of care process is a vehicle for change.
DAYS 13-17	Completion of Phase Two/ AA Step Two.
DAYS 18-23	Begin Phase Three: a) make a decision to change, b) modification of the need to control/ AA Step Three and the beginning of Step Four.
DAYS 24-27	Continue to refine AA Step Four us-



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ing the *Hazelden Guide to the Fourth Step Inventory* and frequent counselor, clergy, and peer assistance.

DAYS 28-29 — Prepare for and take the AA Fifth Step which is usually taken with the unit clergy/ meetings with counselor and aftercare staff/ arrangement for AA contact in the patient's home community.

DAY 30 — Presentation of medallion in the unit during the afternoon group meeting/ discharge procedure includes reinforcement of change and continuum of care processes.

This is a basic schedule and will be changed as needed with each patient and situation.

* "Summary of Treatment Events" from J. Clark Laundergan's *Easy Does It.*

Architectural Issues

Views

The productive use of views in a building can add a great deal to the quality of interior and exterior space. When someone looks out of a window, if those windows are framed around landscapes or scenes of the world outside, the nature of the space is greatly improved.

It is also important in a facility where one is somewhat confined as to interaction with the outside world that they **feel connected by some visual means to the world around them.** The scenes patients encounter through windows and openings in the courtyard and throughout the facility should **provide a link for patients to nature, and serve as a reminder of the beauty in the world.**

In addition to providing a link to nature the views should serve to **inspire the patient**. As one notices the subtle beauties of the area one should feel **empowered and encouraged** on their journey through the program.

Views: Potential Design Response

Goals:

- The **view of the surrounding mountains, desert terrain, sky, and the city below** should be a major factor driving the design of the facility.

The site looking down on the city below.

- These factors should be considered in the placement of windows, courtyards, recreation areas and skylights.

- Consideration should be given to the **inspiring and empowering potential** of the landscape and surrounding areas.

The landscape and views should be a driving force in the design.

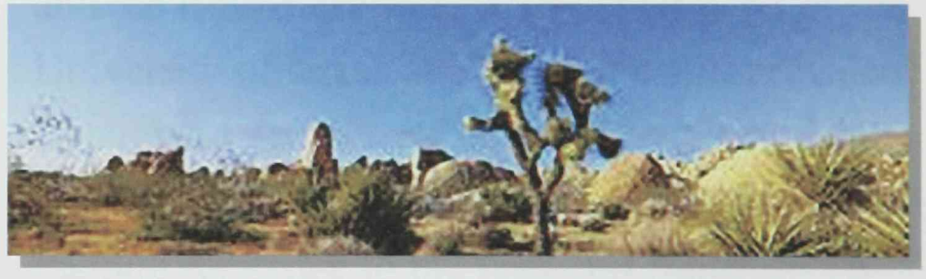
Views: Potential Design Response

Response:

- The use of **framed views** in windows, placement of **divisions and barriers** in courtyards, and strategic **positioning of skylights** will be utilized to emphasize the natural beauty of the area and inspire the patient

- Special consideration should be given to the **meeting of the mountains and sky, views of the surrounding city, and the natural desert beauty of the area.**

Views should be framed with walls and divisions to draw attention to the landscape features.



The desert landscape and sky make a beautiful background for the project.

Architectural Issues

Context

El Paso is an old and beautiful city with a rich cultural heritage. Its dry climate provides around 298 sun-days per year, and the climate is great for **outdoor activities.** This site is set in a valley on the east side of the Franklin Mountains and overlooks the city below.

Sunlight has a natural rejuvenating effect. It is harder to be depressed when one is outside with the sun shining and a breeze blowing. It is important for those in situations of **recovery** to take part in the **"recharging"** aspect the **sunlight** in El Paso offers.

El Paso is a city in close proximity to both New Mexico's Las Cruses and Cuidad Juarez, Mexico and is influenced by these as well as Texas. This historic city has a rich **Hispanic culture** that effects the mood of the city, as well as the architecture within. Historic preservation, and the Bhutanese style of the older parts of the University of Texas at El Paso are still prevalent throughout the city, and more recently El Paso has seen the use of modern forms in concrete making reference to the **regional building vocabulary** of stucco and adobe.

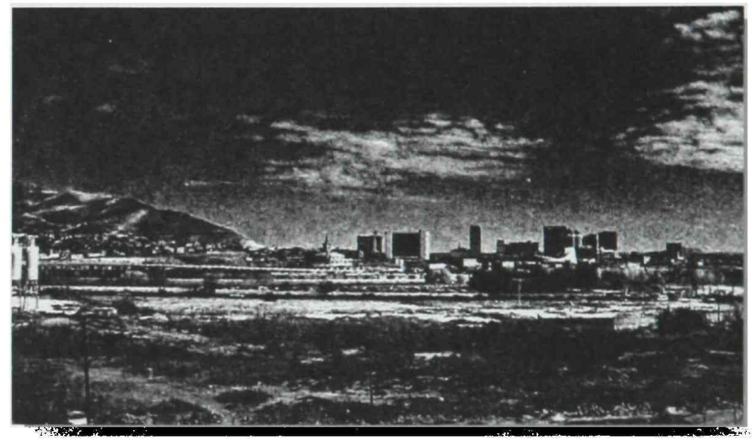
El Paso is also a military town. Fort Bliss contributed over 747 million dollars in 1986, in addition to hundreds of retired military personnel who stayed and are working as professionals in

Architectural Issues

Context

the city.

El Paso had a total population of 690,290 in 1997, and ranked seventy-fourth in the nation in population. It is also the largest city between Houston and Las Angeles. El Paso has shown a growth of total personal income of 6.7 % , and a growth of per capita income of 4.4 %between 1987-1997. Of that population, according to the Annie E. Casey Foundation, 77.2% are Hispanic, 18.6% are white, 3% are black, with other ethnic backgrounds making up the final one percent.



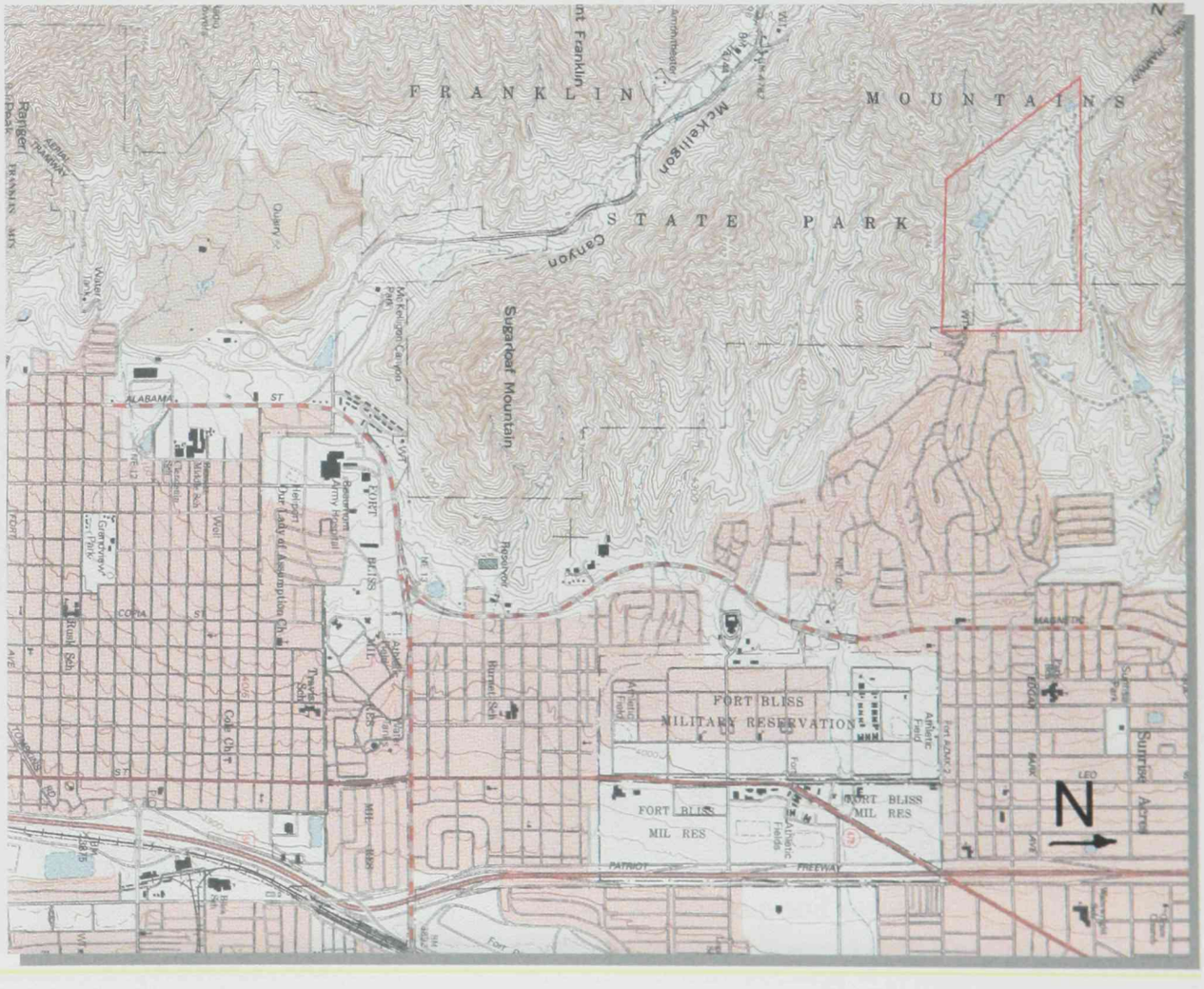
The El Paso skyline viewed from Juarez.

Historic building, and the site of El Paso's first printing press.

Architectural Issues

Context

The site is located on the east side of the Franklin Mountains and outlined in red. There is a residential neighborhood just east of the site and down the mountain. The site is bordered by state park land, and near the Fort Bliss army base.



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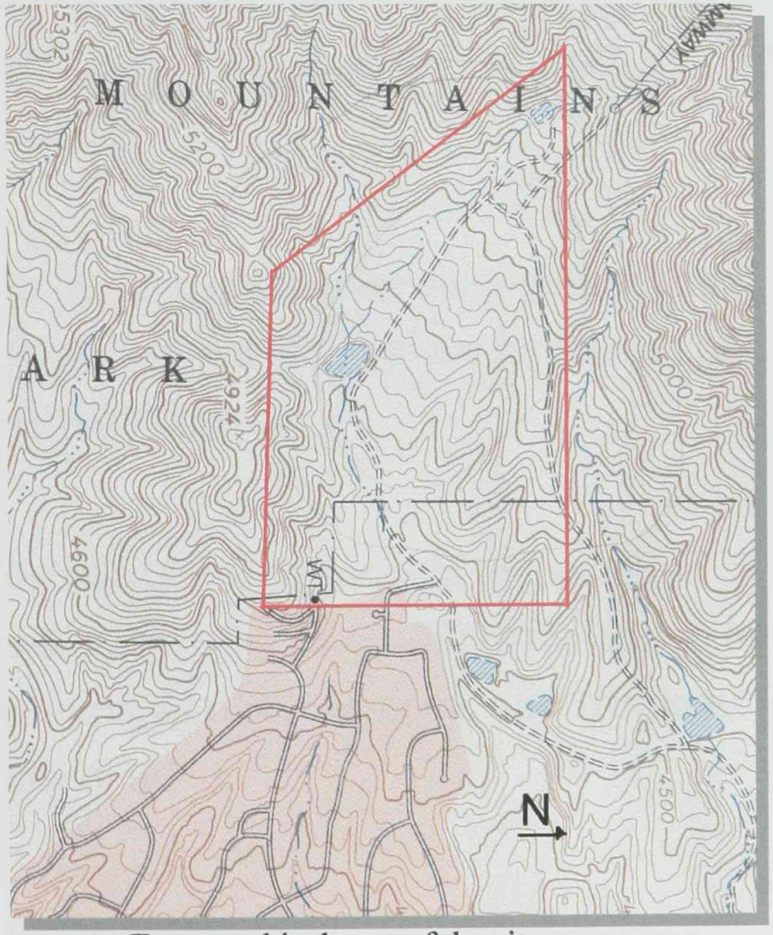
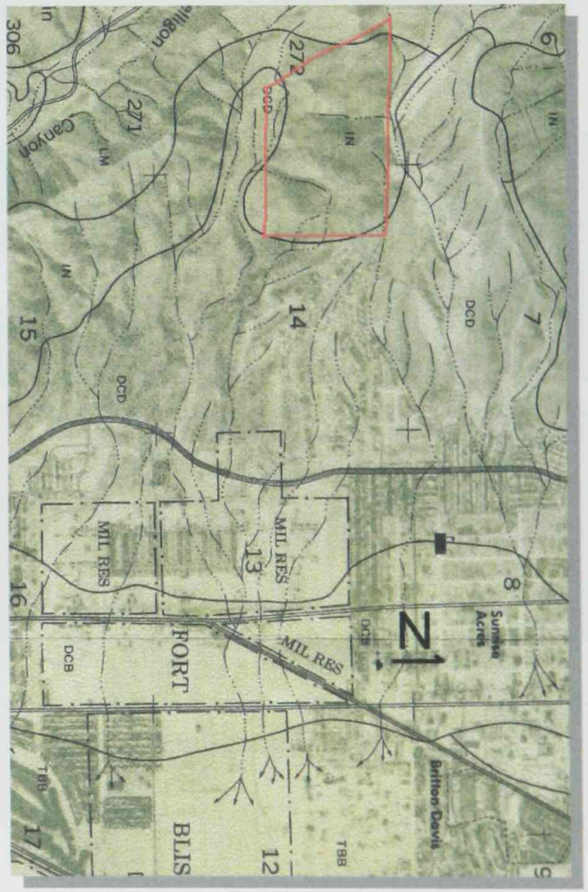
Context



Topographical map of the site.



Aerial photo from soil survey.

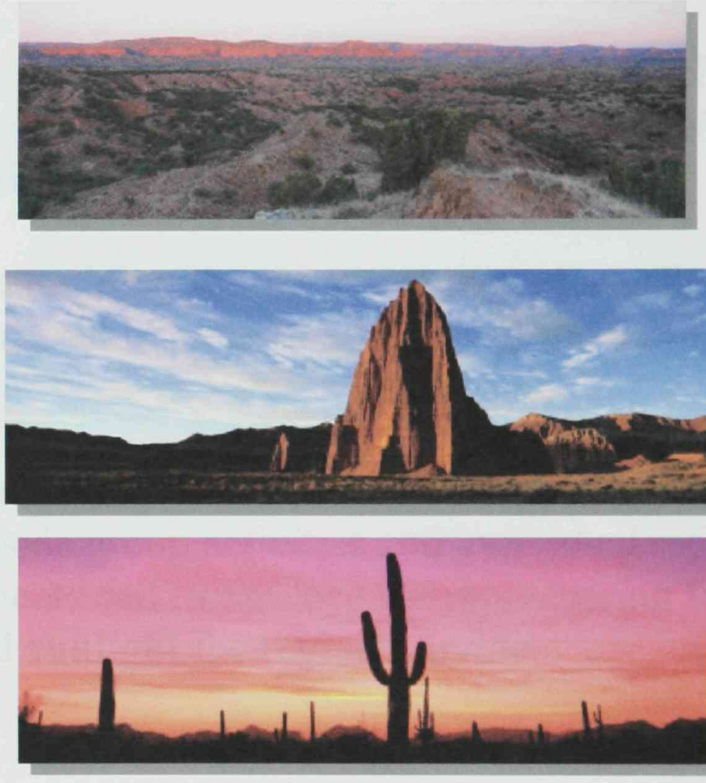
Context: Potential Design Responses

Goals:

- The rich history of the region should be acknowledged through some feeling of the architecture **fitting in to the community of El Paso.**

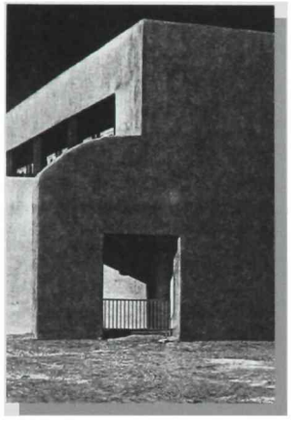
- The building utilize the color patterns and hues inherent to the regions landscape, sky, and vegetation.

- The abundance of sunlight to the region should also play a key role in the design by **influencing outdoor areas and window placement**.



The desert landscape offers a stunning array of colors, both in the sky and on the earth.

Context: Potential Design Responses



TOP RIGHT: American Bank of Commerce East was designed by Carson Consultants ABOVE: Booth Keirsey

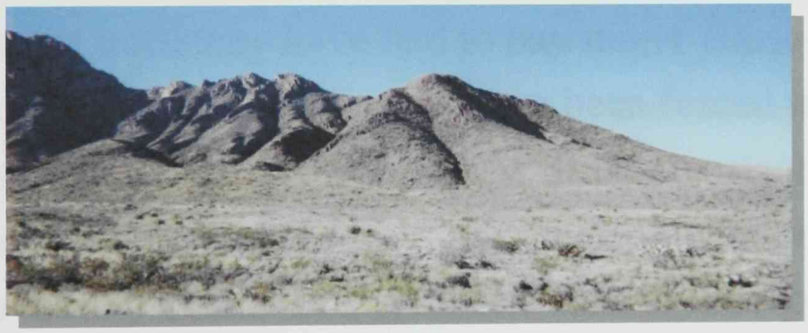
Examples of historically based buildings in El Paso.

Response:

- The architecture of the facility should include some inherent qualities **appropriate to the region's heritage**.
- The building should utilize the color pallet that works with the **natural tones** of the earth, mountains, vegetation, clouds, and sky.
- Whenever possible, space should be provided for outside group activities and individual reflection so patients can experience the rejuvenating **fresh air and sunlight** the region provides.

Architectural Issues

Site Pictures



The site is surrounded on three sides by mountains. The arid landscape provides an optimal area for year-round outdoor activity. To the east, the mountain slopes down to the city and military base.

Architectural Issues

Theory

Addicts recognizing the need to commit themselves to treatment are obviously at a low point in their lives. Usually an addict will not recognize or ignore the harmful aspects of their disease until they have had to pay major consequences for their actions or have been forced to see them by friends and family. It is important that when an addict resigns himself to treatment the facility stands as a symbolic icon to their goal of recovery and piecing their life back together.

The architectural theory for this project is architecture as a metaphor. It is paramount that potential and current patients recognize this facility as providing them a gateway to freedom and this aspect should be paramount in the architecture of the facility as well.

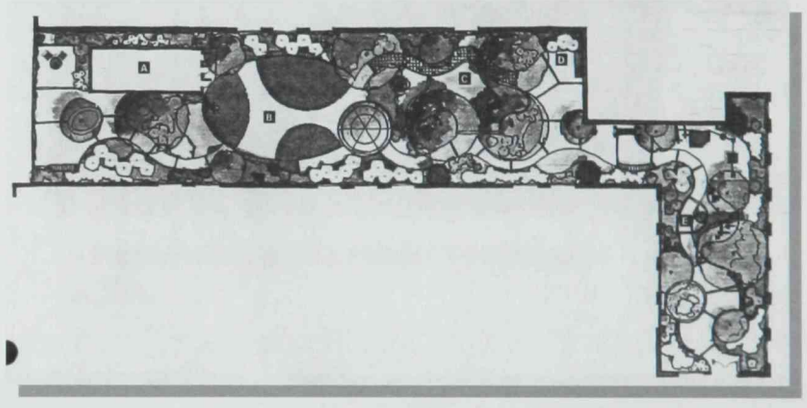
In addition, once one enters into a program such as this, the patient is involved in a complete reevaluation of his/her life. They could go through phases of bitterness, resentment, or depression. Regardless, there are many "ups and downs" and "twists and turns" in the journey through a treatment program. The architecture of the complex should acknowledge these factors symbolically through some physical ambiguity that patients are encouraged to explore as they

Architectural Issues

Theory

explore their own minds.

Finally, there is a raising of consciousness towards one's self and the surrounding world. As the addict rediscovers himself through self-evaluation and group therapy he becomes a whole person again, gaining a knowledge about his strengths and weaknesses that aids him in fighting the addiction. The building should experience a change as the patient does, symbolizing this raising of conciseness.



A Meandering courtyard.

Theory: Potential Design Responses

Goals:

- The architecture for this rehabilitation facility will be viewed on some level by the user as a symbolic gateway to his/her **freedom from addiction.**

- Upon admittance to the program, as one passes through the complex, a feeling of spirituality , inner knowledge and strength, and an understanding of one's **reliance to one's self and others** should be kindled and encouraged.

- The views and places for reflection along the way provide a **sense of one's place** in the grand scheme of things and remind the patient of the often hidden beauty all around.

- The patient should feel the building **changing subtlety** as they change throughout the program.

A meandering path through a courtyard garden.

Earth Meets Sky

Theory: Potential Design Responses

Response:

- A definite **symbolic and functional entrance** should be provided. As one passes through the entrance a feeling of resigned commitment should be present in the patient, and on some level in the architecture.

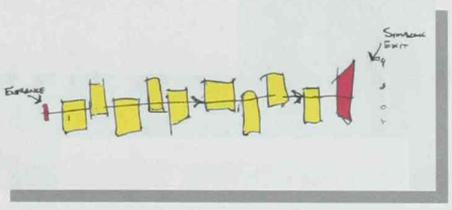
- Ambiguous Pathways will lead to **"hidden" places of meditation** with beautifully framed views. As one explores the complex one begins to develop favorite personal spaces of reflection. This exploration symbolizes the journey to recovery from addiction.

- As one graduates the program, the skills and personal fortitude have hopefully been instilled in the so as he leaves through a symbolic **exit**, different then he came in, a new view of the world should be open to him. The exit should speak of accomplishment and new beginnings as the graduate sets forth into life armed with the mental ability to **resist his addiction**.

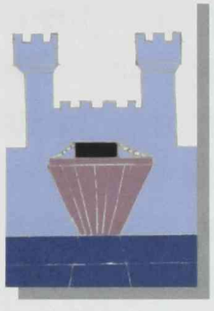
- **Adjustable lights** and **changing views** will be used throughout the building and specifically in the dormitories to symbolize the self-exploration and progress one makes in the program. The lights will be **programmed to change** subtly in color, direction, and intensity over the thirty day stay, and movable louvers on the windows will change the view– possibly opening to a panoramic view.

- As one graduates the program, a definite sense of pride, accomplishment, and **strength for the future** should be instilled in the patient.

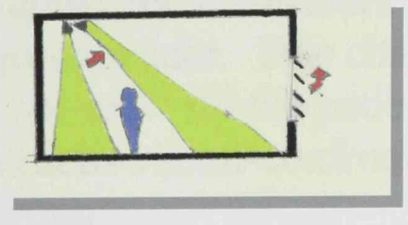
Theory: Potential Design Responses



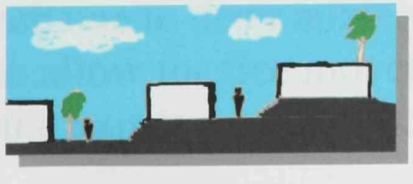
After entrance, one travels through the facility's paths and level changes emerging from a symbolic exit.



The facility stand as a symbol to the patients of a gateway to freedom from addiction.



Moving lights and louvers change throughout the program symbolizing the changes in patients.



Level changes symbolize the struggles one faces in the treatment of addiction.

Meandering landscaped pathways allow patients a place to reflect on their treatment and hopefully realize themselves and their spirituality.

Spatial Analysis

Unit Spaces

Unit Discussion Area

This is the most important space per unit. Each discussion area should accommodate about twenty-one patients and one counselor comfortably. The space should have comfortable seating for all group members to interact on an equal level, and should be situated in a round table fashion to promote group interaction.

One seat will be provided for the counselor at a slightly raised or otherwise central location to signify the counselors authority or designated group leader. This chair will also double as the "hot seat" for the patient who's turn it is for constructive semi-confrontational therapy with the group.

The room should have a soothing color scheme to deter anxiety and be spacious enough to allow for free movement about the perimeter, and axis to a small kitchenette. Windows are not necessary because of possibilities of distraction, but an effort to bring natural light in through means of a sky light should be made. The room should have an uplifting quality to encourage the patients to make self, and group discoveries about their addictions, and motivate them towards progress in the program.

The discussion area should have a max occupancy of twenty-five people, with twelve-point-eight square feet per user, and a total of 320 square feet. The space should be central to its locale, with support facilities near. The units should surround the common spaces such as the cafeteria, library, courtyards, recreation spaces, and administration.

Reading Rooms

The reading rooms should be and intimate and comfortable place for personal and therapy-related readings, as well as a place for solitary reflection during poor weather. The space should have a large desk, with large ergonomically designed chairs. The light, natural or otherwise, should be good enough to read by, and adjustable to individual preference.

The mood of the space should be dignified promoting thought and reflection. The color scheme should be earthy, and use leather and dark wood for the desired effect.

The maximum occupancy of each reading room will be between two and three people, providing 33.3 square feet per person, and a total of 100 square feet. There should be two reading rooms provided for each unit. The reading rooms should be auxiliary to the discussion area primarily, and be accessible from the general unit area.

Kitchenette

The kitchenette will be attached to the discussion area. The kitchenette should include a sink to provide water and an area to wash small dishes used during discussion. In addition, an industrial coffee maker, and storage for cups dishes and food will be provided. An under-counter mini-fridge will also be provided for beverages.

The kitchenette will have a max occupancy of two people at a time, providing seven-point-five square feet per person, and a total of fifteen square feet. There is one kitchenette provided for each unit. The space should be directly accessible to the discussion area.

Recreation Room

The recreation space is an area for the patients of each unit to relax, play games, watch television, and interact with each other in an unstructured environment. The space should be fun and comfortable, providing a relaxing mood. There should be ample "living-room" styled furniture, with large inviting couches around a fireplace and a large television equipped to show movies. Tables should be provided for playing board games, cards, or dominos. Vending machines, public restrooms, and an ice machine should be accessible to the space. The quality of light should be adjustable to the activity taking place.

The space should be centrally located within the unit, near the discussion area, dormitories, and commons, and provide access to outdoor activities in the courtyards. The maximum occupancy for each recreation area is twenty-five people, with thirty-two square feet provided for each person and 800 total square feet. There is one recreation area for each unit.

Dormitory

The dormitories will house a variety of activities such as sleeping, meditation, reflection, showering, reading, and writing. There will be adequate in size to encourage these activities, but not to encourage large social interaction.

The dormitory spaces will include a single bed, window, sink, water-closet, shower, desk/table, and adjustable lighting. The bed will be large enough to be comfortable and could possibly slide into the wall or out of the way when not in use. There should be ample storage space for personal effects in both the bathroom and room areas. The space will include individual climate controls. The feeling of the dormitory should be cozy, but not cramped. It will be assumed that the patients have a minimum of luggage, etc. But consideration should be given to the patient's application of personalization.

The window louvers and lighting in the space will be dynamic, changing throughout the program in response to advancement in the program, but the patient will retain some control of the environment.

The maximum occupancy of the dormitories is one, with 160 square feet per person, and 160 total square feet. There are twenty-one dormitories for each unit. These spaces should be near the discussion area, reading rooms, and recreation area. There should also be access to the commons, and courtyards.

Spatial Analysis

Administration Spaces

General Offices

Offices will be provided for administrators and the president of the center. The offices should be produce a mood of professionalism and productivity in the user, by utilizing clean modern furniture and cool color scheme. Individual climate controls will be provided for each office and the president should have a view of the complex.

Each office should include a desk, three chairs, computer, vertical file, and telephone system. The maximum occupancy of each office will be three people, with 120 square feet per person, and 360 square feet total. There will be four offices provided for this facility.

The offices should be near the entrance to the facility, conference/presentation area, and records room, with direct access to the reception area. There should be some proximity to the employee break room, counselor's offices, and library.

Reception

The reception space should be inviting to the visitor or prospective patient. A sitting area will be provided for small educational groups, visiting doctors, or future/past patients. The receptionist acts as the ambassador for the facility to whoever calls or comes by.

Those calling or coming by are often in bad situations with an addiction or are getting information to help a friend or family member, and are in a disheveled state. It is important the mood of the space is clean, calming, and inviting. The architecture should reflect this. It is also important that the receptionists have the facilities to accomplish their given tasks with efficiency and courtesy.

The reception area should include a reception desk, waiting area, computer, files, and a place to display brochures on the facility. The maximum occupancy of the reception area is five to eight people, with thirty square feet per person, and a total of 150 square feet. There is one reception area for the facility. The area should be very close to the entrance, offices, and conference/presentation rooms. The reception area should be reasonably close to the doctors office and the records room.

Doctor's Office

The doctor's office will be shared by the two facility doctors and to some extent staff nurses. The office will include two desks, computers, files, and secure medical storage for prescriptions and equipment. The office will be manned by at least one doctor and several nurses as much as possible, and one of the two will be available twenty-four hours a day.

The maximum occupancy of the spaces is four people, with fifty-six square feet per person, and a total of 230 square feet. There is one doctor's office for the entire facility. The doctor's office will be very near the entrance and other administration areas, with direct access to the detoxification area and examination room. The office should also be within reasonable proximity of the commons and units to deal with medical emergences.

Examination Area

An examination space will be provided and should include all necessary equipment to perform the entrance exam, maintain the health of patients, and deal with minor medical emergences. The room will consist of two examination tables/ sick beds, a small sink, and storage for medical supplies. The equipment will be modern and efficient and the space should be well organized and efficient.

The maximum occupancy of the examination room including doctor and nurse is four, with one-hundred square feet per person, and 400 square feet total. The examination room needs direct access to the doctor's office and should be near the entrance, detoxification area, and accessible to the common areas to deal with patient health issues.

Detoxification Area

Upon entrance to the facility, everyone spends the first night in the detoxification area sobering up under medical supervision. Since this is one of the hardest times to go through during the program, and patients may become physically ill, an effort to sooth and ease the transition into the facility should be met by the architecture of the rooms. A relaxing color scheme should be used, with soft furnishings, and soothing ambient light to create an environment suitable to detoxification. Safety of the patient must be primary, so limited amenities are provided and nothing can be allowed in the rooms that might aid a distraught patient in harming himself or others.

There will be one room for each unit in the facility to accommodate newcomers. The maximum occupancy of each space is one, at 80 square feet. The Detoxification rooms must be adjacent to the doctor's office and examination room, and away from the busier areas of the facility.

Conference/Presentation Room

The conference/presentation room will be used to hold administrative meetings and conferences of the staff and continuing education meetings in conjunction with other facilities. It will also be used for seminars on the facility to other facilities, doctors, educational groups, and perspective patients and their families. The room will include a large table, with seating for up to fifteen people, and audio/video equipment appropriate to giving small scale presentations. Consideration should be given to the acoustics of the room to ensure the sound is not disturbing to the other administration activities.

The presentation room needs to be easily accessible to all administration, epically the reception areas, and close to the entrance.. The maximum occupancy for the space is fifteen people, at fifteen square feet per person, and 225 total square feet. There is only one conference/ presentation room for the complex.

Spiritual Advisor's Office

The spiritual advisors office will be similar to the other administration offices, but should be near the chapel, and furnished more traditionally. It will be used mainly as an area for patients to get spiritual advice and direction. The advisor will not favor any one religion, and an effort to present a generic spiritual quality to the space. In addition, various visiting clergy will also use this space. The maximum occupancy of the office is three, at 120 square feet per person, and 360 total square feet. The spiritual adviser and clergy should be accessible to the general population of patients.

Councilor's Offices

The counselor's offices is a larger, multi-desk space for the unit counselors and volunteers to work outside of group sessions. There should be ample storage space for personal effects, i.e. coats, paperwork, research. This is a shared space and is not expected to be occupied by any single person for prolonged periods at a time. The mood of the space should be fun and productive, with six desks, two computers, and temporary filing space. This area will ideally be used by counselors researching and preparing sessions, filling out paperwork, and collecting themselves before and after sessions.

The maximum occupancy of this space is six, at eighty square feet per person, and a total of 480 square feet. This space will be central to all units and reasonably near the entrance, administration, and employee break room.

Records Room

The records room is used to store sensitive medical and other information on past patients for the purpose of follow ups and statistics. There should be security from disaster, as well as theft for these documents.

The records room will be adjacent to the administrative facilities and away from the common areas of the facility. The maximum occupancy of the records room is one to two people, at sixty square feet per person, and a total of one-hundred-twenty square feet.

Spatial Analysis

Common Spaces

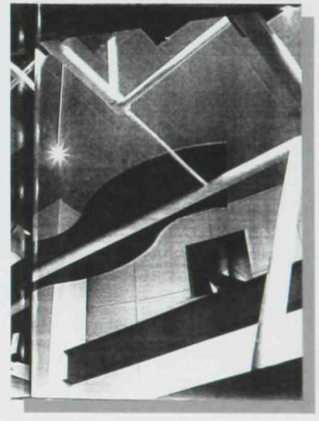
Cafeteria

The cafeteria provides the nutritional needs of the staff and patients of the facility, serving breakfast, lunch, and dinner every day of the year. It should provide seating for up to 150 people in a variety of table sizes. There should be some access to outside dining as the weather permits.

The format of serving will be cafeteria-style with designated food pick up and trey drop off areas. A full and ample commercial kitchen will be attached with dishwashing and food storage and disposal facilities. At the peak dining time eight cooks, including the head chef will be on staff. Consideration should be given to providing a pleasant atmosphere to dine in.

Natural light will be brought in by skylight, and the décor will be bright and social at lunch. For diner, the natural light will be gone, providing a more intimate mood to the space. The skylights can serve as portals to watch the stars as one contemplates his days accomplishments, and enjoys a lea surly dinner.

The maximum number of users at one time is 150 people, at sixteen square feet per person, and 2500 square feet total. The cafeteria needs to be centrally located, with reasonable access from all public parts of the facility.



The cafeteria should have a roomy, spacious feel.

Library

The library will house all self-help literature and media, as well as some basic fiction for patients. It will be used by visiting scholars, students, and staff, as well as patients and current staff.

Reading and publishing literature is an important part of this treatment method, to educate both patients and the public. Desks and chairs should be provided, as well as a computer index of the books included in the library.

The mood of the space should be more formal that the rest of the complex, with plenty of area for quiet research or introspection.

The library should be central to the common space and reasonably close to the entrance. The max occupancy of the library is twenty people, at twenty-five square feet per person, and 500 square feet total.

Chapel

The small chapel is a place to seek spiritual guidance and to prey. It should be adaptable to various religions and denominations, and should be able to house very small church services for patients and visiting clergy.

The chapel's should mood should also be adaptable through the use of controlled natural and incandescent light, and window shading techniques. There should be a few pews and a simple altar. The place should be inspiring to seek one's own spirituality, an important factor in gaining control of an addiction and understanding one's self.

The maximum capacity of the chapel is twenty people, at twenty one square feet per person, and 425 total square feet.

Lecture Space

The lecture space should be designed to seat a whole unit. It will be used for guest lectures, films, presentations, and forums. The seating will be theater-style, and attention should be paid to acoustics. Audio/video/film equipment should be included in the design of the lecture space.

The maximum number of users is thirty people, at fourteen square feet per person, with a total square footage of 425. There are two lecture spaces for the facility.

Spatial Analysis

Auxiliary Spaces

Employee Break Room

This space is to serve as an employee lounge and should include a kitchenette for preparing small snacks, microwave food, and beverages; tables and chairs to relax, eat, read in; a television; and a vending machine.

The space should be out of the way and inaccessible to patients, but reasonably close to the administration, cafeteria, and housekeeping/ janitorial.

The maximum occupancy of the employee break room is twelve, at twelve-point-five square feet per person, and 150 total square feet. There is one break room for the facility.

Housekeeping/ Janitorial

This area will house the washing and drying machines for the housekeeping and will store all the cleaning equipment and supplies. There should be enough room for staff-members to clean and fold linens, and access the supplies and equipment.

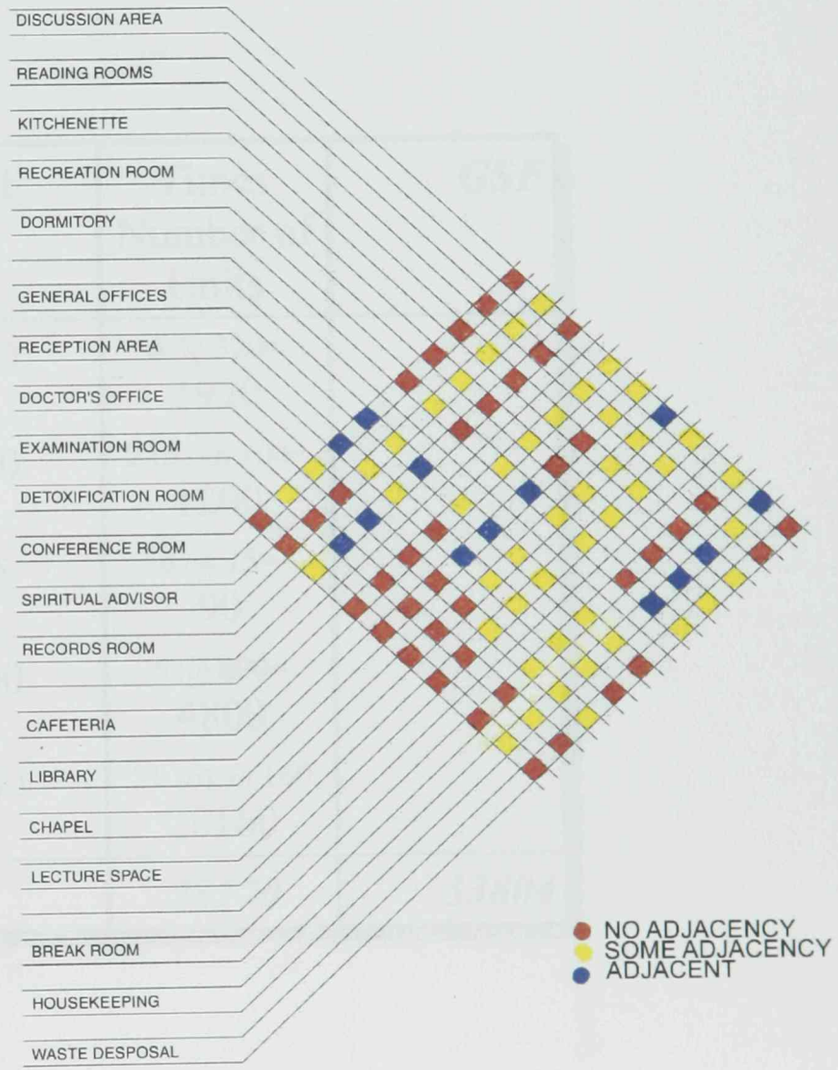
The space needs to be out of the way, with access to the waste disposal area. The maximum number of users is ten staff, at thirty square feet per person, for a total of 300 square feet.

Waste Disposal

The waste disposal area includes dumpsters for trash and cardboard, a grease trap, and should be accessible by truck..

This space needs to be out of sight as much as possible, and near the housekeeping/ janitorial, kitchen, and service road/alley. The maximum number of users for this space are four to six people, at thirty-three square feet per person, for a total of 200 square feet. There is only one waste disposal facility for this complex.

Spatial Adjacency Matrix



Spatial Summary

Unit Spaces

	USF	Times Number of Units	*GSF*
Discussion Area	320	6 @ 320= 1920	
Reading Rooms	100	2 (6) @ 100= 1200	
Kitchenette	15	6 @ 15= 90	
Recreation Room	800	6 @ 800= 4800	
Dormitory	160	21 (6) @ 160 20160	
Total		***28170***	***33804***

Spatial Summary

Administration Spaces

	USF	Times # of Units	*GSF*
General Offices	360	4 @ 360= 1440	
Reception	150	1 @ 150= 150	
Doctors' Office	230	1 @ 230= 230	
Examination Area	400	1 @ 400= 400	
Detoxification Area	80	6 @ 80= 480	
Conference/ Presentation	225	1 @ 225= 225	
Spiritual Advisor	120	1 @ 120= 120	
Records Room	120	1 @ 120= 120	
Total		***3165***	***3798***

Spatial Summary

Common Spaces

	USF	Times Number of Units	*GSF*
Cafeteria	2500	1 @ 2500= 2500	
Library	500	1 @ 500= 500	
Chapel	425	1 @ 425= 425	
Lecture Space	425	1 @ 425= 425	
Total		***3850***	***4620***

Spatial Summary

Auxiliary Spaces

	USF	Times Number of Units	*GSF*
Employee Break Room	150	1 @ 150= 150	
Housekeeping/Janitorial	300	1 @ 300= 300	
Waste Disposal	200	1 @ 200= 200	
Total		***650***	***780***

Spatial Summary

Grand Summery

	USF		*GSF*
Unit Spaces	28170		***33804***
Administration Spaces	3165		***3798***
Common Spaces	3850		***4620***
Auxiliary Spaces	650		***780***
Total	***35835***		***43002***

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Rehabilitation Facility

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Rehabilitation Facility

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Conclusion

For the design phase of this project the focus shifted slightly as the architectural metaphor became less of a "gateway" and more a metaphor for the state of mind of a patient. The spiritual and mental high and low points one deals with in a rehabilitation facility. The chaotic nature of the elevation changes are symbolic of the bumpy path to recovery.

The issues mentioned in the program were dealt with as follows: Views, provided by ample and strategically placed fenestration, as well as by framed views between buildings and building elements. Colors, the colors of the building are representative of the brightest spots of natural color in the region. Outdoor courtyards and open spaces are provided as mentioned in the program, and the local regional architecture is also referenced by massing. Pathways and level changes are provided throughout the complex, and as one explores, new spaces for views and meditation are discovered. Contrary to the program water that weaves through the facility becomes a soothing, symbolic, and spiritual aspect of the project.

There is a definite hierarchy of spaces, with the buildings color-coded to type. Thus the unit spaces are the same hue throughout the complex. This is done to counteract some of the intense inter-unit focus inherent in the program.

The main controlling factors for this project were facility type and landscape. Because of the nature of the facility type there were definite nec-

Rehabilitation Facility

For Chemical Dependents

Conclusion

essary parts and arrangements. The landscape was a factor because the site, ringed on three sides by mountains was steep in places, and beautiful. The views were plentiful, and the slope provided me with the shifting levels as stated in the program.

In my opinion, the most compelling aspect of the design is the presence the building has nestled in this valley as one would approach from the city below. The bright colors, large reflective windows, and shifting rooflines I hope would provide a sense of the mental and spiritual road ahead to the patient, and occupy the users mind rather than drugs and alcohol.

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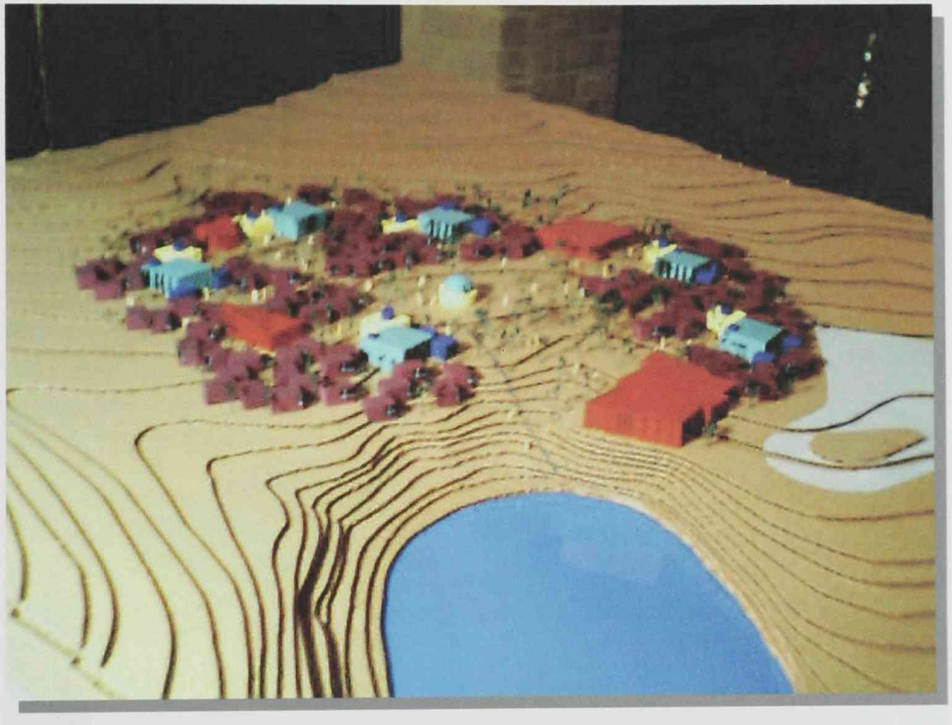

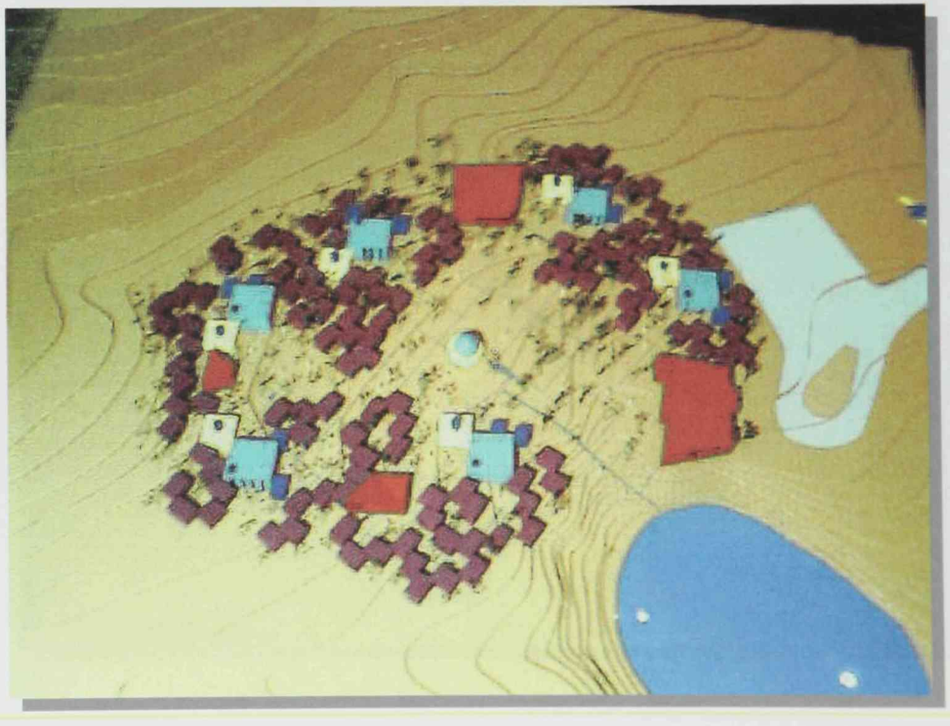

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Thesis Design

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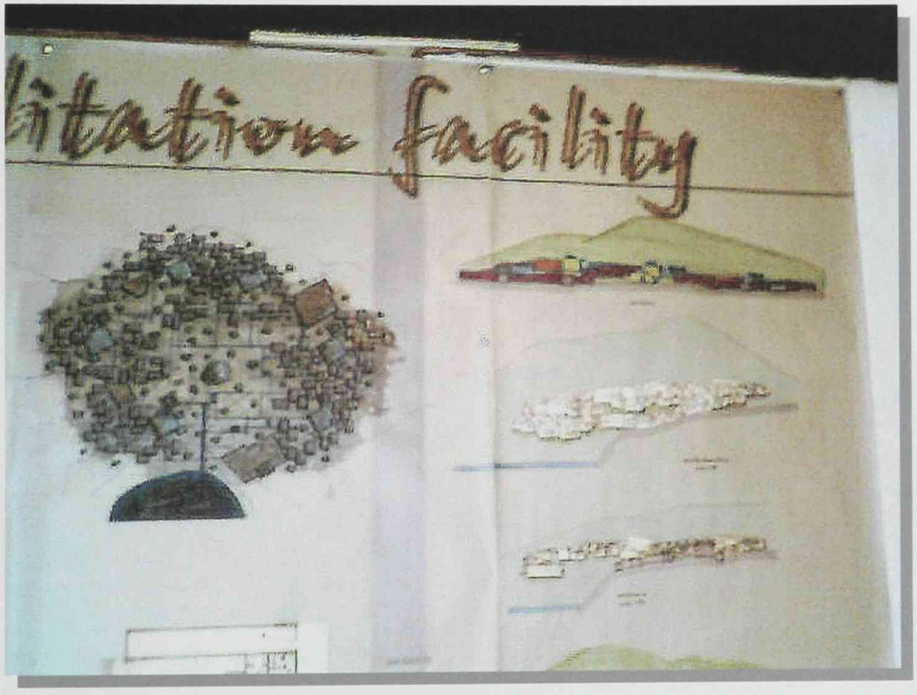

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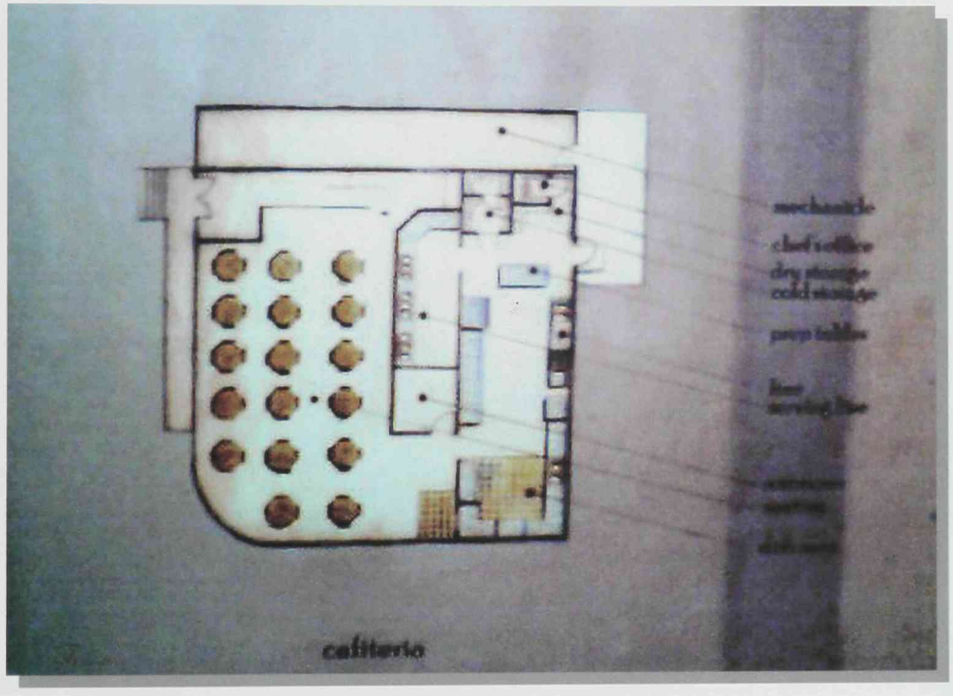

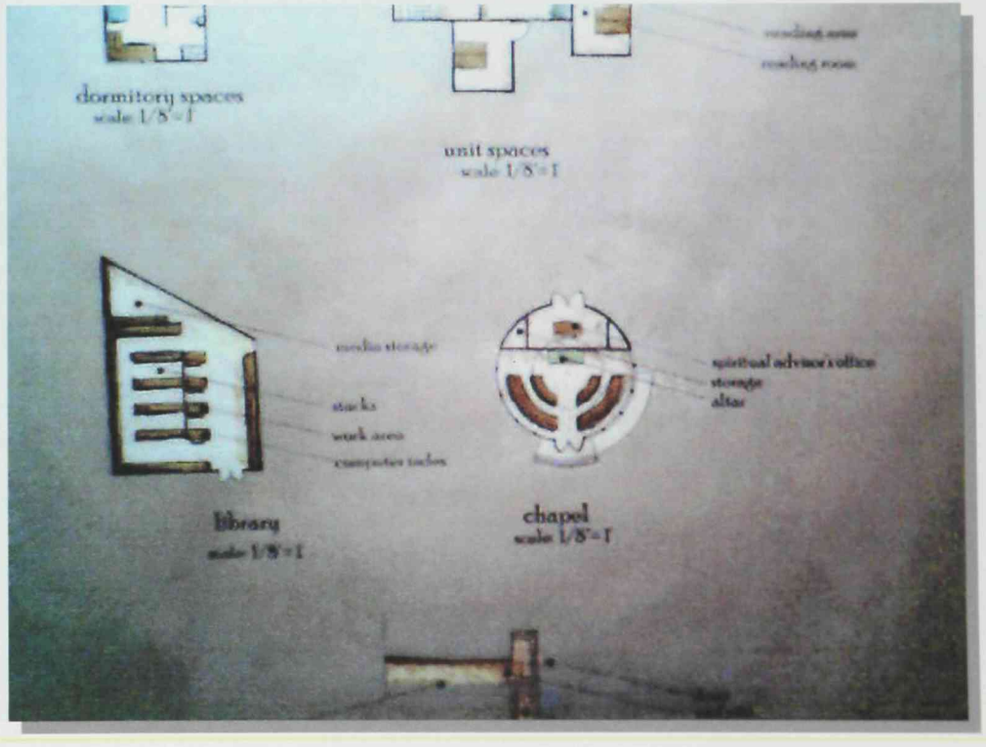

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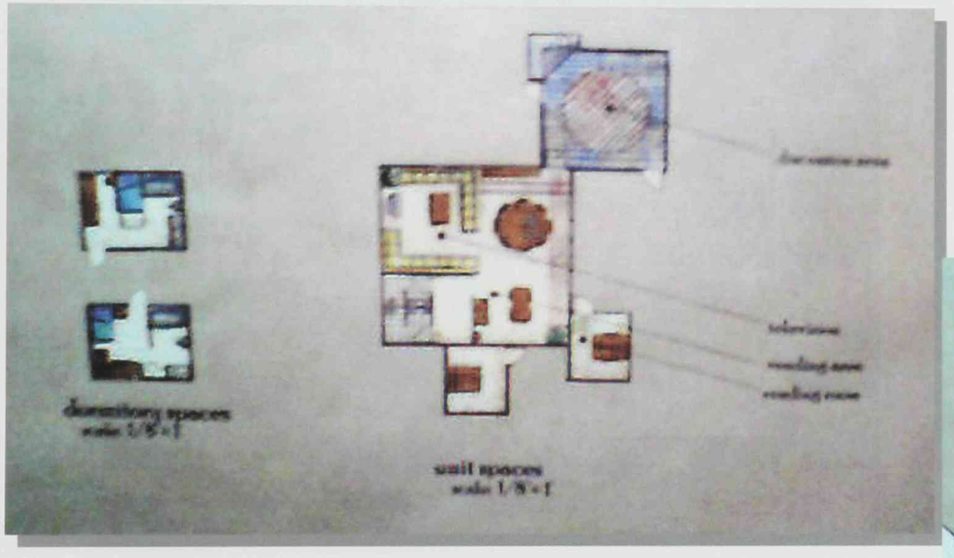

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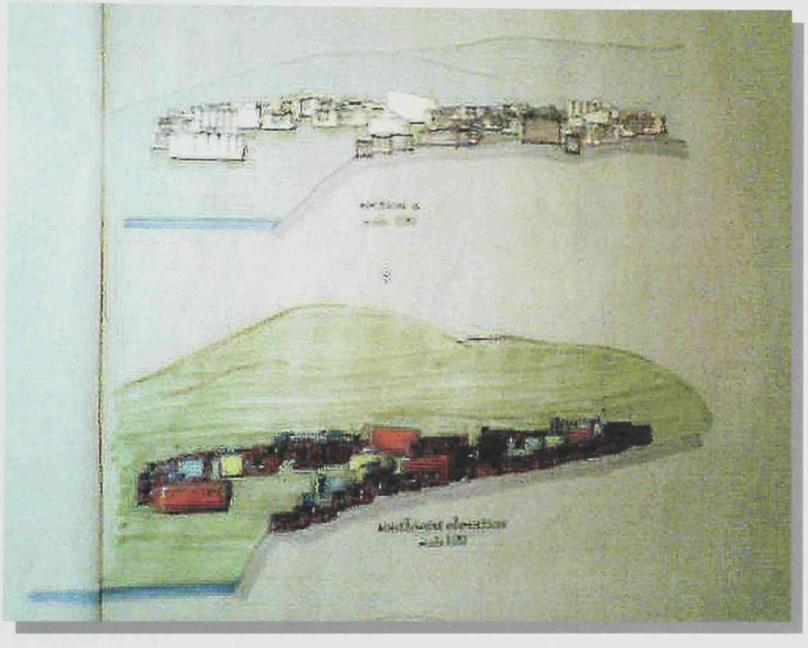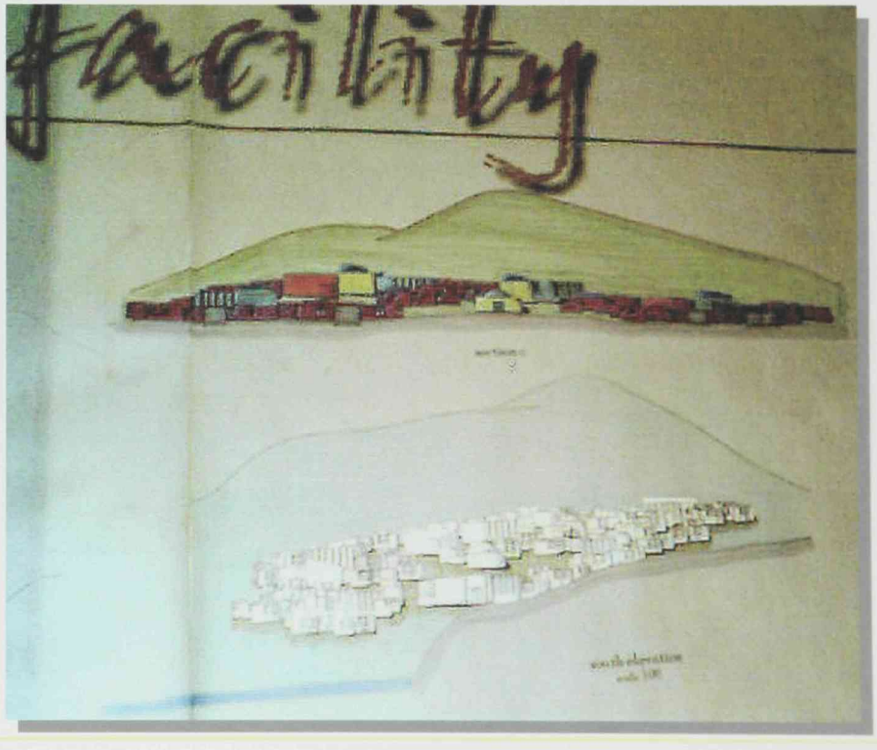
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