

# Therapeutic Community Curriculum

## TRAINER'S MANUAL



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

# **THERAPEUTIC COMMUNITY CURRICULUM**

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Center for Substance Abuse Treatment

1 Choke Cherry Road  
Rockville, MD 20857

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# Contents

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<b>Trainer Orientation</b> .....	<b>1</b>
Introduction.....	1
The TCC Learning Approach.....	3
Using the Trainer’s Manual.....	4
Overview of the Participant’s Manual.....	7
<b>Getting Started</b> .....	<b>9</b>
<b>Modules</b>	
Module 1: Introduction to the Therapeutic Community Curriculum.....	1-1
Module 2: The History and Evolution of the Therapeutic Community.....	2-1
Module 3: Treatment and Recovery—The TC View.....	3-1
Module 4: The Community-as-Method Approach.....	4-1
Module 5: The TC Social Structure and Physical Environment.....	5-1
Module 6: Peer Interpersonal Relationships.....	6-1
Module 7: Staff Roles and Rational Authority.....	7-1
Module 8: TC Treatment Methods.....	8-1
Module 9: Work as Therapy and Education.....	9-1
Module 10: Stages of the TC Program and the Phases of Treatment.....	10-1
Module 11: How Residents Change in a TC.....	11-1
<b>Appendices</b>	
Appendix A: Ice Breakers.....	A-1
Appendix B: Positive Visualizations.....	B-1
Appendix C: TCC Expert Panel.....	C-1
Appendix D: TCC Contributors.....	D-1

# Participant Orientation

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## Introduction

### Background

Leaders in the therapeutic community (TC) model of treatment have identified a critical need for entry-level staff training in the basics of the TC model.<sup>1</sup> In response, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) convened an expert panel in 2000 to serve as a planning committee for a generic TC curriculum (TCC) and to provide guidance during its development (see appendix A for a list of expert panel members and appendix B for a list of other contributors). This document is the result of that collaboration.

TCs have evolved to serve an ever-increasing range of special populations with substance use disorders, including women with children, older adults, adolescents, people with co-occurring mental disorders, people with HIV/AIDS, people who are homeless, and people involved with the criminal justice system. In addition, the TC approach has been passed down rather informally through succeeding generations of TC program staff, allowing a shift away from the foundations of the TC model<sup>2</sup> and necessitating a concrete and standardized method of training both clinical and nonclinical staff.

In an interview with *Therapeutic Communities of America News*, the Director of CSAT, H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, advised that, as the TC model continues to evolve, TC practitioners and administrators should stay anchored to the essential premises of TCs so that changes are based on “your [TC practitioners'] own information, your own traditions, your own histories so you don't get fads . . . [but] progressions that are logical, sustained, and meaningful.”<sup>3</sup>

The TCC was developed to facilitate such logical and meaningful evolution of the TC model by providing TC staff members with an understanding of the essential components and methods of the TC and helping them understand and appreciate that they are part of a long tradition of *community* as a method of treatment.

### Language

In presenting generic TC concepts and methods, TCC developers use terms that are accepted widely in TCs. In some cases, several alternative terms (provided by TCC reviewers) are included. You may find that your TC uses terms that differ from those used in the TCC.

Although the number of outpatient programs using the TC model is increasing, most TC programs remain residential. For this reason, developers use the word “resident” throughout the document rather than TC “participant,” “member,” or “client.”

## **TCC Goals and Objectives**

### **Goals:**

- \$ To provide a common knowledge base for all staff members working in TCs
- \$ To encourage you to work on your professional growth and development.

**Objectives:** As you progress through the TCC training, you will

- \$ Understand and be able to explain
  - The history, basic concepts, and components of the TC
  - The TC views of the disorder, the person, recovery, and right living
  - The social structure and physical environment of the TC
  - The TC treatment methods
  - The ways in which staff members help residents change their behavior, attitudes, and self-identity through the community-as-method and the self-help and mutual self-help learning processes
  - The expectations, roles, and competencies of all staff members
- \$ Experience increased self-awareness
- \$ Be able to identify concerns about your roles and the ways to obtain additional information, support, or training
- \$ Experience and understand the TC process through participation in simulations and role plays of TC methods
- \$ Experience an enhanced sense of belonging to a TC.

## **The TCC Learning Approach**

The 11 modules in the TCC can be delivered over several consecutive days or can be offered over the course of several weeks or months. Each module also can be used separately to target a specific training need. Your trainer will provide you with a specific agenda.

The TCC learning approach includes

- \$ A mixture of presentations, discussions, and exercises to simulate the self-help and mutual self-help learning processes used in TCs.
- \$ Frequent use of a static small-group exercise format.
- \$ Simulations and role plays to understand better the TC method.
- \$ Time to reflect on and write your thoughts and feelings in a personal journal. *This journal is yours to keep; your trainer will not collect it, and you will not be expected to share what you have written unless you choose to do so.*
- \$ An assessment of your learning to be completed in your small groups at the end of each session.
- \$ A wrapup exercise to help make the transition home or back to work on a positive note.
- \$ Brief “prework” assignments to prepare for the next session.

The TCC is not an immersion approach but can complement your agency's immersion training. You will find that the TCC is highly interactive but that it is more didactic than the immersion trainings you may have experienced. The developers have tried to balance presentations and exercises, and your trainer will allow you to take breaks as needed.

Experiential exercises and group simulations can trigger emotional responses. Your trainer will provide basic support and guidance appropriate to a training situation as issues arise during the training but will *not* be able to provide individual counseling. If you feel that you need more support, you can

- \$ Talk to a coworker, friend, or family member
- \$ Talk to a sponsor or therapist
- \$ Request referral to your program's employee assistance program.

The TCC is an entry-level training to familiarize new staff members with basic TC principles and methods. *It does not take the place of immersion or other clinical skills training or ongoing clinical supervision.*

## **Overview of the Participant's Manual**

Each module of your Participant's Manual includes

- \$ PowerPoint slides printed three to a page with space for you to write notes
- \$ Resource Sheets containing additional information, case studies, and exercises
- \$ A summary of the main points of each module
- \$ A learning assessment to complete with your small group (the module review).

Your trainer will give you a notebook to use as your personal journal.

## **Getting the Most From Your Training Experience**

Here are suggestions to get the most from the TC training:

- Speak to your supervisor before the training begins. Find out what his or her expectations are for you.
- Think about what you want to learn from each module.
- Come to each session prepared, do any prework that was assigned, and review the summaries for the modules to be presented.
- Be an active participant. Participate in the exercises, ask questions, write in your journal, and think about what additional information you want.
- Speak to your supervisor after the training. Talk to him or her about what you learned to be sure you understand how the information relates to your job.
- Discuss with your supervisor ways that you can put your learning into practice, and continue to follow up with him or her.
- Have fun!

<sup>1</sup> De Leon, G. *Therapeutic Communities: Theory, Model and Method*. New York: Springer Publishing Company, Inc., 2000. Chapter 1, page 6.

<sup>2</sup> De Leon, G. *Therapeutic Communities: Theory, Model and Method*. New York: Springer Publishing Company, Inc., 2000. Chapter 1, page 6.

<sup>3</sup> Therapeutic communities and high functioning: An interview with Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment. *Therapeutic Communities of America News*, Spring/Summer 1999.

# Module 1: Introduction to the Therapeutic Community Curriculum

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## Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 1, including Resource Sheets, Summary of Module 1, and Review of Module 1.
- Prepare an appropriate icebreaker (see appendix A for suggestions).
- Decide on the jobs participants will perform during the training. Prepare newsprint of a structure board for Therapeutic Community Curriculum (TCC) training. (See the Sample Structure Board at the end of Module 1.) Depending on the number of participants, some participants may have more than one job, or a participant may share a job with another person. Participant jobs may be changed daily. **Job assignments are optional but may enhance the development and cohesiveness of the training community.**
- Write on newsprint the following ground rules for the training (modify as needed), and post them on the wall:
  - Arrive on time, and return on time from breaks.
  - Participate in all assigned activities.
  - Consider one another equal members of the training community.
  - Do not smoke in the building.
  - Do not bring food to the tables; beverages are permitted.
  - Turn off cell phones, and set pagers to vibrate during training.
- In addition to the materials listed in Getting Started, assemble the following for Module 1:
  - A packet of 11- by 17-inch colored construction paper OR poster board for small groups
  - Crayons or magic markers for small groups.

## Module 1 Goals and Objectives

**Goals:** To develop a training community; to provide participants with an overview of the TCC's goals and objectives, structure, and learning approach; to introduce participants to the Therapeutic Communities of America (TCA) Staff Competencies; and to introduce participants to one TCA Staff Competency: "acting as if."

**Objectives:** Participants who complete Module 1 will be able to

- \$ Explain the overall goal and the objectives of the TCC
- \$ State at least five TCA Staff Competencies
- \$ Define the concept "acting as if" and describe at least one way staff members can demonstrate this concept in their work with TC residents.

## Content and Timeline

Introduction	30 minutes
Presentation: Overview of the TCC	30 minutes
Exercise: Small-Group Formation	45 minutes
Break	15 minutes
Presentation: TCA Staff Competencies	20 minutes
Presentation: TCA Staff Competency—Understanding and Practicing the Concept of "Acting as If"	10 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	3 hours, 10 minutes

## TCC MODULE 1



30 minutes



OH #1-1

### Introduction

#### Welcome

Welcome participants, introduce yourself, and summarize your experience in TCs.

Distribute and review the agenda.

Conduct an icebreaker, and process as needed.

Ask participants to introduce themselves by their names and their work affiliations (if the icebreaker did not accomplish this).

Review the list of posted ground rules.

Invite participants to add rules to the list.

Explain that

- Affirmations are oral encouragements offered spontaneously by peers to acknowledge one another and their efforts to change.
- Affirmations are expressed with affection, friendship, and caring.

Encourage participants to affirm one another throughout the training.

#### Participant Job Assignments

Introduce participant job assignments posted on the TCC Structure Board.

Explain that it is important for participants to have jobs during the training because

- Community members are expected to perform jobs to keep the community going.
- Contributing to community work develops a sense of belonging.
- Each participant is responsible for enhancing the learning environment, which in turn enhances the learning experience for participants.
- Having a job during the training simulates the TC learning environment.

Explain that the role of work in the TC is discussed thoroughly in Module 9.

Assign each participant a job to do today or throughout the training.

**TCC MODULE 1**



30 minutes

**Presentation: Overview of the TCC**

**Overview**

Explain that the TCC provides

- A thorough introduction to general TC principles and practices for new TC staff members
- A solid review for more experienced staff members.

Emphasize that

- The TCC is part of a comprehensive training program for TC staff members.
- Additional skills-based training and ongoing clinical supervision are essential to staff member competence.

Explain that

- The TCC training environment incorporates elements of the TC experience, but not to the same extent as most immersion training.
- The TCC involves simulations and role plays to help participants understand the TC method.
- Trainers provide basic support and guidance appropriate to a training situation if issues arise for a participant during the training but do not provide individual counseling to participants.

Encourage participants needing more than minimal support to

- Talk to a coworker, friend, or family member
- Talk to a sponsor or therapist
- Seek out or request referral to the program's employee assistance program.

**TCC Goals and Objectives**



Distribute the Participant's Manual, and refer participants to page PM 1-6 to review TCC goals and objectives.

Review the overall goals and objectives of the TCC.

**Overall goals:** To provide a common knowledge base for all staff members working in TCs and to encourage training participants to work on their professional growth and development.

## TCC MODULE 1

**Overall objectives:** Participants who complete the TCC will

1. Understand and be able to explain
  - The history, basic concepts, and components of the TC
  - The TC views of the disorder, the person, recovery, and right living
  - The social structure and physical environment of the TC
  - The TC treatment methods
  - The ways in which staff members help residents change their behavior, attitudes, and self-identity through the community-as-method and the self-help and mutual self-help learning processes
  - The expectations, roles, and competencies of all staff members
2. Experience increased self-awareness
3. Be able to identify concerns about their roles and ways to obtain additional information, support, or training
4. Experience and understand the TC process through participation in simulations and role plays of TC methods
5. Experience an enhanced sense of belonging to a TC.

### **The TCC Learning Approach**

Explain that the TCC learning approach includes

- A mixture of presentations, discussions, and exercises
- Small-group work to create a sense of community and to promote self-help and mutual self-help
- Time to reflect and write thoughts and feelings in a personal journal
- Review and feedback.

Emphasize that

- The TCC learning approach includes exercises and processes to simulate the community-as-method approach and the self-help and mutual self-help learning processes used in the TC.
- Each session begins with a review of the previous session, so participants can provide feedback to the trainer and ask questions about the information presented.
- The TCC training may be more didactic than most participants have experienced in previous TC trainings.

**TCC MODULE 1**

Tell participants that they can get the most from this training by

- Speaking to their supervisors before each session to determine their supervisors' expectations
- Giving copies of the Module Goals and Objectives and Summary of Module sheets to their supervisors after the training and discussing how the information relates to their jobs
- Thinking about what they want to learn from each session
- Actively participating in the training and offering their experiences to illustrate the information being presented
- Asking questions to be sure that they understand how the information applies to their jobs.

**Module Organization**

Review the organization of each module.



Refer participants to page PM 1-1.

Explain that each module in the Participant's Manual has the following components:

- Goals and Objectives
- Overheads printed three to a page with space to write notes
- A summary of the main points of each session
- Resource Sheets.

Refer participants to page PM 1-1 Goals and Objectives.

Emphasize that participants who complete Module 1 will be able to

- Explain the overall goals and objectives of the TCC
- State at least five TCA Staff Competencies
- Define the concept "acting as if" and describe at least one way staff members can demonstrate this concept in their work with TC residents.

Refer participants to page PM 1-6, Summary of Module 1.

Explain that each module's summary

- Highlights the main points of the session
- Provides the information participants need to meet the objectives.

## TCC MODULE 1

Inform participants that, at the end of each session, they will work in small groups to review the objectives and the information presented.

Explain the three types of Resource Sheets:

- Background reading
- Instructions for exercises conducted during the training
- Case studies.



45 minutes

### Exercise: Small-Group Formation

Explain that

- Forming small groups builds a sense of community among participants.
- These groups will be *static*; participants will remain in the same group throughout the training.



Divide participants into groups of five people or fewer, ensuring that each group is balanced with respect to gender, ethnicity, age, and length of time a person has worked in a TC. Name or number each group.

Ask participants to take their Participant's Manual with them when they move to their small group.

Instruct each group to select one person to fill the following roles:

- **Facilitator:** Keeps track of time and encourages each participant to contribute to the discussion.
- **Reporter:** Takes notes, writes the group consensus on each question on a piece of construction paper, and reports a summary of the group's discussion.



OH #1-2

Distribute construction paper or poster board and crayons or markers to each group.

Instruct each small group to discuss the following questions and create a poster with the group's common quality and slogan:

- What quality does each person in the group have in common with others?
- What do you expect to get out of this training?
- Which TC slogan would you like to adopt as your group slogan for the training?

**TCC MODULE 1**



Refer participants to page PM 1-4, Resource Sheet #1-1: TC Recovery Maxims, for help with slogans.

Allow 15 minutes for group activity.

Ask the reporters to summarize their groups' discussions. Post the summaries on the wall.

Emphasize the importance of working in groups during the TCC by stating that

- In a TC most learning and healing take place in small groups.
- Learning occurs through interaction with peers.
- Senior staff members are included in the TCC training to serve as positive role models.

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*Because the next section is short and participants will return to their small groups, suggest that participants remain where they are.*

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20 minutes

**Presentation: TCA Staff Competencies**

Explain that Therapeutic Communities of America, a professional association of TCs, established basic competencies that are expected of all TC staff members and that

- The TCC training provides important general knowledge about each competency.
- Trainers will demonstrate each competency throughout the TCC training.
- Participants will have an opportunity to practice each competency.

Emphasize that participants will need clinical training skills, both inservice and external to the agency, in addition to the TCC to become fully competent staff members.



Refer participants to Resource Sheet #1-2: TCA Staff Competencies, page PM 1-5.

Ask each participant to read aloud one TCA Staff Competency.

## TCC MODULE 1



10 minutes



OH #1-3

## Presentation: TCA Staff Competency—Understanding and Practicing the Concept of “Acting as If”

Define the concept of and rationale for “acting as if” as follows:

- “Acting as if” means residents and staff members must behave as the persons they aspire to be rather than the persons they have been. All TC members are expected to behave in ways that demonstrate the values of the community.
- The psychological principle that underlies acting as if is that, when individuals act in a certain way long enough, eventually the thoughts and feelings that support the behavior also will strengthen. Feelings, insights, and altered self-perceptions often follow behavior change rather than precede it.
- Acting as if teaches residents impulse control and encourages socially appropriate behavior.

Explain that staff members can encourage residents to practice acting as if in many ways, such as

- \$ Expecting residents to behave in prosocial ways
- \$ Instructing residents to use the TC groups to discuss the resistance they feel when acting in ways that do not feel normal and comfortable
- \$ Asking a resident to perform a job function he or she does not like and asking the person to do it with a positive attitude.



20 minutes



## Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 1-6, Summary of Module 1.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 1-8, Review of Module 1.

Instruct participants to work with their small groups to answer the questions on Review of Module 1. Explain that this review is a way for participants to assess and consolidate their learning.

**TCC MODULE 1**

Allow 10 minutes for the small-group review.  
 Ask participants what they learned in this session, and facilitate discussion.



20 minutes

**Journal Writing and Wrapup**

**Journals**

Distribute the spiral-bound notebooks.

Explain that the notebooks are to be used as participants' personal journals, and explain that journal writing is

- A method of reflecting on what participants have learned
- A way of increasing their awareness of feelings
- A way of keeping track of their thoughts, insights, and possible action steps.



OH #1-4

Emphasize that the journals will not be collected.

Instruct participants to take 5 minutes to write in their journals. Possible subjects are



- What are your expectations about the TCC training?
- What thoughts or concerns do you have about your role as a TC staff member?
- What would you most like to know more about?

Emphasize that identifying and sharing feelings are critical aspects of the TC approach to treatment and recovery because

- Sharing feelings increases self-awareness.
- Increased self-awareness is critical to changing one's behavior and self-identity.

Sharing thoughts and feelings is a way for people to learn from one another and create a sense of community.

**Wrapup**

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 1 or the training in general. Note that participants may say anything on their minds.

**TCC MODULE 1**

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.



**OH #1-5**

**Prework for Module 2: The History and Evolution of the Therapeutic Community**

Ask participants to do the following before the next session:

- Read Resource Sheet #2-1: Basic Components of a TC
- Research the history of their TC.

## Resource Sheet #1-1: TC Recovery Maxims

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The following recovery maxims, also called slogans or unwritten philosophies, are used in the TC to give residents a motto to live by and reflect on during each day.

Love.

Honesty.

Act as if.

Guilt kills.

Blind faith.

Hang tough.

Step by step.

No free lunch.

Keep it simple.

One day at a time.

Responsible concern.

No gain without pain.

Clean bed, clean head.

Compensation is valid.

Remember who you are.

To be aware is to be alive.

Trust in your environment.

You get back what you put in.

Nothing is constant but change.

What goes around, comes around.

You are your brother's/sister's keeper.

You can't keep it without giving it away.

Do your thing and everything will follow.

You alone must do it, but you can't do it alone.

It is better to understand than to be understood.

Be careful what you ask for—you might just get it.

If you think you are looking good, you are looking bad.

If you think you are looking bad, you are looking good.

Remember where you came from to know where you are going.

## Resource Sheet #1-2: TCA Staff Competencies

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The following competencies are from the TCA Web site ([www.therapeuticcommunitiesofamerica.org](http://www.therapeuticcommunitiesofamerica.org)). The first competency is outside the scope of the TCC and will not be discussed.

1. Coordinator has knowledge of data-gathering tools as well as assessment instruments that facilitate the evaluation of a member's strengths as well as areas needing improvement.
2. Understanding and promoting upward mobility and the privilege system (Module 10).
3. Understanding and promoting self-help and mutual help (Module 4).
4. Understanding and practicing the concept of "acting as if" (Module 1).
5. Understanding and discouraging the concept of the "we–they dichotomy" (Module 7).
6. Understanding the relationship between belonging and individuality (Module 6).
7. Understanding and facilitating the group process (Module 8).
8. Maintaining accurate records (Module 10).
9. Understanding social learning versus didactic learning (Module 4).
10. Understanding the need for a belief system within the community (Module 3).
11. Understanding and practicing positive role modeling (Module 7).

The TCC provides important general knowledge about competencies 2 through 11. Trainers demonstrate each competency throughout the training and provide opportunities for participants to practice each competency.

**Please note that participants will need training in addition to the TCC to develop completely the skills needed to become a fully competent TC staff member.**

## Summary of Module 1

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### TCC Goals and Objectives

#### Overall Goals

- To provide a common knowledge base for all staff members working in TCs
- To encourage training participants to work on their professional growth and development

#### Overall Objectives

Participants who complete the TCC will

1. Understand and be able to explain
  - The history, basic concepts, and components of the TC
  - The TC views of the disorder, the person, recovery, and right living
  - The social structure and physical environment of the TC
  - The TC treatment methods
  - The ways in which staff members help residents change their behavior, attitudes, and self-identity through the community-as-method and the self-help and mutual self-help learning processes
  - The expectations, roles, and competencies of all staff members
2. Experience increased self-awareness
3. Be able to identify concerns about their roles and ways to obtain additional information, support, or training
4. Experience and understand the TC process through participation in simulations and role plays of TC methods
5. Experience an enhanced sense of belonging to a TC.

### TCA Staff Competencies

Competencies are skills, knowledge, abilities, personal qualities, and behaviors that are critical to completing work. TCA Staff Competencies are listed on Resource Sheet #1-2.

## **TCA Staff Competency—Understanding and Practicing the Concept of “Acting as If”**

“Acting as if” means residents and staff members must behave as the persons they aspire to be rather than the persons they have been. All TC members are expected to behave in ways that demonstrate the values of the community.

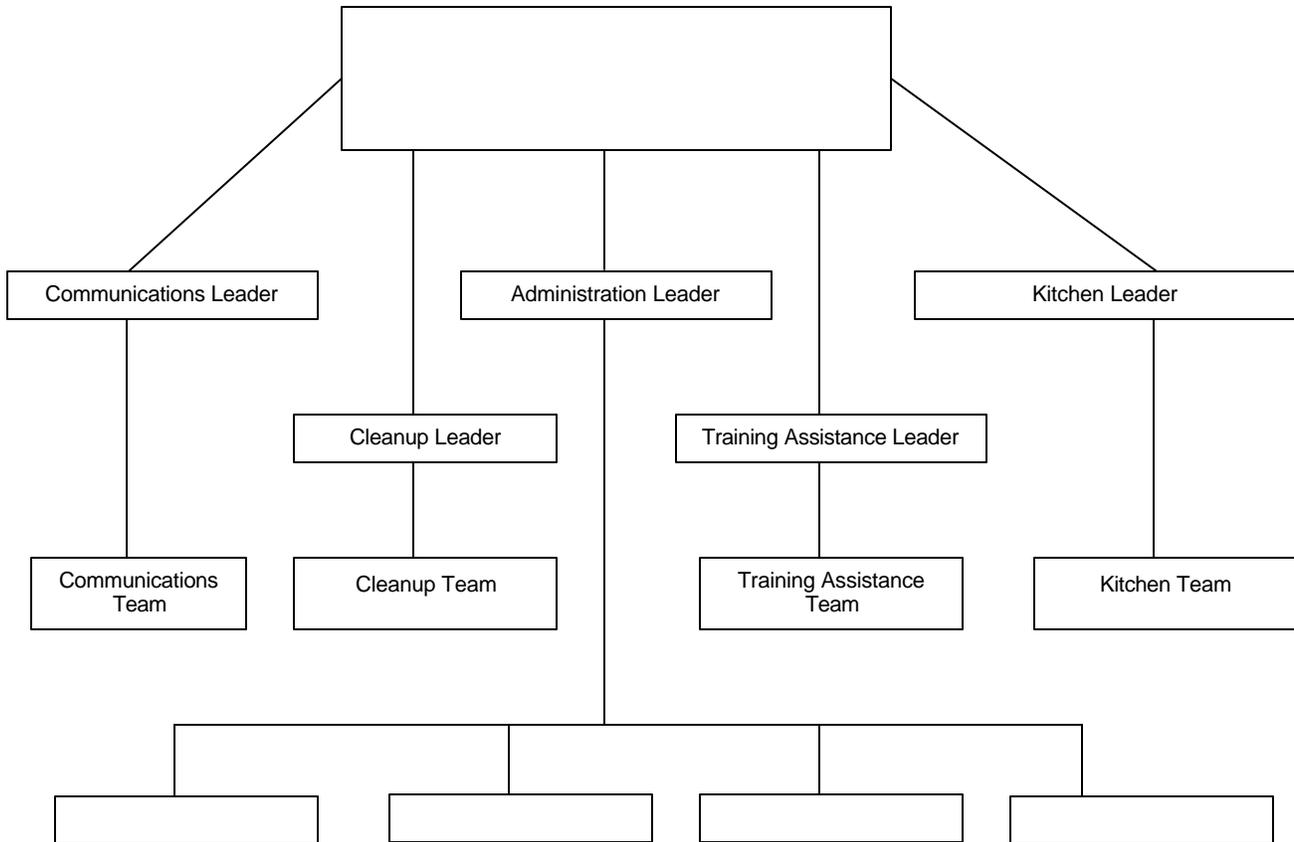
The psychological principle that underlies acting as if is that, when individuals act in a certain way long enough, eventually the thoughts and feelings that support the behavior also will strengthen. Feelings, insights, and altered self-perceptions often follow behavior change rather than precede it.

Staff members can encourage residents to practice acting as if by

- Expecting residents to behave in prosocial ways
- Instructing residents to use their groups to discuss the resistance they feel when acting in ways that do not feel normal and comfortable
- Asking a resident to perform a job function he or she does not like and asking the person to do it with a positive attitude.



## Sample Structure Board



TCC Participant Jobs	
<p style="text-align: center;"><b>Communications</b></p> <ul style="list-style-type: none"> <li>Relay messages to the trainer from participants (e.g., if a participant is late or has to leave early)</li> <li>Relay messages from the trainer to others</li> <li>Pass out handouts</li> </ul> <p style="text-align: center;"><b>Administration</b></p> <ul style="list-style-type: none"> <li>Make copies</li> </ul> <p style="text-align: center;"><b>Kitchen</b></p> <ul style="list-style-type: none"> <li>Help set up meals or refreshments if provided during the training</li> </ul>	<p style="text-align: center;"><b>Cleanup</b></p> <ul style="list-style-type: none"> <li>Clean up after meals or refreshments</li> <li>Tidy up the training room at the end of the day</li> <li>Rearrange chairs and tables at the end of each day</li> </ul> <p style="text-align: center;"><b>Training Assistance</b></p> <ul style="list-style-type: none"> <li>Keep time</li> <li>Demonstrate role plays with the trainer (for experienced TC staff members only)</li> </ul>

## Module 2: The History and Evolution of the Therapeutic Community

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### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 2, including Resource Sheet, Summary of Module 2, and Review of Module 2.
- Review the following recommended resources:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapters 1, 2, and 25.
  - Hayton, Richard. *The Therapeutic Community*. Kansas City, MO: Mid-America Addiction Technology Transfer Center (ATTC), 1998.
  - White, William. *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute, 1998. Chapter 24.

**NOTE:** You may choose to use the video *Therapeutic Community: History and Overview*, available from the Mid-America ATTC (see Trainer’s Orientation for contact information). If you use the video, preview it and decide where you will insert it into the module. **Using the video increases the time needed to complete Module 2.**

- Post the newsprint you prepared with the 14 basic components of the TC model.
- Write on newsprint the following names, leaving space for notes:
  - Elton Mayo, M.D., and Joe Pratt, M.D.
  - Bill Wilson and Bob Smith, M.D.
  - Maxwell Jones, M.D.
  - Charles Dederich
  - Monsignor William O’Brien, Dan Casriel, M.D., and David Deitch
  - Mitchell Rosenthal, M.D.
  - The name of the founder of the participants’ TC (if appropriate).
- In addition to the materials listed in Getting Started, assemble the following for Module 2:
  - Flags, noisemakers, or strips of cloth for the question-and-answer game
  - Small, silly prizes for the game (you may want to think of some sort of privilege instead)
  - A packet of 11- by 17-inch colored construction paper OR poster board for small groups
  - Crayons or magic markers
  - A poster or pamphlets of the 12 Steps of Alcoholics Anonymous (AA).

## Module 2 Goals and Objectives

**Goals:** To learn about the origin and history of the TC and to understand the changes in the TC approach since its creation.

**Objectives:** Participants who complete Module 2 will be able to

- Define “therapeutic community”
- Identify at least 7 of the 14 basic components of a TC
- Identify at least three contributions made by forerunners to today’s TC
- List at least three examples that illustrate how TCs have evolved into the mainstream of human services.

## Content and Timeline

Introduction	10 minutes
Exercise: What Is a Therapeutic Community?	20 minutes
Presentation: The Beginning and Evolution of the TC	60 minutes
Break	15 minutes
Presentation: Today’s TCs	30 minutes
Presentation: The 14 Basic Components of a TC	60 minutes
Summary and Review	30 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 5 minutes

## TCC MODULE 2



10 minutes



OH #2-1

## Introduction

Distribute and review the Module 2 agenda.

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*If you are conducting Module 2 as a stand-alone session or if you have just completed presenting Module 1, skip the following Module 1 review.*

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## Review

Ask participants what they remember from Module 1. Ensure that the following topics are reviewed:

- The goals and the objectives of the TCC
- The TCA Staff Competencies
- The concept of “acting as if.”

Ask participants whether they have any questions or have had any thoughts about Module 1.

## Module 2 Goals and Objectives



Ask participants to turn to page PM 2-1 of their Participant’s Manuals.

Present the goals and objectives of Module 2.

**Goals:** To learn about the origin and history of the TC and to understand the changes in the TC approach since its creation.

**Objectives:** Participants who complete Module 2 will be able to

- Define “therapeutic community”
- Identify at least 7 of the 14 basic components of a TC
- Identify at least three contributions made by forerunners to today’s TC
- List at least three examples that illustrate how TCs have evolved into the mainstream of human services.



20 minutes

## Exercise: What Is a Therapeutic Community?

Explain that before discussing the history and evolution of today’s TC model of treating substance use disorders, participants should know the definition of a “therapeutic community.”

**TCC MODULE 2**



OH #2-2



Define a “therapeutic community” as a structured method and environment for changing human behavior in the context of community life and responsibility (from Richard Hayton, 1998).

Emphasize that each word of this definition is significant.

Ask participants to move to their small groups.

Assign one or more of the elements of the definition to each group, and give the groups pages of newsprint and colored markers. Elements include changing behavior through

- Structured method
- Structured environment
- Context of community life
- Context of responsibility.

Ask each group to choose someone to be a reporter for the group.

Tell the groups to think of as many explanations or descriptions of their assigned elements as they can and write them on newsprint in a colorful and creative way.

Allow 10 minutes for this activity.

Ask each group’s reporter to present the group’s work. As each group finishes presenting, ask all participants whether they have anything to add.

Tack or tape the posters to the walls.

Explain that each element of the definition is discussed in detail throughout the TCC training.



60 minutes

**Presentation: The Beginning and Evolution of the TC**

Explain that as TC staff members, participants are part of a long tradition of people helping others recover from mental or substance use disorders through the use of a *community*.



Explain that it is important to know about the history and evolution of the TC model to understand the rationale for today’s TCs.

Refer participants to the prepared newsprint with names listed.

## TCC MODULE 2

Ask participants whether they recognize any names on the newsprint, whether they know what programs these people started, and what they know about the programs.

Add accurate responses to the newsprint; fill in missing information as below:

- Elton Mayo, M.D., and Joe Pratt, M.D.: tuberculosis (TB) hospital physicians
- Bill Wilson and Bob Smith, M.D.: founders of Alcoholics Anonymous
- Maxwell Jones, M.D.: founder of the first TC in England
- Charles Dederich: founder of Synanon
- Monsignor William O'Brien, Dan Casriel, M.D., and David Deitch: founders of Daytop Village
- Mitchell Rosenthal, M.D.: founder of Phoenix House
- The name of the founder of the participant's TC (if appropriate).

Summarize by stating that in this session participants will learn more about some of the key events, people, and organizations that have had significant influence on the evolution of the modern TC.

Explain that although the concept of using *community* to teach and heal is ancient, the term “therapeutic community” is relatively modern.

Tell participants that the modern TC was influenced by a number of individuals and programs, both in the United States and in England.

### **Mayo and Pratt**

Identify Elton Mayo, M.D., and Joe Pratt, M.D., as two physicians who conducted small-group meetings for patients with TB in the early 1900s, using an approach in which

- Patients discussed their conditions and what they could do to get better.
- Patients in better health served as role models to encourage other patients to believe that they too could get better.
- Patients who served as role models reinforced their own recovery.
- Patients recovered faster than with traditional approaches.

Explain that the concept of a patient helping another patient and thereby reinforcing his or her own recovery is known as “mutual self-help.”

Write the phrases “small groups,” “role models,” and “mutual self-help” on a clean sheet of newsprint to emphasize the contributions Mayo and Pratt made to today's TC.



**TCC MODULE 2**

**Alcoholics Anonymous**

Explain that

- AA was founded by two people who had alcoholism: Bill Wilson, a New York stockbroker, and Bob Smith, a physician.
- They were both struggling and frustrated by what they saw as the failure of the medical, psychiatric, and social service establishments to help people with alcoholism effectively.
- They met in Akron, Ohio, in 1935, and their mutual sharing about their disorder sparked the idea for an organization of persons with alcoholism helping other people with alcoholism.
- They came to believe that people with alcoholism could help one another stay sober.
- AA meetings use a small-group format.
- A critical component of the AA program is sponsorship, wherein one AA member who has been in the program for some time works with one or more newer members to orient them to the program, offer feedback, and serve as a role model of recovery.
- Today AA is a well-established international support group program based on 12 Steps and 12 Traditions that support the individual through recovery.

Refer participants to the poster (or pass out the pamphlets) with the 12 Steps of AA.

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*Many of your participants may be in recovery and fully familiar with the 12 Steps, but others may not know about AA. You may want to ask in a general way: "How many of you are familiar with the 12 Steps?" If everyone in your training group is aware of and familiar with the steps, skip reading them.*

---

Ask participants to take turns reading aloud the 12 Steps.

Identify the features common to the TB patients groups, AA, and today's TC as

- Self-help
- Helping others (mutual self-help)
- Role modeling
- Group format.



Add the phrases "self-help" and "mutual self-help" to the newsprint to emphasize the contributions AA made to today's TC.

## TCC MODULE 2

### **Maxwell Jones and the First “Therapeutic Community”**

Explain that in England in the mid-1940s

- Maxwell Jones, a British psychiatrist, became frustrated and disillusioned with what he saw as the failure of traditional psychiatric treatment.
- He founded a community to provide structure and content for therapeutic change in the lives of individuals with long-standing mental disorders.

Explain that in this community, Dr. Jones

- Treated difficult psychiatric cases considered beyond treatment, such as “chronic failures” and “troublemakers”
- Based his approach on the theory that a healthy group life would make healthy individuals
- Considered all relationships to be potentially therapeutic
- Placed high value on communication
- Believed that productive work was an essential component of treatment
- Successfully resocialized patients into the outside community.

Explain that

- Jones’ model became the prototype for psychiatric TCs and spread throughout England.
- The term “therapeutic community” came into use to describe this community model of treatment.



Add the phrases “healthy group life,” “resocialize,” and “productive work” to the newsprint to emphasize the contributions Maxwell Jones made to today’s TC.

Highlight the features common to this first TC model and today’s TC as follows:

- They use a holistic approach that goes beyond the single-level approach of traditional psychiatry or medication alone.
- The community that is created affects the recovery of the individual.
- Clients actively participate in the community and engage in work that allows them to return to society.
- Communication and relationships among all members of the community aid the recovery process.

**TCC MODULE 2**

**Synanon**

Explain that

- Synanon was founded in 1958 in California by Charles (Chuck) Dederich, a person recovering from alcoholism.
- Dederich created Synanon to provide an alternative to AA, which he thought was limited, especially for people who used illicit drugs.
- Narcotics Anonymous was struggling to establish itself at this time, with only a few groups in California and New York; it did not stabilize into its present form until the mid-1960s.
- Synanon's explicit goals were psychological and lifestyle change; maintaining abstinence was considered only the beginning of the process.
- Synanon began as weekly group meetings, evolving within a year into a residential program to treat people with any sort of substance use disorder.
- Essential elements of today's substance abuse treatment TCs first evolved in Synanon.

Explain that Synanon was a groundbreaking, innovative organization that brought together large numbers of people who lived and worked together in a quest for personal change at a time when "addicts" were considered "incurable."

Present Synanon's founding principles, which continue to apply to today's TC, as

- Self-help and mutual self-help
- A belief that treatment should provoke "dissonance," meaning discord or conflict, to individuals' self-image so they are no longer comfortable with who they are
- Belief in the power of a therapeutic milieu or "total environment" geared to recovery
- A unique encounter group process (originally called "the game") based on the premise that when challenged, people examine themselves and learn new ways of behaving
- A self-help community environment as an agent of change
- A holistic view of recovery.



Add the phrases "create dissonance," "encounter group," "holistic view," and "community" to the newsprint to emphasize the contributions Synanon made to today's TC.

Explain that in the 1960s Synanon

## TCC MODULE 2

- Nearly tripled in size
- Spread to other cities in California and Nevada and on the east coast
- Began the first community treatment program in a prison setting, in the Nevada State system
- Made lasting contributions to treatment for substance use disorders, influencing other residential programs throughout the United States.

Explain that although Synanon's original goal was to move people back into the outside community, the program began moving away from this and became more of a permanent "lifestyle community."

Explain that beginning in the late 1960s, substantial changes were occurring in the Synanon model:

- Synanon moved away from its original goal of resocializing residents back into the outside community and became more of a permanent community.
- Treatment for drug use disorders became secondary to recruiting people who were not addicted to join the community and adopt the regimented lifestyle.
- By 1978, Synanon had transformed into an alternative lifestyle community.

Emphasize that, as Synanon was evolving away from its original model of treatment for substance use disorders (and eventually closed altogether), other programs across the country adopted and adapted many of Synanon's original principles.

### **Daytop Village and Phoenix House**

Identify Daytop Village and Phoenix House as two well-known TCs that have been in existence since the 1960s and serve as model programs for today's TCs. Explain that

- Daytop Village, or Daytop, was founded in New York in 1963 by Monsignor William O'Brien, Dan Casriel, M.D., and David Deitch.
- Daytop currently has facilities in six States.

Describe the key features of the Daytop program as

- A phased system of treatment with the goal of returning the individual to the community
- Having a focus on right conduct and right living
- The first to use the term "therapeutic community" to describe the New York Daytop Village in 1965
- Providing community treatment in prisons and jails since 1963.

**TCC MODULE 2**

Explain that Phoenix House was founded in 1967 and currently is the Nation's largest nonprofit organization devoted to the prevention and treatment of substance use disorders. Under the guidance of Mitchell Rosenthal, M.D., for more than 30 years, Phoenix House

- Currently operates more than 180 programs in 8 States
- Uses the traditional TC three-stage method of treatment
- Applies the philosophy of mutual self-help to enable people who abuse substances to overcome their addictions in a structured environment
- Seeks to empower residents with skills and self-confidence so that they can lead independent, productive, and rewarding lives
- Has established programs in a variety of settings, including prisons, shelters, and outpatient clinics.

**Participants' TCs**



Ask participants what they know about the history of their TC. Write the key dates and names on newsprint.

Add other information about the history of the participants' TC.



30 minutes

**Presentation: Today's TCs**

Discuss how TCs have evolved into the mainstream of human services while maintaining essential components of the model.

Identify the following indicators of this evolution:

- **A mix of professionals:** TC staff members now include a mix of professionals—some who have experienced recovery through a TC, as well as traditionally trained professionals.
- **Evaluation research:** The growing base of program evaluation research includes outcome studies.
- **Standards:** There is movement toward program and staff competence standards, credential requirements, and uniform training.
- **Professional associations:** TC professional associations have been established, such as Therapeutic Communities of America (TCA) and the World Federation of Therapeutic Communities (WFTC).
- **Common components:** Fourteen basic program components define the TC approach (these are discussed in depth in this module).
- **Adaptation:** The TC approach has been adapted for special settings, special populations, and public funding requirements, while retaining the common components.



OH #2-3

## TCC MODULE 2

Explain that over the years, TCs have adapted to changing needs in a number of ways; a TC may have modified its program by

- Shortening the duration of stay
- Adapting to settings such as
  - Prisons and jails
  - Outpatient clinics
  - Day treatment programs
  - Opioid (medication-assisted) treatment programs
  - Alternative schools
  - Community-based homeless shelters
- Adapting to meet the needs of special populations such as
  - Adolescents
  - Criminal offenders
  - People who are homeless
  - Women and their children
  - Pregnant or postpartum women
  - Parents
  - Adults or adolescents with co-occurring mental disorders
  - Adults or adolescents with HIV/AIDS
  - Older adults
  - Individuals with brain and spinal injuries.

Ask participants to talk about what special populations their TC serves.

Note that some TCs have added special services needed to serve these populations fully, including

- Childcare
- Parenting education
- Family therapy
- Individual therapy
- Vocational counseling
- Housing assistance
- Pharmacotherapy.



OH #2-4

Explain that special services in today's TCs

- Enhance the effectiveness of the TC approach rather than modify or replace basic TC components and practices

**TCC MODULE 2**

- Are incorporated into the TC environment only if they are consistent with the TC perspective and can be well integrated into the daily regimen of TC activities
- Are provided only when residents are stable, have developed a sense of belonging within the peer community, and have an understanding of the TC approach.

Ask participants how they see special services being used in their TC.



60 minutes



**Presentation: The 14 Basic Components of a TC**

Refer participants to the posted newspaper and to page PM 2-4, Resource Sheet #2-1: 14 Basic Components of a TC.

Explain that every TC has all 14 components.



Define each component, and ask participants how each one is implemented in their facility.

Ask participants to gather in their small groups.



Divide the 14 components among the small groups.

Ask participants to write the components on construction paper or poster board in a colorful and creative way that illustrates the definition of the component.

Tack or tape the posters to the walls of the training room.

Ask participants to remain in their small groups for the summary and review.



30 minutes



**Summary and Review**

**The Question-and-Answer Game**

Refer participants to page PM 2-7, Summary of Module 2.

Explain that the review and assessment of learning for Module 2 will be done as a game.



Explain that the game provides an opportunity for participants to have fun together in their small groups, thereby helping build group cohesiveness.

## TCC MODULE 2

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*Consider modifying the game to be similar to one of the popular TV game shows.*

---

Explain that

- You will ask a series of questions (see below).
- Each group will confer and come up with an answer.
- One person in the group will signal when the group is ready to answer.
- You will keep score, and the group that provides the most correct answers will win prizes.

Consider awarding bonus points for the last two questions.

Give each group a distinctive item to wave in the air or a noisemaker to use to indicate when it is ready to answer a question.

Conduct the game as follows:

- Ask the questions one at a time.
- Recognize the first person to signal.
- Correct answers are given in bulleted lists, below.
- If the person gives an incorrect answer, allow another group to answer.
- If none of the groups gives a correct answer, give participants a few minutes to review the Summary of Module 2, then ask the question again.

### **Questions and Answers for the Game**

Who were Mayo and Pratt?

- Two physicians who conducted small groups for patients with TB in the early 1900s

What are two elements of the generic TC component *work as therapy and education*? (See Resource Sheet #2-1.)

Name 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

What are two features common to both the TB patient groups and current AA groups?

- Self-help
- Helping others

Name another 1 of the 14 components of a TC. (See Resource Sheet #2-1.)

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TCC MODULE 2

What program first used encounter groups?

- Synanon

What are two elements of the generic TC component *peer encounter groups*? (See Resource Sheet #2-1.)

Who founded the first psychiatric TC in England?

- Dr. Maxwell Jones

Name another 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

Name at least three founding principles of Synanon that still apply to today's TCs.

- Self-help and mutual self-help
- Creation of dissonance so people are no longer comfortable with who they are
- Belief in the power of a therapeutic milieu geared to recovery
- Using the encounter group process to challenge people to examine themselves
- Creating a residential community that supports the individual change process
- A holistic view of recovery

Name another 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

What are five indicators that TCs have evolved into the mainstream of human services?

- Mix of professionals
- Evaluation research
- Program and staff competence standards
- Professional associations
- Common components
- Adaptations for special settings and special populations

Name another 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

Name three similarities between AA's 12-Step program and the TC.

## TCC MODULE 2

- Self-help
- Helping others (mutual self-help)
- Role modeling
- Group format

Name another 1 of the 14 components of a generic TC. (See Resource Sheet #2-1.)

What are two elements of the generic TC component *community separateness*? (see Resource Sheet #2-1.)

Who founded your TC?

When was your TC founded?

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*If you have added your own examples of adaptations or historical information to the module, use additional questions if you wish.*

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Summarize by explaining that

- Participants are part of a long tradition of people helping others to recover from substance use disorders.
- It is important for those working in TCs to “pass the baton” and transfer the knowledge and heart of the TC approach to following generations.

Allow 10 minutes for participants to share their thoughts and feelings.

Thank participants for sharing, and emphasize that there are no right or wrong feelings.



20 minutes



## Journal Writing and Wrapup

### Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- How important is it to me that I feel a part of a long tradition of people helping others to recover through the use of *community*?
- How can I, in my role, best contribute to the community environment (component 2) in my TC?
- How do I see myself as a community member (component 4)?



OH #2-5

**TCC MODULE 2**

**Wrapup**

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 2 or the training in general. Note that participants may say anything on their mind.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.



**OH #2-6**

**Pework for Module 3: Treatment and Recovery—The TC View**

Ask participants to read, before the next session, Resource Sheet #3-1: Case Study of Ray—Disorder of the Whole Person.

## Resource Sheet #2-1: 14 Basic Components of a TC

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### 1. Community Separateness

- TC programs are housed separately from other agency or institutional programs.
- TC programs are located in settings that allow residents to disconnect from networks of drug-using friends and to relate to new drug-free peers.
- TC programs have their own names, often created by residents.

### 2. Community Environment

- The TC environment has many common areas for holding group activities and promoting a sense of community. These areas include the dining room, recreation room, family rooms, and group rooms.
- Displays and signs throughout the TC illustrate the philosophy or creed of the program and messages of recovery and right living. The displays serve as constant reminders of TC practices and principles and promote affiliation with the community. Examples of displays include the daily schedule and a bulletin board that list participants' names, seniority, and job functions.

### 3. Community Activities

- Treatment and educational services take place in the context of the peer community. Virtually all activities occur in groups or meetings where residents can interact and learn from one another.
- Group activities include
  - At least one daily meal prepared, served, and shared by all members
  - Daily group meetings and seminars
  - Jobs performed in groups
  - Organized recreational activities
  - Ceremonies and rituals, such as birthday celebrations and phase graduation celebrations.

### 4. Staff as Community Members

- Each staff member is a part of the community. He or she is a manager of and elder in this community and helps residents use the community. A staff member is not a “healer” who stands apart from the community.
- Staff members function as consistent and trustworthy rational authorities and as role models, facilitators, and guides in the community-as-method approach and the self-help and mutual self-help learning processes.
- Staff members must be oriented to the TC through initial and continuing training.

## **5. Peers as Role Models**

- Senior residents are expected to demonstrate the desired behaviors and reflect the values and teachings of the community. They serve as role models for new and junior residents.
- The strength and integrity of the community as an arena for social learning depend on the number and quality of its peer role models.
- Residents serve in leadership and teaching roles in the community.

## **6. A Structured Day**

- Each day has a formal schedule of therapeutic and educational activities with prescribed formats, fixed times, and routine procedures.
- Order, routine activities, and a rigid schedule counter the characteristically disordered lives of residents and leave little time for negative thinking and boredom—factors that often contribute to relapse.

## **7. Stages of the Program and Phases of Treatment**

- The TC treatment protocol is organized into three major stages (orientation, primary treatment, and reentry) and phases of treatment that reflect a developmental view of the change process.
- The program stages and phases of treatment allow for individual goals to be established and incremental learning to take place.

## **8. Work as Therapy and Education**

- Consistent with the TC's self-help approach, all residents are responsible for the daily operation of the facility, which includes cleaning, meal preparation, maintenance, schedule coordination, and meetings.
- Job assignments provide residents with a sense of responsibility and affiliation with the TC.
- Jobs provide opportunities for self-examination, personal growth, and skill development.

## **9. Instruction and Repetition of TC Concepts**

- TC concepts embody the TC values and belief system, which are antidotes to the values and beliefs of drug and prison subcultures.
- The concepts, messages, and lessons are repeated and reinforced in group sessions, meetings, seminars, and peer conversations, as well as in suggested readings, on signs posted in the TC, and in writing assignments.

## **10. Peer Encounter Groups**

- The peer encounter group is the main therapeutic group format, although other group formats are used.

- Encounter groups are conducted to heighten residents' awareness of attitudes and behaviors that need to be changed.
- The peer encounter group process includes confrontation, conversation, and closure.
- Encounter groups provide an opportunity to teach TC recovery principles, such as
  - Feeling compassion and responsible concern
  - Being honest with self and others
  - Confronting the reality of addiction and one's behavior
  - Seeking self-awareness as the first step in making behavior changes
  - Using other people for emotional support and caring.

### **11. Awareness Training**

- All therapeutic and educational interventions involve raising residents' consciousness of the effect of their conduct and attitudes on themselves and others.

### **12. Emotional Growth Training**

- TC residents learn to identify feelings, express them appropriately, and manage them constructively in stressful situations.
- The interpersonal and social demands of living together in the TC provide many opportunities to experience this training.

### **13. Planned Duration of Treatment**

- A period of intense treatment is needed to ensure the internalization of TC teachings.
- The length of time residents must be in the TC program depends on their progress in achieving individualized behavioral goals in each program stage and phase of treatment.

### **14. Continuation of Recovery After TC Program Completion**

- Completion of primary treatment is followed by aftercare services (e.g., vocational, educational, mental health, and family support services) that must be consistent with the TC views of recovery, right living, self-help, and support of a positive peer network.

## Summary of Module 2

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### Definition of a TC

A TC is a structured method and environment for changing human behavior in the context of community life and responsibility. (Source: Richard Hayton. *The Therapeutic Community*. Kansas City, MO: Mid-America Addiction Technology Transfer Center, 1998.)

### History and Evolution of the TC

Several programs contributed to the development of TCs. TC staff members are part of a long tradition of people helping others recover from substance abuse.

**Elton Mayo, M.D.,** and **Joe Pratt, M.D.,** conducted small-group meetings for TB patients in the early 1900s. In this approach

- Patients discussed their conditions and what they could do to get better.
- TB patients in better health served as role models and encouraged patients to believe they could get better.

Features common to both TB patient groups and today's TC are

- Self-help
- Helping others (mutual self-help).

**AA** was founded in 1935 by two people who had alcoholism: Bill Wilson, a New York stockbroker, and Bob Smith, a physician. They were both struggling and frustrated by what they saw as the failure of the medical, psychiatric, and social service establishments to help people with alcoholism effectively.

They met in Akron, Ohio, and their mutual sharing about their disorder sparked the idea for an organization of persons with alcoholism helping other persons with alcoholism stay sober. They came to believe that people with alcoholism could help one another stay sober. Today, AA is a well-established international support group program based on 12 Steps and 12 Traditions that support the individual through recovery.

A critical component of the AA program is sponsorship, wherein one AA member who has been in the program for some time works with one or more newer members to orient them to the program, offer feedback, and serve as a role model of recovery.

Features common to the TB patients groups, AA, and today's TC include

- Self-help
- Helping others (mutual self-help)

- Role modeling
- A small-group format.

In the mid-1940s Maxwell Jones, a British psychiatrist, became frustrated and disillusioned with what he saw as the failure of traditional psychiatric treatment. He founded a community to provide structure and content for therapeutic change in the lives of individuals with long-standing mental disorders. In this community, Jones successfully treated difficult psychiatric cases considered beyond treatment, such as “chronic failures” and “troublemakers.”

Jones based his approach on the theory that a healthy group life would make healthy individuals and considered all relationships to be potentially therapeutic. He also believed that productive work was an essential component of treatment.

Jones’ model became the prototype for psychiatric TCs and spread throughout England. The term “therapeutic community” came into use to describe this community model of treatment.

Features common to this first TC model and today’s TC include

- A holistic approach that goes beyond the single-level approach of traditional psychiatry or medication alone
- Belief that the community that is created affects the recovery of the individual
- Having clients actively participate in the community and engage in work that allows them to resocialize successfully into society
- Using communication and relationships among all members of the community to aid the recovery process.

**Synanon** was founded in 1958 in California by Charles (Chuck) Dederich, a person recovering from alcoholism. Dederich created Synanon to provide an alternative to AA, which he thought was limited, especially for people who used illicit drugs. (Narcotics Anonymous was struggling to establish itself at this time, with only a few groups in California and New York; it did not stabilize into its present form until the mid-1960s.) Synanon began as weekly group meetings, evolving within a year into a residential program to treat people with any sort of substance use disorder.

Synanon was a groundbreaking, innovative organization that brought together large numbers of people who lived and worked together in a quest for personal change at a time when “addicts” were considered “incurable.”

Synanon’s founding principles, which still apply to today’s TC, were that

- Treatment should provoke “dissonance,” meaning discord or conflict, to individuals’ self-image so they are no longer comfortable with who they are.
- A unique encounter group process was developed based on the premise that when challenged, people examine themselves and learn new ways of behaving.
- A residential community supports the individual change process.

**Daytop Village** and **Phoenix House** were early TC programs that were influenced by the Synanon model.

### Daytop Village

- Was founded in New York City by Monsignor William O'Brien, Dan Casriel, M.D., and David Deitch
- Began providing residential treatment for convicted felons in 1963
- Uses a phased system of treatment with the goal of returning the individual to the community
- Focuses on right conduct and right living
- First used the term therapeutic community to describe the New York Daytop Village in 1965.

Phoenix House, founded in 1967, is currently the Nation's largest nonprofit organization devoted to the treatment and prevention of substance use disorders. Phoenix House

- Uses the traditional TC three-stage method of treatment
- Applies the philosophy of mutual self-help to enable people who abuse substances to overcome their addictions in a structured environment
- Seeks to empower residents with skills and self-confidence so that they can lead independent, productive, and rewarding lives.

## Today's TC

TCs have evolved into the mainstream of human services. Indicators of this evolution include

- **A mix of professionals:** TC staff members include a mix of professionals, some who have experienced recovery through a TC, as well as traditionally trained professionals.
- **Evaluation research:** The growing body of literature and research has established the TC as an effective treatment modality.
- **Standards:** There is movement toward program and staff competence standards, credential requirements, and uniform training.
- **Professional associations:** TC professional associations have been established.
- **Adaptations:** The TC approach has been adapted for special settings, special populations, and public funding requirements, yet it retains common features of the generic TC.

All TCs have 14 basic components, which are listed and described on Resource Sheet #2-1: 14 Basic Components of a TC. However, TCs have adapted to changing needs in a number of ways; a TC may have modified its program by

- Shortening the duration of stay
- Adapting to settings such as
  - Prisons and jails
  - Outpatient clinics
  - Day treatment programs

- Opioid (medication-assisted) treatment programs
- Alternative schools
- Community-based homeless shelters
  
- Adapting its program to meet the needs of special populations such as
  - Adolescents
  - Criminal offenders
  - People who are homeless
  - Women and their children
  - Pregnant or postpartum women
  - Parents
  - Adults or adolescents with co-occurring mental disorders
  - Adults or adolescents with HIV/AIDS
  - Older adults
  - Individuals with brain and spinal injuries.

Many TCs have added special services needed to serve these populations, including

- Childcare
- Parenting education
- Family therapy
- Individual therapy
- Vocational counseling
- Housing assistance
- Pharmacotherapy.

Special services in today's TCs

- Enhance the effectiveness of the TC approach rather than modify or replace basic TC components and practices
- Are incorporated into the TC environment only if they are consistent with the TC perspective and can be well integrated into the daily regimen of TC activities
- Are provided only when residents are stable, have developed a sense of belonging within the peer community, and have an understanding of the TC approach.



## Module 3: Treatment and Recovery—The TC View

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### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 3, including Resource Sheets, Summary of Module 3, and Review of Module 3.
- Review the following recommended reference:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapters 3 through 5.
- Prepare a list of terms and expressions that are used in the participants' TC.
- In addition to the materials listed in Getting Started, assemble the following for Module 3:
  - Construction paper or poster board
  - Crayons or markers.

## Module 3 Goal and Objectives

**Goal:** To enable participants to understand how the TC views those who use drugs or alcohol and the changes in behavior and values necessary for recovery in a TC.

**Objectives:** Participants who complete Module 3 will be able to

- Describe three distinctive features of the TC: TC language, community-as-method, and rational authority
- Give an example of the TC views of the disorder, the person, recovery, and right living
- State at least three assumptions of the TC belief system
- Explain one way staff members can demonstrate that they understand the need for a belief system.

## Content and Timeline

Introduction	20 minutes
Presentation: Distinctive Features of TCs	30 minutes
Presentation: TC View of the Disorder and the Person	30 minutes
Exercise: Case Study of Ray—Disorder of the Whole Person	30 minutes
Break	15 minutes
Presentation: TC View of Recovery	15 minutes
Presentation: TC View of Right Living	10 minutes
Exercise: Role Play—Right Living	30 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding the Need for a Belief System Within the Community	10 minutes
Summary and Review	30 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 15 minutes

## TCC MODULE 3



20 minutes



OH #3-1

## Introduction

Distribute and review the Module 3 agenda.

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*If you are conducting Module 3 as a stand-alone session or if you have just completed presenting Module 2, skip the following Module 2 review.*

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## Review

Ask participants what they remember from Module 2. Ensure that the following topics are reviewed:

- The definition of a TC
- Contributions made by forerunners to today's TC
- How TCs have evolved into the mainstream of human services
- The 14 basic components of a generic TC.

Ask participants whether they have any questions or have had any thoughts about Module 2.

## Module 3 Goal and Objectives



Ask participants to turn to page PM 3-1 of their Participant's Manuals.

Present the goal and objectives of Module 3.

**Goal:** To enable participants to understand how the TC views those who use drugs or alcohol and the changes in behavior and values necessary for recovery in a TC.

**Objectives:** Participants who complete Module 3 will be able to

- Describe three distinctive features of the TC: TC language, community-as-method, and rational authority
- Give an example of the TC views of the disorder, the person, recovery, and right living
- State at least three assumptions of the TC belief system
- Explain one way staff members can demonstrate that they understand the need for a belief system.

**TCC MODULE 3**



30 minutes



OH #3-2

**Presentation: Distinctive Features of TCs**

Explain that TCs share certain distinctive features:

- TC lingo or language
- Community-as-method
- Rational authority
- The TC views of the disorder, the person, recovery, and right living.

**TC Lingo**

Note that TC residents and staff use specific terms and expressions that are specific to the TC approach to treatment or to self-help recovery groups.

Ask participants for examples of TC lingo. Record responses on newsprint.

Add any terms that were not mentioned, and tape/tack the newsprint on the wall.

Stress that using distinct terms and expressions are important because they

- Bond staff members and residents by providing a common language
- Ensure that everyone understands and reinforces the same concepts and practices.

**Community-as-Method**

Introduce the concept of “community-as-method” by asking participants to define what they think it means.

Write responses on newsprint.

Ensure that the following features are identified:

- The community-as-method approach is a social learning process; residents learn from observing one another and themselves.
- The community established in the TC functions as a facilitator for change.
- The structure of the community creates a healthy familylike atmosphere and a setting conducive to psychological and behavioral change.

Explain that the community-as method approach is discussed in more detail in Module 4.



## TCC MODULE 3

### Rational Authority

Define “rational authority” by explaining that

- Clinical staff members have the authority to make all decisions related to resident status, discipline, promotion, transfer, discharge, furlough, and treatment planning.
- Staff members must use their authority in a consistent, trustworthy, compassionate, and rational way by explaining the reasons for their decisions.

Ask experienced staff persons to provide examples of their recent use of rational authority.

Explain that rational authority is discussed in more detail in Module 7.

### TC Views

Explain that the TC approach to treatment is based on four interrelated views:

- The view of the disorder
- The view of the person
- The view of recovery
- The view of right living.



30 minutes



OH #3-3

## Presentation: TC Views of the Disorder and the Person

### The Disorder

Discuss the TC view of the disorder. Explain that the TC view of a substance use disorder

- Does not see the disorder as a primary medical disease or sickness
- Places less emphasis on the biological bases of a substance use disorder and more emphasis on personal motivation and responsibility in the recovery process
- Sees substance use disorders as disorders of the whole person that affect virtually every aspect of the person’s life:
  - Behavioral
  - Social
  - Medical
  - Cognitive

**TCC MODULE 3**

- Vocational
- Educational.

Ask participants for real-life examples of the effects of substance use disorders on their programs' residents. Try to elicit one or two examples for each area listed above.

**The Person**

Discuss the TC view of the person. Explain that new residents of TCs typically

- Have an unrealistic sense of self
- Have poor judgment and difficulty making good decisions
- Have difficulty solving problems
- Perceive themselves as unworthy
- Have trouble identifying and talking about their feelings
- Lack trust in themselves and others
- Have a pattern of deceiving themselves and others
- Are manipulative
- Behave irresponsibly and immaturely
- Externalize causes of behavior.

Emphasize that the TC views residents as people who *must* and *are able* to change their behavior, attitudes, and sense of self and become productive members of society.



30 minutes



OH #3-4



**Exercise: Case Study of Ray—Disorder of the Whole Person**

Refer participants to page PM 3-5, Resource Sheet #3-1: Case Study of Ray—Disorder of the Whole Person.

Explain that the purpose of the exercise is to reinforce the TC view of substance use disorders as disorders of the whole person and to discuss specific examples from the case study of Ray.

Ask participants to gather in their small groups and read Ray's story.

Ask each group to select

- A facilitator who will keep track of time and encourage all participants to contribute to the discussion

## TCC MODULE 3

- A recorder who will take notes and report a summary of the group's discussion.

Ask the groups to think about the possible ways in which Ray's substance use disorder has affected his life and to consider the following topics:

- Cognitive and behavioral issues
- Perceptual issues
- Emotional issues
- Social issues.

Allow 15 minutes of small-group discussion; then ask each group to present its answers to the assigned questions.



15 minutes



OH #3-5

### Presentation: TC View of Recovery

Define recovery as not only abstinence from alcohol and drugs but the gradual building or rebuilding of a new life.

Explain that recovery in the TC results in changes in thinking, feeling, values, behavior, and self-identity through

- *Rehabilitation:* Residents who once had a relatively stable home life require support to relearn the skills and values of a stable family and community.
- *Habilitation:* Residents who never had a stable home life must learn the behaviors, skills, attitudes, and values of a stable and supportive family and community that they never acquired.

Ask participants which type of recovery (rehabilitation or habilitation) Ray requires.

Allow 10 minutes for group responses. Summarize and clarify that Ray requires both types of recovery:

- Ray's early years were typical for his social environment and provided him with some normal social abilities and other skills (rehabilitation).
- During his junior and senior high school years Ray's life was chaotic, he did not have a positive male role model during critical years, and he developed patterns of lying and denial that prevented him from being a productive worker or establishing a close and intimate relationship with his girlfriend (habilitation).

**TCC MODULE 3**

Discuss recovery as a gradual, incremental process that includes

- Becoming honest and responsible
- Recognizing the need to change
- Eliminating self-defeating behavior and thought patterns
- Learning to recognize and manage feelings without using drugs or alcohol
- Changing social identity
- Increasing self-awareness and awareness of others and their environment
- Developing a prosocial value system.

Use Ray as an example of the TC recovery process. Explain that gradually, with the support of peers and staff members, Ray is expected to

- Become aware of himself, others, and his environment. He will undergo a socialization process that will teach him how to be a productive member of society
- Transform his self-identity to become a productive, worthy, and active member of mainstream society
- Use groups to talk about his self-defeating and antisocial attitudes and behavior
- Identify and express a range of emotions from joy and affection to sadness and disappointment
- Learn impulse control and how to delay gratification and control his emotions
- Acquire skills in completing tasks, being honest, and being willing to conform to the rules of the TC and, eventually, mainstream society
- Learn to trust others and trust his own feelings, thoughts, and decisions
- Be accountable for his actions.

Discuss the importance of focusing on behavioral goals of residents to

- Develop self-discipline and impulse control
- Show compassion for others
- Achieve success and satisfaction in their personal and work lives
- Become role models for new and junior residents
- Become responsible and productive members of society.

Explain that the TC lingo discussed earlier includes many maxims or sayings to remind staff members and residents of the goals for recovery.

Give the following examples:

## TCC MODULE 3



- § “You can’t keep it unless you give it away” encourages a person to be generous in supporting recovery in others. Residents are encouraged to open their hearts and give of themselves to others.
- “Remember who you are” acts as a reminder of the basic goodness and potential of each person.
  - “You are your brother’s or sister’s keeper” reminds residents that being responsible for others helps both the resident and the other person engage in self-help and mutual self-help.

Refer participants to Resource Sheet #1-1 (page PM 1-4) to review other recovery maxims.



10 minutes



OH #3-6

### Presentation: TC View of Right Living

Explain that the TC views right living as much more than abstinence from alcohol and drugs and encourages residents to adopt the following values:

- *Honesty in word and deed:* Honest expression of emotions and reactions reveals residents’ true self-identities to others and to themselves.
- *Responsible concern for others:* By challenging and supporting others, residents show that they care for others and for themselves. Responsible concern is necessary for self-help and mutual self-help and repudiates the code of the street.
- *Work ethic:* Self-reliance, excellence, earned rewards, pride, and commitment enable residents to become productive members of society.
- *Active and continuous learning:* Learning about themselves and the world strengthens residents’ ability to maintain recovery.

Ask participants to share real-life examples of these elements of right living.



30 minutes



### Exercise: Role Play—Right Living

Ask participants to move into their small groups. Introduce the role-play exercise by explaining that the exercise can

- Illustrate how a staff member can explain right living to a new resident
- Provide an opportunity to experience the thoughts and feelings new residents may have when they first come to the TC.



Refer participants to page PM 3-9, Resource Sheet #3-2, and read the scenario aloud.

TCC MODULE 3

Instruct participants to decide who will be

- Ray, the new resident
- Frank, a staff member
- Observers.

Allow 10 minutes for the groups to role play.

Ask the following questions:

- *To Ray:* What did you experience as the new resident? Do you think these feelings are typical of new residents?
- *To Frank:* What did you experience as the staff member?
- *To observers:* What did you observe? What seemed to work well?
- *To all participants:* What else do you think staff members can do to support new residents?

Explain that providing new residents with frequent and consistent attention and instruction from staff members in the first 30 days

- Increases the rate of their assimilation into the TC
- Decreases dropout rates.

Emphasize that once residents are fully integrated into the TC, they rely more on their peers than on staff members.

Allow 5 minutes for participants to share their thoughts and feelings.

Ask two participants the following questions:

- How did you feel during the exercise?
- What, if anything, did you notice about yourself during the exercise?

Thank participants for sharing.



Instruct participants to write in their journals for 5 minutes. They may write about

- Their participation in the exercise
- Their thoughts about the concept of right living.

## TCC MODULE 3



10 minutes



OH #3-7

## Presentation: TCA Staff Competency—Understanding the Need for a Belief System Within the Community

Define “belief system” as a set of beliefs, values, and guidelines that are the foundation for a positive social learning process.

Key assumptions of the TC belief system are that

- The TC treatment approach is effective.
- Residents can change and become responsible members of mainstream society.
- The community-as-method approach facilitates change. The TC, as a community, rather than a single therapist or counselor, is the healing force that facilitates individual change.
- Each member of the TC must assume responsibility for his or her behavior.

Describe how staff members can promote the TC belief system:

- Work with residents to display the concepts, slogans, and sayings that support the TC belief system throughout the community. The concepts, slogans, and sayings serve as reminders of right living, and displaying them increases residents’ sense of ownership and pride in being a member of the TC.
- Participate in the TC traditions that reinforce the belief system (e.g., the morning meeting).
- Demonstrate the TC concepts for right living in words and actions.



30 minutes



## Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 3-10, Summary of Module 3.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 3-12, Review of Module 3.

**TCC MODULE 3**

Instruct participants to work with their small groups to answer the questions on Review of Module 3. Explain that this review is a way for participants to assess and consolidate their learning.

Give each group construction paper or poster board and crayons or markers, and ask each group to create a poster that illustrates one of the TC views.

Assign one or more TC views to each group.

Allow 20 minutes for the small-group review and poster creation.

Hang posters around the training room so that they are visible throughout the rest of the training.

Ask participants what they learned in this session, and facilitate discussion.



20 minutes



OH #3-8



**Journal Writing and Wrapup**

**Journals**

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- How do you feel about what you have learned?
- What new ideas did you get from this module?
- What thoughts or concerns do you have about your role as a member of the TC?

**Wrapup**

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 3 or the training in general. Note that participants may say anything on their minds.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.

**TCC MODULE 3**



OH #3-9



## **Prework for Module 4: The Community-as-Method Approach**

Ask participants to read, before the next session, Resource Sheet #4-1: Community-as-Method.

## Resource Sheet #3-1: Case Study of Ray— Disorder of the Whole Person

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Ray is a 28-year-old salesman who began smoking and drinking alcohol at the age of 14 and using marijuana and other substances when he was a junior in high school. At age 19 he was introduced to crack cocaine and started to freebase with others by the time he was 21. Cocaine became his substance of choice, although he continued to drink alcohol with his buddies while watching TV and videos.

### Education

Ray's elementary school years were extremely positive, and he loved to go to school. When he entered junior high, he had trouble with math but did not receive extra tutoring so he got behind in his work. Ray was quiet and did not feel comfortable or secure in the large metropolitan junior/senior high school complex. Gradually all his grades started to slip, and he started associating with other students who were not doing well.

When Ray was in 9th grade, his guidance counselor tried to intervene, but Ray felt disappointed because she did not understand his problems and home environment, which was becoming increasingly tense. Ray did not participate in school or religious activities, but he occasionally played sports at the city's afterschool programs.

During Ray's high school years, his life was fraught with disappointments, failure in school, and conflict at home. He increasingly became withdrawn, insecure, and fearful. His high school friends did not do well in school, and they often skipped school together to smoke cigarettes and drink alcohol. Ray dropped out of high school in his senior year after failing all of his courses. He was depressed and felt like a failure.

### Family Life

Although Ray's father drank on and off for many years, family life had been fairly routine. His father worked for the city's maintenance department, and his mother was a homemaker caring for Ray and his two younger brothers.

During Ray's junior high school years, his father became physically and emotionally abusive after he lost his job of many years because of a departmental budget cut in poor economic times. His violence escalated, and he was arrested when the neighbors called the police. Ray's mother would not let him back in the house when he was released. Ray then lost contact with his father and did not see him again until Ray was released from the TC.

Ray's mother became preoccupied with maintaining the two jobs that she needed to support herself and her sons and spent less and less time with Ray and his brothers.

## Work History

After dropping out of high school, Ray worked for 8 retailers over the next 10 years. He had a generally pleasant and outgoing personality. His income fluctuated considerably because he worked on commission. Ray frequently changed jobs after being scolded for not making his sales quotas. He was fired from his last two jobs for erratic attendance and being dishonest about his sales volume. Ray expected a lot from his bosses and felt that they should do a better job of training him.

Ray frequently would cancel appointments with prospective clients when his lunch hour with buddies lasted late into the afternoon. He frequently lied to his coworkers and bosses about an incredible series of misfortunes that caused him to miss important sales meetings.

Although Ray did not get high on the job, he often left work early on Fridays and did not come in on Mondays because he had been freebasing, drinking, and smoking marijuana over the weekend. He would often become angry and tell his drinking buddies what a terrible boss he had. He felt that his bosses had let him down because they would not support him when his sales volume declined, even though he spent extra hours on his successful sales. He believed he should have gotten bigger bonuses for his successful sales.

Because of his sense of disappointment that started in early in life, Ray began to mistrust people in general and particularly those in authority. He had trouble working with his bosses and other coworkers because of this mistrust.

## Relationships

Ray had been seeing a family counselor sporadically for the past 3 years at the insistence of his girlfriend, whom he met when he was 21. Tina was a college graduate who worked long hours at her job as assistant manager of a bank. She started using marijuana and consuming alcohol to socialize when going to parties with Ray. Gradually Tina's use increased at home as a way to express her love for him and strengthen their relationship.

Ray and Tina started living together when Ray was out of work and could not afford to live on his own any longer. He felt dependent on Tina emotionally and financially.

Ray frequently did not come home after work and would not tell Tina where he had been. He never told Tina when he changed jobs. She usually found out when he would make a big sale and tell her about the good news at his new job. He developed a pattern of lying to Tina about his whereabouts. Ray viewed lying to her as a way of showing he was independent and did not have to account for his time.

Ray often said that he forgot where he had been. Sometimes he would create a story about his whereabouts because it was more interesting than admitting he had slept all day after a night of drinking and drugging. He also lied to Tina about how much money he made and used more money on drugs.

Ray liked to meet his buddies over the weekend to watch TV at the local bars. He promised Tina that he would not get drunk, but he would often come home late on Sunday and then call in sick on Monday morning after she had left for work. He had many drinking buddies, but no one he considered to be a friend.

Tina believed it would be better to have Ray at home than in the bars, so she insisted that he invite people over to their apartment to watch games on TV. That was fine with Ray, and their home soon became a hangout for drinking and doing drugs during the weekend and increasingly during the week. When their life started to revolve around alcohol and drugs, their relationship became full of arguments and conflicts.

From time to time, Tina would ask about Ray's father or want to invite his mother or brothers over for dinner. Her attempts to know more about Ray's family resulted in intense emotional outbursts, bordering on violence. When asked about it the next day, Ray would deny that he had had an outburst and say that she was exaggerating.

## **Criminal Behavior**

Ray began to steal to support his drug use and lifestyle when his sales commissions were below his living expenses. His first arrest occurred when he got into a fight in a bar and was found in possession of marijuana. The second arrest came when he was in the car with a friend who had been drinking. When they were pulled over by a police officer, his friend was arrested for driving while intoxicated and Ray was arrested for possession of cocaine.

The court-ordered evaluation recommended a long-term TC. Ray felt lucky to have gotten off easy and anticipates that his stay in the TC will be a breeze.

## **Questions**

### **Cognitive and Behavioral Issues**

New residents of TCs typically use poor judgment and have difficulty making decisions. They also have trouble solving problems. New residents typically have poor awareness of themselves and how their actions affect themselves and others.

What are examples of Ray's cognitive and behavioral issues?

### **Perceptual Issues**

New residents typically do not see themselves as worthy people or as valuable members of society. They have low self-esteem and describe themselves as social deviants or victims of a society that owes them privileges and a living.

What are examples of Ray's perceptual issues?

## Emotional Issues

New residents have difficulty identifying and talking about their feelings, except for showing anger and hostility to hide underlying feelings such as fear, hurt, disappointment, or sadness. They have difficulty restraining themselves from emotional outbursts or aggressive behavior when they feel denied, impatient, or provoked. They are unable to tolerate frustration or emotional discomfort. They typically experience a great deal of guilt or shame and exhibit low self-esteem.

What are examples of Ray's emotional issues?

## Social Issues

New residents have been enmeshed in a drug-using peer group and, possibly, a criminal subculture. Often, they have no drug-free friends and associates and may be alienated from family members. They often are disengaged from mainstream culture and social institutions but have a sense of entitlement regarding what society owes them.

What are examples of Ray's social issues?

## Motivation To Change

Discuss how the TC can motivate a resident like Ray to change. Use the following four categories of TC activities for your discussion:

*Behavior management or behavior shaping:* The TC engages residents in a learning process that involves developing prosocial behavior through the community-as-method approach. Positive behavior is modeled and rewarded, and negative behavior is sanctioned.

*Enhancement of emotional and psychological life:* The TC provides a supportive environment in which residents can explore feelings and help one another identify self-defeating patterns of behavior and experience personal growth.

*Enhancement of intellectual and spiritual life:* Residents are encouraged to grow by thinking through their problems and learning about a world greater than themselves.

*Improvement of work and vocational skills:* Strong emphasis is placed on developing living and work skills so residents can be self-supporting and contribute to society after they leave the TC.

## Resource Sheet #3-2: Role Play of Right Living

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### Scenario

Ray has been court ordered to treatment in a 6-month TC program. He thinks life will be easy for the next 6 months.

Ray is transported to the program by the sheriff's department and released to the program staff. He soon sees guys he knew from his high school days, which makes him feel right at home. After intake, Ray is introduced to Frank, a senior resident in treatment who is responsible for orienting Ray to some aspects of the program.

Ray is surprised at how seriously Frank is taking this responsibility. Ray starts to give Frank trouble and says that he expects the TC to train him and help him find a better job. Ray says that he is tired of sales and it is about time for someone to prepare him for a secure, high-paying job with regular hours.

Frank responds by acknowledging Ray has had a tough life and assures him he will be able to reach his goals. He explains some of the basic rules in a gentle way and says, "Don't worry about tomorrow. We will take it 1 day at a time. You will have jobs in the community here that will help you establish good work habits and relationships with coworkers and bosses."

### The Role Play

The role play begins with Frank introducing himself to Ray, followed by an explanation of right living. Frank uses the following as a guide to explaining right living:

- *Honesty in word and deed:* Honest expression of emotions and reactions reveals residents' true self-identities to others and to themselves.
- *Responsible concern for others:* By challenging and supporting others, residents show that they care for them and for themselves. Responsible concern is necessary for self-help and mutual self-help and repudiates the code of the street.
- *Work ethic:* Self-reliance, excellence, earned rewards, pride, and commitment enable residents to become productive members of society.
- *Active and continuous learning:* Continuous learning about themselves and the world strengthens residents' ability to maintain recovery.

## Summary of Module 3

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### Distinctive Features of a TC

*A common language:* Common terms and expressions help bond staff members and residents and ensure that everyone understands and reinforces the same concepts and practices.

*Use of community-as-method:* The community-as-method approach is a social learning process, meaning that residents learn from observing one another and themselves. The community established in the TC functions as a facilitator of change. The community's structure creates a familylike atmosphere conducive to psychological, behavioral, and social change.

*Rational authority:* Professional clinical staff members have the authority to make all decisions related to residents, including resident status, discipline, promotion, transfer, discharge, furlough, and treatment planning. Staff members must use this authority in a consistent, trustworthy, compassionate, and rational way by explaining the reasons for their decisions.

Distinct TC views of the disorder, the person, recovery, and right living.

### TC Views

#### TC View of the Disorder

Substance use disorders are viewed as disorders of the whole person in which virtually every aspect of a person's life is affected.

#### TC View of the Person

TC residents are viewed as people who must and are able to change their behavior and become productive members of society.

#### TC View of Recovery

The TC defines recovery as the gradual building or rebuilding of a new life and results in changes in behavior and self-identity. Recovery is an incremental process that includes

- Becoming honest and responsible
- Recognizing the need to change
- Eliminating self-defeating behavior and thought patterns
- Learning to recognize and manage feelings without the use of drugs or alcohol
- Changing social identity
- Increasing self-awareness and awareness of others and their environment
- Developing a prosocial value system.

The behavioral goals for residents are to

- Develop self-discipline and impulse control
- Show compassion to others
- Achieve success and satisfaction in their personal and work life
- Become role models for new and junior residents
- Become responsible and productive members of society.

TCs have many maxims or sayings that remind staff members and residents about the goals for recovery. See Resource Sheet #1-1: TC Recovery Maxims, in Module 1.

### **TC View of Right Living**

TC residents are encouraged to accept the principles of right living, including

- *Honesty in word and deed:* Honest expression of emotions and reactions reveals residents' true self-identities to others and to themselves.
- *Responsible concern for others:* By challenging and supporting others, residents show that they care for them and for themselves and repudiate the code of the street.
- *Work ethic:* Self-reliance, excellence, earned rewards, pride, and commitment enable residents to become productive members of society.
- *Active and continuous learning:* Continuous learning about themselves and the world strengthens residents' ability to maintain recovery.

### **TCA Staff Competency—Understanding the Need for a Belief System Within the Community**

A TC operates with a set of beliefs, values, and guidelines that constitute its belief system. This system is the foundation for the positive social learning process. Staff members must demonstrate understanding of the TC belief system to be effective members of the community. Key assumptions of the TC belief system are that

- The TC treatment approach is effective.
- Residents can change and become responsible members of mainstream society.
- The community-as-method approach facilitates change. The TC, rather than a single therapist or counselor, is the healing force that facilitates individual change.
- Each member of the TC must assume responsibility for his or her behavior.

## Review of Module 3

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### Review

In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- \$ Describe three distinctive features of the TC: TC language, community-as-method, and rational authority?
  
  
  
  
  
  
  
  
  
  
- \$ Give an example of TC views: view of the disorder, view of the person, view of recovery, and view of right living?
  
  
  
  
  
  
  
  
  
  
- \$ State at least three assumptions of the TC belief system?
  
  
  
  
  
  
  
  
  
  
- \$ Explain at least one way staff members can demonstrate that they understand the need for a belief system?

### Small-Group Activity

Create a poster that illustrates one of the TC views. See Summary of Module 3 for definitions of each view.

## Module 4: The Community-as-Method Approach

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### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 4, including Resource Sheets, Summary of Module 4, and Review of Module 4.
- Review the following recommended reference:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapter 6.
- Write on newsprint (leaving room for notes) the following eight basic concepts of the community-as-method approach:
  - Member roles
  - Continual feedback from peers and staff members
  - Role models
  - Friendships and healthy familylike relationships
  - Collective learning
  - Internalization of TC culture and language
  - Hierarchical work structure and communication system
  - Open communication and personal disclosure.
- No additional materials are needed for Module 4.

## Module 4 Goal and Objectives

**Goal:** To understand the community-as-method approach to behavior change.

**Objectives:** Participants who complete Module 4 will be able to

- Differentiate between social learning and didactic learning
- Describe one way staff members can demonstrate the understanding of social learning
- Identify the eight basic concepts that explain how the community-as-method approach facilitates behavior change
- Define self-help and mutual self-help
- Describe one way staff members can demonstrate the understanding of self-help and mutual self-help.

## Content and Timeline

Introduction	20 minutes
Exercise: Social Learning	30 minutes
Presentation: TCA Staff Competency—Understanding Social Learning Versus Didactic Learning	10 minutes
Presentation: The Eight Basic Concepts of Community-as-Method	40 minutes
Break	15 minutes
Exercise: Role Play of the Community-as-Method Approach	45 minutes
Presentation: TCA Staff Competency—Understanding and Promoting Self-Help and Mutual Help	20 minutes
Summary and Review	25 minutes
Journal Writing and Wrapup	20 minutes
Total Time	3 hours, 45 minutes

## TCC MODULE 4



20 minutes



OH #4-1

## Introduction

Distribute and review the Module 4 agenda.

---

*If you are conducting Module 4 as a stand-alone session or if you have just completed presenting Module 3, skip the following Module 3 review.*

---

## Review

Ask participants what they remember from Module 3. Ensure that the following topics are reviewed:

- TC language, community-as-method, and rational authority
- TC view of the disorder, view of the person, view of recovery, and view of right living
- The TC belief system.

Ask participants whether they have any questions or have had any thoughts about Module 3.



## Module 4 Goal and Objectives

Ask participants to turn to page PM 4-1 of their Participant's Manual.

Present the goal and objectives of Module 4.

**Goal:** To understand the community-as-method approach to behavior change.

**Objectives:** Participants who complete Module 4 will be able to

- Differentiate between social learning and didactic learning
- Describe one way staff members can demonstrate the understanding of social learning
- Identify the eight basic concepts that explain how the community-as-method approach facilitates behavior change
- Define self-help and mutual self-help
- Describe one way staff members can demonstrate the understanding of self-help and mutual self-help.

**TCC MODULE 4**



30 minutes



OH #4-2



**Exercise: Social Learning**

Explain that the exercise is an opportunity for participants to

- Recall a valuable lesson they learned from observing and interacting with a group of people
- Experience social learning from the personal disclosure of someone who is sharing an experience with the group.

Ask participants to recall a situation in which they learned a valuable life lesson from peers, family members, or coworkers.

Ask participants to write in their journals the lessons they learned and the group of people from whom they learned them. Allow 5 minutes for this activity.

Ask participants to share their examples with the group.

Ask: What did you learn as you listened to each person share? Allow 10 minutes for discussion.

Summarize the exercise as follows:

- By listening to others, a person can learn from their experiences and change his or her behavior or thought process as a result.
- Listening to others tell about their experiences is an example of social learning.



10 minutes



OH #4-3

**Presentation: TCA Staff Competency—Understanding Social Learning Versus Didactic Learning**

Ask participants to explain the difference between social learning and didactic learning. Ensure that they understand the difference, as follows:

- *Social learning:* Learning that occurs by identifying with others and through participation, observation, and interaction with others to change thoughts, feelings, and behavior patterns.
- *Didactic learning:* Learning new information through formal instruction (classes, seminars). Didactic learning generally occurs as a one-way presentation of new information from an “expert” to a “student.”

Describe how staff members can use social learning approaches:

## TCC MODULE 4

- Show someone how to do something (e.g., set the table for dinner).
- Model socially appropriate behavior (e.g., politeness).
- Use role plays and games to promote active participation and interaction with others.
- Refer new residents to senior residents for instructions and answers to questions.
- Place responsible clients in leadership, teaching, and mentoring roles in the community.



40 minutes

## Presentation: The Eight Basic Concepts of Community-as-Method

### Overview of Community-as-Method



Refer participants to Resource Sheet #4-1: Community-as-Method, page PM 4-5 in their Participant's Manual.

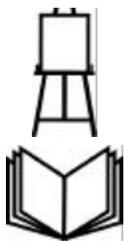
Explain that what distinguishes the TC from other treatment approaches is the use of the *community* as the primary method of treatment to bring about positive prosocial and psychological changes in individuals.

Explain that major elements of the community-as-method approach include the following:

- The daily regimen and social milieu of the TC are designed to facilitate emotional healing, social learning, and changes in behavior patterns and self-identity, 24 hours a day, 7 days a week.
- All community members (staff members and residents) create a social learning environment.
- TC residents experience being in a supportive familylike atmosphere that allows them to heal emotionally and change their lifestyles and self-identities.
- Recovery occurs through interactions with peers and through the self-help and mutual self-help learning processes.



OH #4-4



### The Eight Basic Concepts

Display the prepared newsprint listing the eight basic concepts of the community-as-method approach and discuss each one, adding notes to the newsprint as appropriate.

Refer to Resource Sheet #4-1 for detailed descriptions of the concepts.

**TCC MODULE 4**

For each of the eight concepts, ask participants:

- How is this implemented in your facility?
  - How can you, as a staff member, promote this concept?
1. *Member roles:* Residents act in a variety of roles and contribute to all activities of daily life. This participation helps them become integral members of the community.
  2. *Continual feedback from peers and staff members:* Residents receive continual feedback (both reinforcing and corrective) from peers and staff members and are held accountable for their actions.
  3. *Role models:* Residents become role models and serve as examples of TC principles of recovery and right living.
  4. *Friendships and healthy familylike relationships:* Residents develop friendships and healthy familylike relationships and learn to build and maintain new social networks.
  5. *Collective learning:* Residents experience collective learning as they work, learn, and heal in group settings such as meetings, classes, work teams, and recreational activities.
  6. *Internalization of TC culture and language:* Residents gradually internalize the TC culture and language as they make progress and assimilate into the culture of the TC change process.
  7. *Hierarchical work structure and communication system:* The hierarchical work structure and communication system teach members to be responsible and to work, following organizational rules and procedures.
  8. *Open communication and personal disclosure:* Open communication and personal disclosure help members build self-esteem, develop trust and relationships with others, heal, become self-aware, and grow.



45 minutes



OH #4-5



**Exercise: Role Play of the Community-as-Method Approach**

Explain that this exercise provides an opportunity for participants to demonstrate examples of the community-as-method approach and experience how new residents may react when they first learn about this concept.

Explain that the intent of this exercise is to

- Practice explaining the community-as-method approach
- Increase understanding of how new residents may react when introduced to this concept.

Ask participants to gather in their small groups.

## TCC MODULE 4



Refer participants to page PM 4-7, Resource Sheet #4-2, in their manuals.

Read the scenario aloud.

Instruct participants to decide who in their small group will be

- Christina, an experienced TC staff person
- Michael, a new staff person
- Sarah, a new resident
- Observers.

Divide the eight basic concepts among the small groups to use as examples, and direct the groups to begin the role play.

Stop the role play after 5 minutes, and ask the observers in each group to comment on the group dynamics. Ask

- What went well?
- What could be improved?

Resume the role play for another 5 minutes.

Discuss the role play by asking the following questions:

- *To Sarah:* Did you have difficulty understanding the importance of the community in your treatment? If so, why?
- *To Christina:* What did you notice in the role play?
- *To Michael:* What was the hardest concept to explain to a new resident?
- *To observers:* What did you notice?
- *To all participants:*
  - How important is it that staff members be able to explain community-as-method?
  - What are some things staff members can do to help new residents understand the community-as-method approach?

Allow 5 minutes for discussion.

Ask two participants to answer the following questions:

- How did you feel during the role-play exercise?
- What did you notice about yourself during the exercise?

**TCC MODULE 4**



Thank participants for sharing, and ask them to return to their seats in the large group.

Allow 5 minutes for participants to write in their journals. Possible topics include

- The exercise
- The eight concepts of community-as-method and how a participant can remain aware of and use them on a daily basis.



20 minutes



OH #4-6

**Presentation: TCA Staff Competency—Understanding and Promoting Self-Help and Mutual Help**

Define “self-help” and “mutual help” as used in the TC:

- *Self-help*: Each individual assumes primary responsibility for his or her recovery. Residents participate fully and contribute to the TC process to change their own behavior.
- *Mutual help*: Residents assume responsibility for helping their peers recover as a way to reinforce and maintain their own recovery.

Emphasize that being part of a self-help and mutual self-help (the way the term is used in most of the TC literature) learning community teaches residents to

- Understand themselves
- Take responsibility for their lives
- Adopt the behaviors, attitudes, and values of healthy living.

Explain that staff members can promote self-help and mutual self-help among residents by

- Monitoring residents’ participation in the treatment process
- Guiding them to use TC tools/methods to help themselves and their peers.

Provide the following examples of promoting self-help and mutual self-help:

- Encourage residents to solve problems using tools they are learning in the TC rather than giving them specific instructions.
- Discourage residents from assuming passive roles in their treatment (do not let a resident hide in the corner).
- Encourage residents to seek support and feedback from peers to understand their own behavior better.

## TCC MODULE 4



25 minutes



## Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 4-9, Summary of Module 4.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 4-10, Review of Module 4.

Instruct participants to work with their group to answer the questions on Review of Module 4.

Explain that this review is a way for participants to assess and consolidate their learning.

Instruct the small groups to complete the crossword puzzle on page PM 4-8 in their Participant's Manuals.

Allow 15 minutes for the small-group review.

Ask participants:

- What did you learn in this session?
- Did you observe community-as-method during this session? When?



20 minutes



OH #4-7



## Journal Writing and Wrapup

### Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- Which of the eight concepts do you feel you need to know more about? Why?
- Which concept are you most comfortable implementing in your role?

**TCC MODULE 4**

**Wrapup**

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 4 or the training in general. Note that participants may say anything on their minds.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.

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*There is no prework for module 5.*

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## Resource Sheet #4-1: Community-as-Method

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### Overview

The TC is distinguished from other treatment approaches by the use of the community as the primary method of treatment to bring about positive prosocial and psychological changes in individuals. In a TC

- The daily regimen and social milieu of the TC are designed to facilitate emotional healing, social learning, and changes in behavior patterns and self-identity, 24 hours a day, 7 days a week.
- All community members (staff members and residents) create a social learning environment.
- TC residents experience being in a supportive familylike atmosphere that allows them to heal emotionally and change their lifestyles and self-identities.
- Recovery occurs through interactions with peers and through the self-help and mutual self-help learning process.

### Eight Basic Concepts of Community-as-Method

1. *Member roles:* Residents gradually become integral members of the community by acting in a variety of work and community roles and contributing to all the activities of daily life in the TC.
2. *Continual feedback from peers and staff members:* Residents are observed by all members of the community and are held accountable for their own actions. They receive continual feedback (both reinforcing and corrective) from peers and staff members, expressed with authentic and responsible concern for their well-being and progress.
3. *Role models:* Residents adopt principles of recovery and right living and gradually aspire to become role models for others. As they progress through the program, residents provide feedback to others about what the others need to change about themselves and serve as examples of such change.
4. *Friendships and healthy familylike relationships:* At the beginning, residents attempt to continue their deceitful patterns and want merely to “hang out.” As they progress through the phases of treatment, they learn what friendship is by sharing their feelings and thoughts and by challenging others. The friendships may last a lifetime and become the basis for the residents’ new social networks.
5. *Collective learning:* Residents work, learn, and heal in group settings such as meetings, classes, work teams, and recreational activities. Virtually all the learning and healing experiences, essential to recovery and personal growth, take place with positive peer role models.

6. *Internalization of the TC culture and language:* Residents gradually adopt and internalize the language used in the TC. This is a sign of their assimilation into the culture of the TC change process and of the progress they are making.
7. *Hierarchical work structure and communication system:* The hierarchical work structure and communication system teach members to be responsible and to work, following organizational rules and procedures. Residents become people on whom others can depend, by adhering to procedures, accepting and respecting supervision, and behaving as responsible members of the TC. The system of sanctions and privileges guides residents' learning as they experience the positive and negative consequences of their actions.

The hierarchical structure of the TC, the chain of command, is similar to the organization of mainstream culture. It is designed to teach residents the skills and behaviors they will need to be successful outside the TC. Gradually and with practice, residents are able to generalize what they have learned in the TC to the outside world.

The communication system in the TC, including such activities as surveillance, data collection, reporting, and giving feedback, is designed to promote productive, prosocial behavior, as well as to correct self-defeating behavior.

8. *Open communication and personal disclosure:* Residents gradually engage in open communication and personal disclosure when they feel that the TC is a safe environment. Residents eventually learn how to communicate with others and to reveal their inner thoughts, which help them build self-esteem, develop trust and relationships with others, heal, become self-aware, and grow. This process begins initially with staff members and then in group settings with peers.

Sharing feelings in public is an important part of the self-help recovery process. Sharing feelings is part of the mutual self-help recovery process as well because residents realize that they are not alone and that other people experience the same feelings.

No secrets exist in the TC. When rules are broken, the infraction is discussed publicly to ensure that everyone feels safe and to maintain the integrity of the community.

## Resource Sheet #4-2: Role Play—Explaining the Community-as-Method Approach

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### Roles

*Christina* is an experienced staff member who has been working in a TC for more than 5 years. She is working with *Michael*, a new staff member, who will be responsible for facilitating new resident orientation groups.

*Michael* has been working as a house manager for 4 months. His previous substance abuse treatment work experience was with adolescents in a corrections facility.

*Sarah*, a new resident, asks questions and makes comments about the community-as-method approach. She is interested in the community but feels anxious about being integrated into the TC and is concerned that she may be rejected. She also is hostile because she feels her individuality may be suppressed. Sarah has been in treatment before, but in outpatient settings.

*Observers* watch the role play and notice what is going well and what is not in the communication among *Christina*, *Michael*, and *Sarah*.

### Scenario

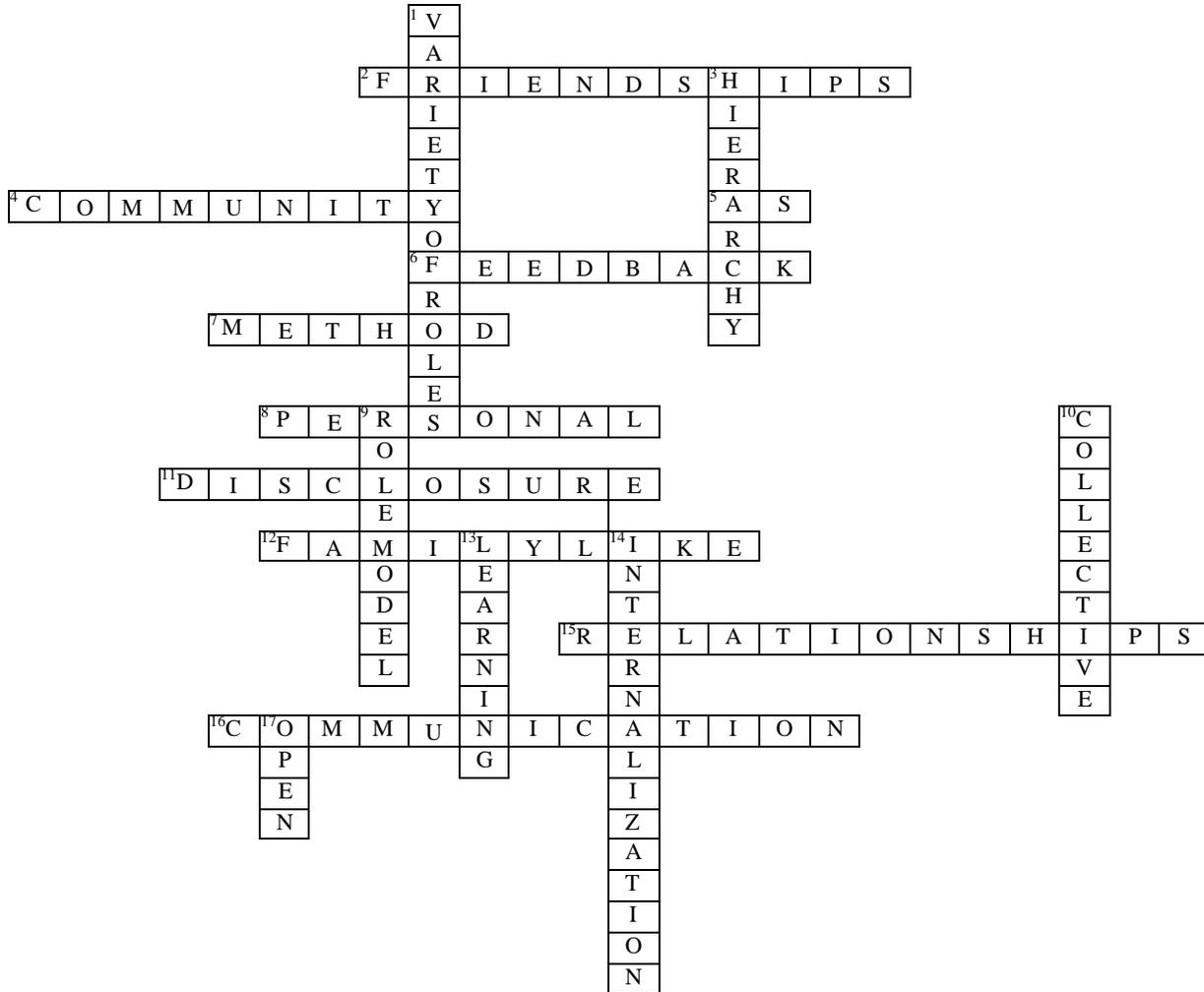
*Christina* and *Michael* are working together to orient *Sarah*. They explain the importance and significance of the community-as-method approach and encourage *Sarah* to participate actively in the TC process.

*Christina* should begin by introducing the community-as-method approach.

*Michael* should give three examples of how community-as-method works in this facility.

When the role play is finished, the observers give feedback to *Christina* and *Michael*.

## Resource Sheet #4-3: Crossword Answer Key



### Across

- 2 By sharing their feelings, residents will develop these (3 words along with 12 & 15 across)
- 4 What distinguishes the TC from other treatment methods (3 words along with 5 & 7 across)
- 6 Provided continually by peers and staff members
- 8 Occurs when residents feel safe (2 words along with 11 across)
- 16 Opposite of secrets (see 17 down)

### Down

- 1 Residents contribute to all activities in the TC by participating in these (3 words)
- 3 Chain of command
- 9 What a resident aspires to be
- 10 Meetings, classes, and work teams are examples of this (2 words along with 13 down)
- 14 A sign of progress that occurs gradually
- 17 Opposite of secrets (2 words along with 16 across)

## Summary of Module 4

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### TCA Staff Competency—Understanding Social Learning Versus Didactic Learning

*Social learning:* Learning that occurs by identifying with others and through participation, observation, and interaction with others to change thoughts, feelings, and behavior patterns.

*Didactic learning:* Learning new information through formal instruction (classes, seminars). Didactic learning generally occurs as a one-way presentation of new information from an “expert” to a “student.”

### Community-as-Method

What distinguishes the TC from other treatment approaches is the use of the *community* as the primary method of treatment to bring about positive prosocial and psychological changes in individuals (the community-as-method approach). Major elements of the community-as-method approach include the following:

- The daily regimen and social milieu of the TC are designed to facilitate emotional healing, social learning, and changes in behavior patterns and self-identity.
- All community members (staff members and residents) create a social learning environment.
- TC residents experience being in a supportive familylike atmosphere that allows them to heal emotionally and to change their lifestyles and self-identities.
- Recovery occurs through interactions with peers and through the self-help and mutual self-help learning processes.

See Resource Sheet #4-1 for a detailed list of the eight concepts of community-as-method.

### TCA Staff Competency—Understanding and Promoting Self-Help and Mutual Help

*Self-help:* Each individual assumes primary responsibility for his or her recovery. Residents participate fully and contribute to the TC process to change their own behavior.

*Mutual self-help:* Residents assume responsibility for helping their peers recover and as a way to reinforce and maintain their own recovery. Being part of a self-help and mutual self-help learning community teaches residents to

- Understand themselves
- Take responsibility for their lives
- Adopt the behaviors, attitudes, and values of healthy living.

## Review of Module 4

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### Review

In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- Differentiate between social learning and didactic learning?
- Describe one way staff members can demonstrate understanding of social learning?
- Identify the eight basic concepts that explain how the community-as-method approach facilitates behavior change?
- Define self-help and mutual self-help?
- Describe one way staff members can demonstrate understanding of self-help and mutual self-help?

### Small-Group Activity

Complete the crossword puzzle on Resource Sheet #4-3.

## Module 5: The TC Social Structure and Physical Environment

---

### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 5, including Resource Sheet, Summary of Module 5, and Review of Module 5.
- Review the section on TC meetings (beginning on page 5-12), and make any necessary adjustments in the meeting names if the participants' TC uses different names for the same type of meetings.
- Review the following recommended reference:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapters 7, 8, 15, and 16.
- In addition to the materials listed in Getting Started, assemble the following for Module 5:
  - A sample daily schedule
  - Today's newspaper
  - A book of daily thoughts or meditations.

## Module 5 Goals and Objectives

**Goals:** To understand how the TC social structure and the physical environment promote residents' return to a healthier lifestyle in mainstream society and to understand that rules, structure, work, meetings, and other components of the daily routine, as well as features of the physical facility, are integral components of the TC approach to treatment.

**Objectives:** Participants who complete Module 5 will be able to

- State at least three reasons why rules are important in TCs
- Explain four aspects of the TC social organization (structure, systems, communications, and daily schedule) and explain how each aspect benefits TC residents
- Explain the purpose of each type of resident meeting: morning, house (or general), closing, and seminar
- Explain how the physical environment of the TC benefits residents
- Explain how rules related to security and access contribute to residents' healing and recovery process.

## Content and Timeline

Introduction	20 minutes
Exercise: Rules	30 minutes
Presentation: TC Rules—Cardinal, Major, and House	15 minutes
Presentation: Structured Socialization	45 minutes
Break	15 minutes
Presentation: Resident Meetings	30 minutes
Exercise: Simulation of a Morning Meeting	30 minutes
Presentation: Seminars	15 minutes
Break	15 minutes
Presentation: The Physical Environment of the TC	15 minutes
Presentation: Access and Security	15 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 45 minutes

## TCC MODULE 5



20 minutes



OH #5-1

## Introduction

Distribute and review the Module 5 agenda.

---

*If you are conducting Module 5 as a stand-alone session or if you have just completed presenting Module 4, skip the following Module 4 review.*

---

## Review

Ask participants what they remember from Module 4. Ensure that the following topics are reviewed:

- Social learning compared with didactic learning
- The eight basic concepts of community-as-method
- The self-help and mutual self-help learning processes.

Ask participants whether they have any questions or have had any thoughts about Module 4.



## Module 5 Goals and Objectives

Ask participants to turn to page PM 5-1 of their Participant's Manuals.

Present the goals and objectives of Module 5.

**Goals:** To understand how the TC social structure and the physical environment promote residents' return to a healthier lifestyle in mainstream society and to understand that rules, structure, work, meetings, and other components of the daily routine, as well as features of the physical facility, are integral components of the TC approach to treatment.

**Objectives:** Participants who complete Module 5 will be able to

- State at least three reasons why rules are important in TCs
- Explain four aspects of the TC social organization (structure, systems, communications, and daily schedule) and explain how each aspect benefits TC residents
- Explain the purpose of each type of resident meeting: morning, house (or general), closing, and seminar
- Explain how the physical environment of the TC benefits residents
- Explain how rules related to security and access contribute to residents' healing and recovery process.

**TCC MODULE 5**



30 minutes



OH #5-2



**Exercise: Rules**

Introduce the exercise and explain that

- The purpose of the exercise is to think about the benefits of having rules.
- Participants will work with partners to discuss rules they have in their households and the benefits of having these rules.
- Participants will introduce their partners' rules to the group.

Instruct participants to select a partner.

Direct participants to have one person tell the other about three rules of his or her household and the benefit of having each rule while the other person listens actively by

- Making direct eye contact when the other person is talking
- Acknowledging what is being said by nodding
- Repeating in his or her own words what he or she heard the speaking partner say.

Allow 5 minutes; instruct partners to switch roles.

---

*The instructions are the "rules" of the exercise; observe how well participants obey those rules.*

---

Allow another 5 minutes; then ask participants to tell the group what they heard from their partners.



Record the rules and benefits on newsprint.

Summarize the exercise by explaining that in most groups or settings, rules exist to guide behavior, reinforce values, and maintain a physically and psychologically safe environment.

---

*If you have time, continue the exercise by asking all participants whether they think their partner heard them and reported accurately on their household rules.*

---

Share any observations you made regarding how well participants followed the rules of the exercise.

Invite participants to share their thoughts and feelings for 5 minutes. Ask two participants to answer the following questions :

## TCC MODULE 5

- How did you feel during the active listening exercise?
- What did you notice about yourself during the exercise?

Thank participants for sharing.



15 minutes



OH #5-3

### **Presentation: TC Rules—Cardinal, Major, and House**

Emphasize the importance of rules by explaining that

- Rules guide the actions of residents, establish healthy boundaries, and reinforce prosocial behavior patterns.
- By following rules, residents gradually learn to maintain a physically and psychologically safe community.
- TC rules create an environment that is structured to protect residents' safety and well-being.

#### **Cardinal Rules**

Explain that cardinal rules

- Include
  - No physical violence
  - No threats of violence or intimidation
  - No drugs or alcoholic beverages
  - No sexual activity
- Protect the physical and psychological safety of the community
- Are absolute and related to behavior that is not tolerated in the TC
- Are strictly enforced; breaking a cardinal rule nearly always results in dismissal from the TC.

#### **Major Rules**

Explain that major rules

- Are seen as essential to the recovery process and include
  - No stealing or other illegal activity
  - No vandalizing or destroying property
  - No contraband

## TCC MODULE 5

- Address antisocial behavior
- Protect the physical and psychological safety of the community.

Explain that

- When a resident breaks a major rule, staff members and senior residents design an intervention to enhance learning and healing.
- If a resident breaks a major rule more than once, he or she may be discharged.

### House Rules

Explain that house rules

- Are related to prosocial behavior patterns residents are expected to adopt gradually and include
  - Following instructions
  - Being punctual
  - Maintaining appropriate appearance
  - Using proper manners
  - Not lending or borrowing money or other possessions
- Are similar to society's expectations
- Can vary according to the TC.

Ask participants to give examples of other house rules used in their TC.

Emphasize that maintaining house rules is important because

- Residents learn to hold one another accountable.
- Residents learn to give one another constructive feedback.
- Rules create a safe and predictable community that allows personal growth and recovery to occur.

Point out the similarity between the benefits of rules participants discussed in the opening exercise and the benefits of rules for TC residents.

Ask participants whether they have any questions about what has been discussed so far.

## TCC MODULE 5



45 minutes



OH #5-4



OH #5-5

## Presentation: Structured Socialization

Ask participants how they would define “structured socialization.” Record responses on newsprint.

Summarize (if necessary) by explaining structured socialization as a step-by-step process through which residents learn prosocial behavior and attitudes that allow them to become productive members of mainstream society.

Explain that the TC social organization helps residents learn prosocial behavior and attitudes.

Write on newsprint the four aspects of TC social organization:

- Structure
- Systems
- Communication
- Daily regimen of scheduled activities.

### TC Structure

Explain that the TC structure guides and supports socialization and includes

- Staff roles
- Resident stratification and the TC’s staged approach to treatment
- Peer work hierarchy.

Explain that each of these three elements of the TC structure is discussed in later modules.

---

*If you are presenting Module 5 as a stand-alone training session, consider providing brief descriptions of these three elements. Staff roles are discussed in Module 7, resident stratification and the stages of treatment in Module 10, and the peer work hierarchy in Module 9.*

---

Explain that the TC structure board is used as a visual representation of the TC social structure and includes

- Each resident’s name
- His or her program stage and phase of treatment
- His or her position in the peer work hierarchy.

Explain that the TC structure board is discussed more thoroughly in Module 9.

**TCC MODULE 5**

*If you are using job assignments in your training community, refer participants to the structure board you have posted in your training room.*



Ask participants: Why do you think structure is important for residents?

Record responses on newsprint.

Explain that structure is important because residents learn

- *A step-by-step approach for success:* For residents who have a history of real and perceived failures, the step-by-step staged approach to treatment provides opportunities to succeed and receive positive reinforcement.
- *How their behavior affects others:* For residents who are indifferent to the consequences of their behavior, the highly structured procedures force them to be aware of their surroundings and the effect of their behavior on others.
- *Underlying issues:* The social structure exposes residents to various roles that can reveal emotional, attitudinal, and behavioral problems.
- *Positive interactions with authority:* For residents who have had difficulties with authority figures, the structured program provides many opportunities for positive interactions with staff authority figures.

**TC Systems**

Explain that all TC activities are systematized and that formal, written policies and procedures include specific steps for conducting every activity.

Emphasize that TC systems maintain order and a positive environment of support and caring.

Explain that system breakdowns can and do occur and can have serious effects on the functioning of the community.

Explain that system breakdowns

- Occur because procedures are not followed
- Occur because staff members do not follow procedures and the daily schedule
- Are viewed as opportunities to detect and address underlying clinical problems of residents who did not follow procedures.

Explain that TC staff members are responsible for maintaining TC systems and are expected to

## TCC MODULE 5

- Follow up and provide feedback:
  - Observe and assess whether procedures are appropriately implemented
  - Provide feedback to supervisors on how procedures are working
- Follow through on tasks and promises:
  - Do what you say you are going to do (Failure to follow through weakens morale and undermines the integrity of the TC treatment process.)
  - Encourage and monitor residents' followthrough on tasks and promises
- Review and assess breakdowns:
  - Continually assess and discuss system breakdowns with appropriate staff members and residents
  - Focus on residents' attitudinal and emotional issues related to system breakdowns because breakdowns can reflect treatment issues.



Ask participants: Why do you think systems are important for residents?

Record responses on newsprint.

Explain that systems are important because they help residents learn to

- *Function in a hierarchical social system:* For residents who are mistrustful, cynical, or fearful of systems, the TC provides opportunities to learn how to function in a hierarchical social system.
- *Follow through:* For residents with poor accountability, TC systems monitor their behavior as they learn to be responsible for their actions and follow through on work and promises.
- *Make gradual progress:* For residents who tend to give up, the TC teaches tolerance, patience, and gradual progress to meet goals. Adherence to procedures requires residents to
  - Control their impulses
  - Delay gratification
  - Handle frustration
  - Manage their emotions.

**TCC MODULE 5**

**TC Communication**

Explain that the TC uses both formal and informal communication structures.

***Formal communication***

Explain that

- The TC has a formal reporting system to ensure smooth operations and provide feedback on the behavior of residents.
- Formal communication is vertical. Information is passed in a prescribed order and must be adhered to by all residents and staff members, as follows:
  - Communication flows from residents to senior residents to junior staff members to senior staff members and in the same order in the other direction as well.
  - All information must be reliable and authentic.

Ask participants to describe the formal communication process in their TCs.

***Informal communication***

Explain that

- Informal communication occurs among residents and tends to spread rapidly.
- Informal communication is the primary way residents learn new behavior.
- Informal peer communication is the primary way residents start to experience a sense of community with the TC.

Ask participants for examples of the informal communication system.

Explain the benefits of open communication by pointing out that residents' healing and learning are enhanced when

- All breakdowns in communication are reported and discussed to further residents' healing and learning processes.
- Negative reactions are resolved:
  - New TC residents react negatively to many things that are said to them by staff members and peers.
  - As part of the recovery process, residents' reactions to what is said to them must be discussed openly.

## TCC MODULE 5

- Through this process, residents
  - Increase their self-awareness of underlying issues
  - Learn more effective ways to communicate.

### **Daily Regimen of Scheduled Activities**

Give each participant a copy of the sample daily schedule, and provide an overview, explaining that

- The TC day begins and ends at set times.
- The daily schedule consists of meetings, jobs functions, therapeutic groups, seminars, personal and recreational time, and individual counseling, as needed.
- All residents and most staff members come together to share meals three times a day and to attend meetings.
- Weekends are less structured and focus on general cleanup of the facility and organized recreational trips.

Stress that the daily schedule is extremely important and should be changed only by the director of the facility.

Emphasize that straying from or abandoning the daily schedule leads to breakdowns in TC systems.

Ask participants to describe a typical day in their TC.

Ask participants to explain how having a daily schedule benefits the residents.

Record responses on newsprint.

Explain that the daily schedule benefits residents because they learn to

- *Be more productive:* For residents who lack structure in their lives, the TC teaches residents how to
  - Set goals
  - Establish productive routines
  - Manage work and other responsibilities.
- *Perform consistently:* For residents who have trouble achieving long-term goals, the TC routine teaches that goal attainment occurs one step at a time and rewards consistent performance.



**TCC MODULE 5**



- *Manage leisure time:* The full schedule provides certainty and reduces anxiety associated with free time that typically triggered drug-related behavior in the past.
- *Minimize self-defeating thoughts:* For residents who may be withdrawn, the structured day lessens their preoccupation with self-defeating thoughts.

**Journals**

Ask participants to write in their journals about

- The role of structure and systems in their own lives
- Any difficulties they experience in maintaining and supporting the structure and systems of the TC.

Remind participants that journals are for their own processing and growth. Allow 5 minutes for this activity.



30 minutes



OH #5-6

**Presentation: Resident Meetings**

Discuss the importance of resident meetings by explaining that such meetings

- *Enhance the sense of community:* The purpose of all TC meetings is to enhance the sense of community and contribute to the residents' healing and recovery process.
- *Provide structure:* Meetings are the organized components of the day. Participation in meetings is part of the healing and recovery processes and contributes to a sense of orderliness and purpose.
- *Resolve issues:* Meetings provide a structured way to address individual and collective concerns and to reinforce the main messages of recovery.
- *Communicate to all members of the TC:* Meetings provide an efficient way to communicate to all members of the TC because both staff members and residents are required to attend.
- *Assess individual and collective moods of the TC:* Daily meetings help staff members assess individual or group moods. **Residents who are withdrawn and not participating are considered at risk for dropping out, violence, or suicide.**

Ask participants what types of meetings are held in their TCs. Ensure that they mention:

- *Morning meetings*
- *House or general meetings*

## TCC MODULE 5



OH #5-7

- *Closing* meetings
- Seminars.

**Morning Meetings**

Explain that the depressing effects of residents' drug use in the past may have contributed to a lethargic beginning of each day.

Explain that morning meetings are designed to

- Be uplifting and engage residents who may be displaying withdrawn and isolating behavior
- Motivate residents to begin the day in a positive way; this helps them better cope with issues that arise throughout the day
- Quell fears and anxieties residents may have felt in the past when they woke up to a day filled with chaos, tension, demands, and, perhaps, abuse
- Gradually teach residents that they can shift their moods without the use of drugs or alcohol; they may wake up sad and reluctant to get to work, but the practices of the morning meeting can lift their spirits
- Enhance residents' sense of community.



OH #5-8

**House (or General) Meetings**

Explain that house or general meetings

- Are held as needed to address issues and problems that pose a physical or psychological threat to the community
- Provide an opportunity for residents and staff members to discuss community concerns and ways to correct community problems.

Explain the process of general meetings as follows:

- Directors or assistant directors lead general meetings.
- Role models and other senior residents are responsible for noticing or reporting early signs of problems so that residents can accept responsibility and learn from their experiences.
- All staff members on duty attend and meet after the meeting with resident community leaders to discuss appropriate followup actions.
- Decisions are not made impulsively but are announced within 24 hours of the meeting.

**TCC MODULE 5**



**OH #5-9**

**Closing Meetings**

Explain that

- The purpose of a closing meeting is to conduct community business in a structured way.
- Community members meet after dinner to bring closure to the day's activities and announce evening and the next day's assignments and activities.
- Closing meetings provide an opportunity to observe and assess residents' moods.

Explain that closing meetings typically are led by an expediter and a coordinator and include

- Announcements about
  - Learning experiences. Individual residents explain why they have been given a learning experience and what behavior they intend to change.
  - Promotions and demotions.
  - Encounter group assignments.
  - Schedules for the following day.
- Observations by senior residents on what went well during the day and what problems occurred. Senior residents display their leadership skills at these meetings.

Stress that residents are expected to listen attentively, obtain information, and refrain from casual or side conversations.

Note that *seminars* also can be considered a type of meeting but are discussed later in the module.



**30 minutes**

**Exercise: Simulation of a Morning Meeting**

Introduce the exercise by explaining that

- The purpose of the exercise is to provide the uplifting experience of a morning meeting and to enable participants to appreciate the benefits these meetings provide to residents.
- Participants will be assigned roles to play in the meeting.

## TCC MODULE 5



- The morning meeting exercise will be conducted for 10 minutes and will be followed by group discussion.

Refer participants to page PM 5-6, Resource Sheet #5-1: Morning Meeting Simulation. Review with them the Components of a Morning Meeting and Morning Meeting Rules.

Assign participants the roles designated on the Resource Sheet.

Give participants the newspaper and book of daily thoughts or meditations to use in planning the meeting. Allow 10 minutes for participants to plan the meeting and prepare their parts.

Ask the “resident coordinators” to begin the morning meeting with the coming-together ritual.

Allow 10 to 15 minutes for the exercise.

Ask the following questions:

- *To participants who were resident coordinators:* What was your experience conducting the meeting?
- *To participants who were resident presenters:* How did you feel about presenting at the morning meeting?
- *To participants who were staff members:* How did you feel in your role?
- *To all participants:* What did you experience during the simulation?

Explain the role of staff members during and after morning meetings as follows:

- All staff members on duty sit in the back of the room to observe.
- Staff members assess resident participation, overall group energy, attitudes, and affect.
- Staff members may contribute humor or an uplifting thought.
- Staff members and resident community leaders meet later in the day to discuss
  - The degree to which the residents in charge of the meeting were prepared and appropriate
  - The need for any treatment plan adjustments for the residents.

Summarize the exercise by emphasizing the importance of the morning meeting and the following benefits to residents of actively participating in the meeting:

**TCC MODULE 5**

- The meeting provides a predictable element—a ritual—of life in the community.
- The format and rules are consistent, enhancing residents' sense of continuity and predictability.

Allow 5 minutes for participants to share any additional thoughts and feelings.

Thank participants for sharing.

---

*If you are using the TCC training over consecutive days, inform participants that they will conduct a morning meeting on each of the remaining days of the training, and assign (or ask for volunteers for) roles for tomorrow's morning meeting.*

---



15 minutes

**Presentation: Seminars**

Explain that seminars are

- Held in a classroom setting
- Conducted by residents, as an earned privilege
- A way to get useful clinical information about an individual's progress in treatment or about the functioning of the community as a whole
- Designed to
  - Educate residents about various topics
  - Provide intellectual stimulation
  - Help residents examine their personal values
  - Stimulate insightful thinking
  - Help residents understand the TC and its philosophy
  - Raise awareness of important recovery issues
  - Help members develop the ability to express themselves by building confidence and self-esteem
  - Enhance residents' attention spans and listening and speaking skills.

Describe the various types of TC seminars as follows:

- Seminars to provide information, such as
  - Alcohol and drug information
  - Recovery concepts
  - Introduction to 12-Step programs
  - Health information

## TCC MODULE 5

- Seminars for intellectual stimulation, such as
  - *Concept seminars*: Understanding concepts of TC process and perspective
  - *Pro-and-con seminars*: Issue-oriented debates on real-world events
  - *Role induction seminars*: Didactic presentations of TC rules, procedures, treatment stages, and so forth (sometimes called “data sessions”)
  - *Great books seminars*
  - *Literacy seminars*
  - *Special interest seminars*
- Seminars promoting personal involvement, such as
  - *Grab bag seminars*: Fun presentations of topics picked randomly from a bag to facilitate spontaneity
  - *“Tell-your-story” seminars*: Residents talk about their lives
  - *Seminars presented by a resident in an area of his or her expertise*
- Seminars facilitating social integration, such as
  - *Guest speaker seminars*: Outside experts speak about various topics of interest, such as different careers or health and well-being
  - *House trip seminar*: Presentation that coincides with an outside trip, such as to a museum or theater.

Ask participants to name any other types of seminars held in their TCs.



15 minutes



OH #5-10

### **Presentation: The Physical Environment of the TC**

Explain that the physical environment of the TC is important in helping residents to

- Disengage from their previous lifestyle
- Attain positive affiliation with the TC
- Achieve self-discipline by taking care of their environment
- Reinforce recovery principles and right living.

Explain that the physical setting of the TC helps residents disengage from the people, places, and things associated with their previous lifestyle by separating residents from their previous surroundings

**TCC MODULE 5**

- Physically
- Socially
- Psychologically.

Discuss how the physical setting helps residents achieve self-discipline:

- Residents must keep the TC clean and orderly and are encouraged to take pride in keeping the inside areas neat and attractive.
- The discipline required to maintain a clean and orderly environment will be internalized gradually.
- As residents prepare to reenter mainstream society, they will take this discipline and apply it to their new environment to create a healthy community for themselves.

Note that it is important for staff members to serve as role models and to reinforce the importance of taking care of the TC environment.

Discuss how the physical setting of the TC helps residents attain positive affiliation with the TC and reinforces recovery principles by

- Displaying decorative artifacts such as artwork, poetry, sculpture, and crafts, often created by residents, that
  - Provide a cheerful atmosphere and foster a sense of home and ownership
  - Help define the TC culture
  - Promote self-expression, self-esteem, and affiliation
- Displaying throughout the facility signs with slogans, phrases, and other messages of recovery and right living.

Explain that common areas (dining room, lounges, classrooms, and sleeping quarters) have rules that reinforce recovery principles and right living:

- Dining room
  - Eating all meals together is important. Residents learn social manners and become comfortable with members of the community.
  - During each meal staff members and senior residents observe residents' behavior and look for those who appear isolated and withdrawn.
  - Residents may be asked to move to different tables to interact with residents in different stages of recovery (“spread your action”).

**TCC MODULE 5**

- Lounges
  - Lounges provide an opportunity for residents to have informal social interactions with their peers. These interactions are part of a healing and recovery process.
  - House rules in lounge areas include no flirting, no horseplay, and no cliques. Residents are reminded that time spent in the TC is focused on healing and recovery. For example:
    - Small talk is discouraged.
    - “Hanging out” is considered a waste of time.
    - Talking about what is happening emotionally is encouraged.
    - Expressing opinions on current events is encouraged.
- Classrooms
  - Residents are expected to behave as students in classrooms. They are taught to
    - Sit properly
    - Take notes
    - Express their opinions appropriately
    - Listen to the presenter.
- Sleeping quarters
  - Residents’ sleeping quarters reflect their status in the TC; the type of room and possessions allowed in the room are part of the privilege system.
  - Privacy is considered an earned privilege based on residents’ social and psychological growth; the ability to handle time alone is considered an important step in the healing and recovery processes.
  - Cleanliness is important, as reflected in the TC maxim, “Clean bed, clean head.”

Review the material by asking participants to summarize how the physical environment of the TC benefits residents.

Allow participants to ask any questions about what has been discussed so far.

**TCC MODULE 5**



15 minutes



OH #5-11

**Presentation: Access and Security**

Explain that TCs are not locked facilities, but they restrict access to provide security for residents and promote recovery, as follows:

- Residents (under staff supervision) are responsible for restricting unauthorized entry into and exit from the facility.
- Residents are responsible for monitoring other residents' movements inside the facility and around the grounds.

Emphasize that security is a critical issue for the TC and that the physical structure must provide a safe environment for residents.

Identify the following rules related to access and security:

- Residents are monitored through sign-in and sign-out sheets.
- Trips outside for family obligations or legal or medical appointments require staff permission and sometimes an escort, such as a senior resident role model.
- All visitors must be preapproved by staff, preferably the day before their visit. They must be authorized before entering the facility and escorted to their destinations.
- When residents return to the TC, they are searched, their urine is tested for drugs, and packages are inspected.

Emphasize that strict limitations are placed on new residents' access to the outside world to separate them from negative influences and help them gradually identify with the TC.

Ask participants to provide examples of additional rules related to access and security in their facility.

Explain "house runs" in a TC as follows:

- Several times a day, a team of staff members and senior residents inspects the entire TC for cleanliness and order.
- House runs detect facility problems at an early stage and ensure that residents are in their expected locations.
- Strengthening the behaviors required to keep a clean and orderly environment also strengthens residents' ability to
  - Control their emotions
  - Achieve self-management

**TCC MODULE 5**

- Think in an orderly way.
- House runs yield important information about resident’s behaviors, attitudes, and emotions, including their
  - Underlying issues of discipline, self-control, and commitment
  - Need for training in how to take care of their physical space.



20 minutes



**Summary and Review**

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 5-8, Summary of Module 5.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 5-12, Review of Module 5.

Instruct participants to work with their small groups to answer the questions on Review of Module 5. Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

Ask participants what they learned in this session, and facilitate discussion.



20 Minutes



OH #5-12



**Journal Writing and Wrapup**

**Journals**

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- What information from this module did you find most useful?
- In what ways might you use this information in your role as TC staff member?
- How are you feeling about your role in this training community?

**TCC MODULE 5**

**Wrapup**

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 5 or the training in general. Note that participants may say anything on their minds.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.

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*There is no prework for Module 6.*

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## Resource Sheet #5-1: Morning Meeting Simulation

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### The Morning Meeting: Overview

The purposes of the morning meeting are to

- Start the day in a positive way
- Motivate residents
- Enhance the sense of community.

### Components of a Morning Meeting

- *Coming-together ritual:* All members of the community start the meeting by saying “good morning, family” and reciting the community’s creed or philosophy.
- *Social awareness:* Current events outside the TC and local weather reports are briefly presented.
- *Thought of the day:* A brief thought designed to focus the community on personal growth or problemsolving is presented; for example, a department head may present “trusting each other” and allow residents time to reflect on how they will incorporate this thought into the day.
- *“Up” ritual or energizer:* This is a group activity, such as singing or playing a game, to energize and engage members. It is not simply entertainment but is intended to reinforce recovery and concepts of right living.
- *Closing ritual:* This is a shared activity that signals the end of the meeting. For example, some TCs have adopted theme songs that residents sing together with locked arms to close the meeting.

### Morning Meeting Rules

- Maintain an emphasis on the “here and now.”
- Only one person may speak at a time.
- Individuals speak only for themselves, but they may encourage others to participate.
- Attention is focused on being positive and uplifting.

### The Role of TC Staff Members

- All staff members on duty sit in the back of the room to observe.
- Staff members assess resident participation, overall group energy, attitudes, and affect.
- Staff members may contribute humor or an uplifting thought.
- Staff members and resident community leaders meet later in the day to discuss
  - The degree to which the residents in charge of the meeting were prepared and appropriate

- The need for any treatment plan adjustments for the residents.

## Morning Meeting Simulation: Participant Roles

- *Staff member:* One participant acts as the staff member and assists in planning the morning meeting. The staff member writes the agenda on newsprint, guides the coordinators if necessary, tells a joke or adds humor, and intervenes if a resident acts out.
- *Two resident coordinators:* Two participants are responsible for conducting the meeting. The resident coordinators begin the meeting by greeting group members with “Good morning, family” and ask residents to recite the TC philosophy. The coordinators state the purpose of the meeting, remind participants of the rules, and conclude with the closing ritual.
- *Resident #1:* This resident is responsible for the social awareness component and presents the weather report and one current event.
- *Resident #2:* This resident is responsible for the thought for the day.
- *Resident #3:* This resident is responsible for the “up” ritual or energizer and may lead the group in singing a song intended to reinforce recovery or a concept of right living.
- *Remaining participants:* The remaining participants play the parts of residents and may complain or pretend to be bored, tired, or hostile at the beginning of the meeting.

The resident coordinators begin the simulation of the morning meeting with the coming-together ritual.

## Summary of Module 5

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### TC Rules

Rules guide the actions of residents, establish healthy boundaries, and allow prosocial behavior to be reinforced. By following rules, residents gradually learn to maintain a physically and psychologically safe community. Rules create a safe and predictable community that allows personal growth and recovery to occur.

*Cardinal rules* protect the physical and psychological safety of the community and are strictly enforced. Violating a cardinal rule nearly always results in automatic dismissal from the TC. Cardinal rules include

- No physical violence
- No threats of violence or intimidation
- No drugs or alcoholic beverages
- No sexual activity.

*Major rules* are essential to the recovery process. Residents who break major rules are subject to learning experiences designed by staff members. Breaking a major rule more than once threatens the physical and psychological safety of the community. Usually, only one episode of breaking major rules is tolerated. Major rules include

- No stealing or other illegal activity
- No vandalizing or destroying property
- No contraband.

*House rules* are similar to society's expectations, are related to prosocial behavior patterns residents are expected to adopt gradually, and include

- Following instructions
- Being punctual
- Maintaining appropriate appearance
- Using proper manners
- Not lending or borrowing money or other possessions.

### Structured Socialization

*Structured socialization* is a step-by-step process through which residents learn prosocial behavior and attitudes that allow them to become productive members of mainstream society. The TC social organization helps residents learn this process and includes the following four aspects:

- Structure
- Systems
- Communication
- Daily regimen of scheduled activities.

## **Structure**

Structure enables residents to learn

- *A step-by-step approach for success:* For residents who have a history of real and perceived failures, the step-by-step staged approach to treatment provides opportunities to succeed and receive positive reinforcement.
- *How their behavior affects others:* For residents who are indifferent to the consequences of their behavior, the highly structured procedures force them to be aware of their surroundings and the effect of their behavior on others.
- *To recognize and address their underlying issues:* The social structure exposes residents to various roles that can reveal emotional, attitudinal, and behavioral problems.
- *Positive interactions with authority:* For residents who have had difficulties with authority figures, the structured program provides many opportunities to have positive interactions with staff authority figures.

## **System**

TC systems help residents learn to

- *Function in a hierarchical social system:* For residents who are mistrustful, cynical, or fearful of systems, the TC provides opportunities to learn how to function in a hierarchical social system.
- *Follow through:* For residents with poor accountability, TC systems monitor their behavior as they learn to be responsible for their actions and follow through on work and promises.
- *Make gradual progress:* For residents who tend to give up, the TC teaches tolerance, patience, and gradual progress to meet goals. Adherence to procedures requires residents to control their impulses, delay gratification, handle frustration, and manage emotions.

## **Communication**

Open communication and a communication system enhance residents' healing and learning because

- *Breakdowns are discussed:* All breakdowns are reported and discussed to further residents' healing and learning processes.
- *Provoked reactions are resolved:* Information and reactions (thoughts, feelings, and questions) are discussed openly and resolved to further the healing and learning processes.
- *Positive affiliation is achieved:* Informal peer communication is the primary way residents start to experience a sense of community with the TC.

## Daily Regimen of Scheduled Activities

- *To be productive:* For residents who lack structure in their lives, the TC teaches goal setting, how to establish productive routines, the completion of chores, and time management.
- *The benefits of consistent performance:* For residents who have trouble achieving long-term goals, the TC routine teaches that goal attainment occurs one step at a time and rewards consistent performance.
- *What to do with free time:* The full schedule provides certainty and reduces anxiety associated with free time that typically triggered drug-related behavior in the past.
- *To minimize self-defeating thoughts:* For residents who may be withdrawn, the structured day lessens their preoccupation with self-defeating thoughts.

## Meetings

Meetings are organized components of the day. Participation in meetings is part of the healing and recovery processes and contributes to a sense of orderliness and purpose. Meetings provide a structured way to address individual and collective concerns and to reinforce the main messages of recovery.

Daily meetings help staff members account for each resident and to assess individual or group moods. Residents who are withdrawn or not participating are considered at risk for dropping out, violence, or suicide. TC meetings include the following:

- *Morning* meetings are brief (30 to 45 minutes) and are led by residents to start the day on a positive note.
- *House* or *general* meetings are held as needed to address communitywide problems.
- *Closing* meetings are held every night to disseminate information and plan for the next day.

Seminars are considered meetings and

- Educate residents about various topics
- Provide intellectual stimulation
- Help residents examine their personal values
- Stimulate insightful thinking
- Help residents understand the TC and its philosophy
- Raise awareness of important recovery issues
- Help members develop the ability to express themselves, building confidence and self-esteem
- Enhance residents' attention spans and listening and speaking skills.

## TC Physical Environment

The physical environment of the TC is structured to enhance residents' sense of community and to help them learn to take care of themselves and their environment. It is important for staff

members to reinforce the importance of taking care of the TC environment and to serve as role models for the residents.

Indoor areas (such as the residents' rooms and common areas) are used to reinforce the sense of community and foster a sense of home and ownership. Residents must keep these areas clean and orderly and are encouraged to take pride in keeping these areas neat and attractive.

## **Access and Security**

TCs are not locked facilities, but they have restricted access for security purposes and as part of the therapeutic process. The TC is designed to separate residents from their previous surroundings socially, physically, and psychologically. Residents must disengage from the people, places, and things associated with their previous lifestyle.

## Review of Module 5

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In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- State at least three reasons why rules are important in TCs?
- Explain the four aspects of the TC social organization and explain how each aspect benefits TC residents?
- Explain the purpose of each type of resident meeting: morning, general or house, and closing?
- Explain how the physical environment of the TC benefits residents?
- Explain how rules related to security and access contribute to residents' healing and recovery process?

## Module 6: Peer Interpersonal Relationships

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### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 6, including the Summary of Module 6 and Review of Module 6.
- Review the following recommended references:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. NY: Springer Publishing Company, Inc., 2000. Chapters 11 and 12.
  - De Leon, G.; Melnick, G.; Schoket, D.; and Jainchill, N. Is the therapeutic community culturally relevant? Findings on race/ethnic differences in retention in treatment. *Journal of Psychoactive Drugs* 25(1):77–86, 1993.
- In addition to the materials listed in Getting Started, assemble the following for Module 6:
  - Poster board
  - Crayons or markers
  - Old magazines (optional)
  - Scissors (optional)
  - Glue sticks (optional).

## Module 6 Goal and Objectives

**Goal:** To understand how to promote positive interpersonal relationships within the TC.

**Objectives:** Participants who complete Module 6 will be able to

- Identify three goals for changes in residents' relationships with peers, family, and authority figures
- Define at least three ways staff members can help residents learn and experience healthy relationships
- Define the concept of "role model" and identify at least three behaviors role models are expected to display
- Explain at least three ways residents benefit from being role models
- Explain what residents learn by living in a diverse community
- Identify at least two issues that apply primarily to women and at least two that apply primarily to men and explain how TC staff members can address these issues
- Define "belonging" and "individuality" and describe one way staff members can demonstrate understanding of these concepts.

## Content and Timeline

Introduction	20 minutes
Exercise: Healthy Relationships	30 minutes
Presentation: Promoting Healthy Relationships	45 minutes
Break	15 minutes
Presentation: Being a Role Model	30 minutes
Exercise: What Does Being a Role Model Look Like?	35 minutes
Presentation: Diversity	40 minutes
Presentation: Gender Competency	20 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding the Relationship Between Belonging and Individuality in the Community	10 minutes
Exercise: What Does It Mean To Belong?	20 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	5 hours, 20 minutes

## TCC MODULE 6



20 minutes



OH #6-1

## Introduction

Distribute and review the Module 6 agenda.

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*If you are conducting Module 6 as a stand-alone session or if you have just completed presenting Module 5, skip the following Module 5 review.*

---

## Review

Ask participants what they remember from Module 5. Ensure that the following topics are reviewed:

- Why rules are important in TCs
- Four aspects of the TC social organization: structure, systems, communications, and daily schedule
- Resident meetings
- How the physical environment of the TC benefits residents
- Rules related to security and access into the TC.

Ask participants whether they have any questions or have had any thoughts about Module 5.

## Module 6 Goal and Objectives

Ask participants to turn to page PM 6-1 of their Participant's Manuals.

Present the goal and objectives of Module 6.

**Goal:** To understand how to promote positive interpersonal relationships within the TC.

**Objectives:** Participants who complete this Module 6 will be able to

- Identify three goals for changes in residents' relationships with peers, family, and authority figures
- Define at least three ways staff members can help residents learn and experience healthy relationships
- Define the concept of "role model" and identify at least three behaviors role models are expected to display
- Explain at least three ways residents benefit from being role models
- Explain what residents learn by living in a diverse community



**TCC MODULE 6**

- Identify at least two issues that apply primarily to women and at least two that apply primarily to men and explain how TC staff members can address these issues
- Define “belonging” and “individuality” and describe one way staff members can demonstrate the understanding of these concepts.



30 minutes



OH #6-2



**Exercise: Healthy Relationships**

Allow 10 minutes for participants to write in their journals about the following:

- Positive, healthy relationships they have with family, friends, coworkers, and authority figures
- Benefits of having healthy relationships
- Ways to initiate and maintain healthy relationships.

Allow 10 minutes for participants to share their thoughts with the group.

Write on newsprint benefits identified by the participants.

Summarize the ideas participants have identified.

Transition to the topics of Module 6, identifying the following issues:

- Residents typically have had poor relationships with family, peers, members of the opposite sex, romantic partners, and people of different ethnic or cultural backgrounds.
- Residents typically have not had positive role models to teach and guide them toward prosocial behavior.

Explain that the TC provides a supportive familylike atmosphere in which residents can learn to develop healthy relationships and be guided by positive peer and staff role models.



45 minutes



OH #6-3

**Presentation: Promoting Healthy Relationships**

Emphasize that it is important that staff members gain skill in promoting healthy relationships among TC residents. Staff members should understand

- Residents’ relationship-related issues
- How the TC recovery process addresses relationship issues
- Treatment goals related to developing healthy relationships.

## TCC MODULE 6

Describe the following relationship problems residents typically have had before entering the TC:

- Fear and mistrust of others because of repeated disappointment, exploitation, or abuse
- Poor relationship skills because of
  - Lack of positive role models for healthy friendships, family relationships, and authority figures
  - History of irresponsibility, manipulation, exploitation, and abuse of friends, family, and romantic partners
  - Sexual acting out
- Excessive dependence on family, peers, romantic partners, and authority figures
- Increased involvement in drug culture and decreased social activities with peers who are not involved in a drug-taking culture
- Prejudice and buying into stereotypes leading to conflicts with people who were perceived as different.

Explain that the TC recovery process addresses relationship issues by

- Facilitating self-examination and increased self-awareness by using treatment methods that
  - Stimulate and encourage self-examination to reveal underlying problems and relationship issues
  - Teach residents to talk about and label their feelings
- Facilitating social and interpersonal skill development by
  - Encouraging residents to seek out others as a means of coping with difficult emotions
  - Encouraging and teaching residents how to be authentic participants in their relationships with others
  - Teaching residents how to develop positive, mutually supportive relationships with peers
  - Providing a variety of roles in the TC and teaching residents how to act in those differing roles
- Providing group therapy that
  - Teaches members to communicate and resolve differences with others

**TCC MODULE 6**

- Develops their capacity for empathy and compassion
- Providing seminars to give residents specific information and general education about relationship issues
- Creating a milieu in which residents must interact with a variety of people from different backgrounds and with various personalities
- Providing residents with experience in having successful prosocial relationships. As residents become fully immersed in therapeutic and educational activities, they will
  - Develop healthy relationships with peers and authority figures, including with those with differing ethnic or cultural backgrounds
  - Learn from positive peer role models
  - Serve as positive peer role models for new and junior residents.

**Expectations of TC Staff**

Stress that staff members are expected to use the community-as-method approach and the self-help and mutual self-help learning process to help residents experience healthy relationships by

- Promoting familylike relationships among peers
- Promoting healthy peer friendships
- Encouraging residents to be role models and leaders
- Helping residents use the community to develop relationship skills in six general relationship areas:
  - Communication
  - Honesty
  - Assertiveness
  - Interpersonal sensitivity
  - Compassion
  - Empathy.



OH #6-4



**Dyad Exercise**

Ask participants to select a partner. Give each dyad a piece of newsprint and a marker.

Assign to each dyad one or more of the six relationship areas above, and ask the dyad to list specific ways it thinks staff members can promote and encourage residents to develop in its assigned area.



## TCC MODULE 6

Allow 10 minutes for this activity; then ask each dyad to tape its newsprint to the wall and present its list to the group.

Elicit from the group additional ideas for each relationship area and add the ideas to newsprint. Ensure that the following ways staff members can promote change in each relationship area have been addressed.

### ***Encouraging mutual self-help***

- Encourage conversations between and among residents that focus on the changes they are experiencing.
- Encourage residents to seek advice from and give advice to one another.
- Encourage residents to share knowledge about topics they know more about than their peers and to assist others.
- Ask residents to conduct concept seminars or workshops in their specialties.
- Organize structured tutoring, and ask residents to help others individually or in small groups in language, mathematics, reading, and writing.
- Assign to senior residents the task of “pulling in” and orienting new members.

### ***Promoting familylike relationships among peers***

- Teach and encourage responsible concern and caring as well as compassionate and mutually supportive relationships.
- Observe residents as they re-create the roles they played in their families, and provide opportunities for residents to increase their self-awareness of the behaviors and attitudes associated with those roles.

### ***Promoting healthy peer friendships***

- Discourage and separate residents who develop negative friendships that sustain drug-related thinking, condone poor participation and noncompliance, or encourage dropping out.
- Promote attachments to positive peers who reinforce recovery and right living teachings and affirm progress and prosocial change.
- Conduct conflict resolution sessions within 24 hours of an incident.
- Use encounter groups (or other formats) to address interpersonal and intrapersonal issues.

### ***Encouraging residents to be role models and leaders***

- Encourage residents who have learned TC rules, norms, and behaviors to teach and guide new residents.

**TCC MODULE 6**

- Encourage residents who have experienced a shift in their self-identity to tell other residents about the benefits, growth, and challenges they are experiencing.
- Help senior residents be aware of their status in the TC and the influence they have on new and junior residents.
- Encourage senior residents to be role models and consistently to demonstrate desired behaviors and attitudes.



**OH #6-5**



Summarize the discussion on developing healthy relationships.

**Journals**

Ask participants to think about a specific resident in their TC and write in their journal

- Three goals related to changes in that person's relationships
- Three ways the participant can help the resident meet these goals.

Allow 10 minutes for this activity.



**30 minutes**



**OH #6-6**

**Presentation: Being a Role Model**

Define "role model" as a person who

- Behaves according to TC expectations of recovery and right living
- Sets a positive example for other residents to follow.

Emphasize that role models are at the heart of the TC change process because

- As residents help one another, they help themselves. They practice what they teach and teach what they practice.
- Residents perceive as possible within themselves what they see in their peers.
- All members of the community, both staff members and residents, serve as role models to maintain the integrity of the TC program and to enable social learning to occur.
- Having residents serve as role models guarantees that social learning takes place 24 hours a day.
- Through consistent role modeling, senior residents can teach new residents to show respect for authority and to accept constructive criticism, feedback, and guidance.
- Senior residents are influential because they model self-growth attained in treatment.



**OH #6-7**

## TCC MODULE 6



OH #6-8

Explain that a positive peer role model is expected to

- Model change and show others how to change
- Talk about benefits he or she has gained from right living and the positive influences the TC has had on his or her life
- Provide feedback to others
- Model all the TC concepts and philosophy, including
  - Acting as if
  - Responsible concern
  - Seeking and assuming.

Explain that residents *act as if* when they behave as the person they aspire to be and according to TC rules and expectations, despite initial inner resistance or feelings to the contrary. Residents act as if by

- Displaying prosocial behaviors, attitudes, and values
- Showing respect for TC staff members
- Committing to accomplishing goals
- Displaying self-motivation and a positive work ethic
- Adopting an optimistic outlook about the future
- Encouraging other residents to act as if.

Explain that residents show *responsible concern* when they assume responsibility for one another's recovery and become their brother's and sister's keeper. Residents show responsible concern when they

- Encourage others to follow TC rules and expectations for right living
- Challenge and correct others who do not follow the rules of the TC, using appropriate communication channels and group processes
- Report rule violations to the coordinator or expediter.

Explain that residents demonstrate *seek and assume* when they volunteer for work instead of waiting to be recruited. Residents demonstrate seek and assume when they

- Are proactive and initiate activities
- Extend their efforts beyond the minimum that is required, requested, or suggested.

Note that at times residents take too much initiative and behave in a way that does not further their recovery. Role models are expected to demonstrate balance and continue to accept staff guidance to further their recovery.

**TCC MODULE 6**



**OH #6-9**

Explain the benefits residents experience by serving as role models:

- Personal growth and self-learning
- Increased status in the peer community
- Leadership skills
- Identity change
- Increased self-esteem.

Explain that residents learn how to address the self-defeating behavior of others by

- “Pulling up” others by reminding them of lapses in appropriate behavior or attitude
- “Pushing up” others by offering positive feedback and reinforcement at every opportunity
- “Pulling in” others to help them become members of the community.



**35 minutes**



**Exercise: What Does Being a Role Model Look Like?**

Explain that the purpose of the exercise is to encourage participants to think more about what it means to be a role model by creating a “picture” of what a positive peer role model looks like.

Ask participants to gather in their small groups.

Give each group poster board and crayons or markers.

Instruct participants to work together to create a “picture” of a positive role model.

Explain that the picture can be anything that illustrates behaviors that role models are expected to display and how role models can benefit from being role models.

Allow 25 minutes for the groups to finish their pictures.

*If you have some extra time, provide a variety of old magazines, scissors, and glue sticks, and instruct participants to create a collage rather than a drawing. This can enhance the creativity of participants and make the exercise more fun.*

Allow 10 minutes for groups to share their drawings or collages.

Post the drawings or collages on the walls of the training room.

## TCC MODULE 6



40 minutes



OH #6-10

## Presentation: Diversity

Discuss how living in a TC with people of all backgrounds promotes recovery and right living because

- Living in a TC requires that all residents eat, work, and learn together; this makes perceived differences seem insignificant and leads to focusing on common issues.
- Living together in a TC provides opportunities for conflict. The TC promotes conflict resolution as an opportunity for self-learning.
- Public disclosures of personal pains and challenges help residents recognize common problems and feelings. Recognizing things in common fosters acceptance of individuals despite their differences.

Emphasize that TC staff members must discourage exclusive peer relationships and cliques because such relationships may undermine the influence of the TC as a whole.

Explain that informal groups of residents or cliques (also known as “tips”) are not allowed if they engage in self-defeating behaviors or attitudes such as

- Having side conversations or excluding others from a conversation
- Condoning self-defeating behavior, such as breaking rules or not sharing in groups
- Elitism or a sense of superiority that fosters a we–they separation.

Explain that staff members can discourage exclusive relationships or cliques by

- Rotating residents through several work crews and giving them an opportunity to work with many different people
- Rotating residents through different therapy and educational groups
- Changing sleeping arrangements and room assignments occasionally
- Discouraging fixed seating arrangements during meals, meetings, and seminars.

Emphasize that racial and ethnic cliques are *never* allowed in the TC.

Explain that TC group processes are used to address bias, stereotyping, and prejudice by allowing residents to

- Express feelings

## TCC MODULE 6

- Expressing feelings within the boundaries of rules and guidelines prohibits stereotypical references related to race, ethnicity, culture, disabilities, sexual orientation, age, and gender.
- Talking about feelings that underlie behavior helps members learn about the universality of human experience.
- Address issues
  - Attitudes and behaviors that can potentially divide the community are discussed during special theme groups formed to address issues related to ethnicity, culture, or characteristics such as age, disability, or sexual orientation.
  - Individuals' problems and prejudices can be explored in regular group therapy sessions.
- Expose prejudice and stereotypes
  - Group facilitators help expose prejudice and stereotyping and help residents explore feelings and personal issues about living and interacting with people who are different from themselves.
- Confront fears
  - Positive peer role models teach residents how to confront fears about people who are different.
  - Role models are expected to challenge residents to take responsibility for their beliefs.
- Learn about differences and similarities
  - TCs use educational seminars and outside speakers or community role models to encourage residents to examine their beliefs and attitudes toward others.
  - Special events (such as dinners or holiday celebrations) provide cultural experiences. They help residents learn about the differences, similarities, and practices of various cultures.

Ask an experienced staff member to describe a recent situation that involved a diversity-related issue and how the situation was handled.

Ask participants to share other ways they think the situation could have been handled effectively.

## TCC MODULE 6

Emphasize that TC staff members enhance residents' comfort level with diversity and encourage growth by

- Focusing on similarities among residents, such as common perceptions, feelings, and issues related to substance use disorders and recovery
- Playing down differences such as age, gender, and race
- Providing opportunities for equal mobility for residents of all backgrounds (which may contrast with their experience in mainstream society)
- Discouraging negative peer groups by
  - Expecting residents to report clique behavior to an expeditor or senior resident
  - Breaking up cliques by changing seat, job, or room assignments or imposing speaking bans on residents exhibiting clique behavior
- Encouraging friendship, working relationships, and social connections among heterogeneous groups
- Serving as role models and examples of people who are working on self-awareness of prejudice and stereotyping
- Participating openly in discussions that raise awareness of how staff members may be showing favoritism
- Participating in inservice training to increase sensitivity to diversity issues.

Explain that by living in a diverse community residents gain

- Increased self-knowledge, as residents uncover their prejudices and stereotypical perceptions of others
- Decreased fear, as residents overcome their personal fears and insecurities and learn to become their brother's and sister's keeper
- Increased self-acceptance, as accepting those who are different often helps one learn to accept oneself
- Increased knowledge of how common issues can outweigh differences in the cultural, demographic, or social background of residents
- Mutual self-help, as residents learn to work together to maintain the community and support their mutual recovery.



OH #6-11



### **Journals**

Ask participants to write in their journals about their experiences, thoughts, and feelings about the TC and diversity.

Remind them that their journals are for their use only.

Allow 10 minutes for this activity.

TCC MODULE 6



20 minutes

**Presentation: Gender Competency**

Identify the following as issues that are common to women living in a TC, with the caveat that these are common but *not* universally true for *all* women:

- In general, fewer women than men live in a TC. The issues women face in the TC often mirror those they face in the larger society.
- Society often judges women with substance use disorders more harshly than it judges men. Therefore, women in a TC may have more complicated issues related to their self-image and stronger feelings of shame and guilt about using drugs and alcohol.
- Women who were abused by men verbally, physically, or sexually, as either children or adults, may not feel physically or psychologically safe around men.
- Compared with men who use drugs and alcohol, women with substance use disorders typically have
  - Lower self-esteem
  - More anxiety and depression
  - Fewer marketable job skills.

Identify the following as issues that are common to men living in a TC, with the caveat that these are common but *not* universally true for *all* men:

- Lack of positive male role models to prepare them for fatherhood or healthy relationships with peers and women
- A tendency to conceal insecurity, ignorance, and fear about sexuality
- More reluctance than women to admit or talk about sexual abuse
- Rigid machismo and aggressive behavior
- Difficulty with emotional expression and exposing personal vulnerabilities.

Explain that staff members must

- *Be sensitive to gender-related issues:* Although the treatment approach for men and women is the same, staff members must be sensitive to women's issues such as poor self-image, helping women feel safe, and helping them establish trusting relationships with partners.
- *Not discriminate or show favoritism:* Staff members must provide opportunities for equal mobility to both men and women in the TC social structure (which may contrast with a woman's experience in the larger society) and must apply learning experiences and other consequences for negative behavior equally to men and women.
- *Offer special group sessions:*



OH#6-12

## TCC MODULE 6

- Men’s groups to share common concerns and experiences in a safe environment
- Women’s groups to share common concerns and experiences in a safe environment
- Mixed-gender groups to explore and seek to correct negative patterns of male–female interactions, attitudes, and perceptions
- Groups that focus on specific male–female relationship issues to learn new interpersonal skills, express fears and distrust, and clarify perceptions and misperceptions of each other.

- *Serve as role models:* Staff members are examples of people who are working on self-awareness and sensitivity to gender-related issues.
- Seek out and participate in inservice training on gender-related issues.

Ask an experienced participant to describe a recent situation that involved a gender-related issue and how the issue was handled.

Ask participants to share other ways they think the situation could have been handled effectively.

Emphasize that working with diversity- and gender-related issues helps residents bond with one another and feel a part of the TC.



10 minutes



OH #6-13

### **Presentation: TCA Staff Competency—Understanding the Relationship Between Belonging and Individuality in the Community**

Define “belonging” as a feeling and sense of identification with other residents of the TC that

- Fosters participation with and responsibility for other residents of the community
- Enhances the community-as- method approach to treatment and the self-help and mutual self-help learning processes.

Define “individuality” as a sense of self and the expression of traits and talents that are unique to an individual.

Emphasize that TC staff members demonstrate their understanding of the relationship between belonging and individuality by

**TCC MODULE 6**

- Assisting new residents when they struggle with being part of the community and helping them understand the importance of the community-as-method approach to treatment
- Helping members who have difficulty connecting with others assimilate into the community
- Assisting residents in the reentry phase of treatment as they struggle with separation from the community
- Encouraging expression of each member's unique talents and skills (e.g., artistic, musical, athletic, theatrical, writing) throughout treatment.



20 minutes

**Exercise: What Does It Mean To Belong?**

Introduce the exercise, explaining that

- The intent of the exercise is to provide an opportunity to reflect on the concepts of individuality and belonging and express thoughts in an honest, respectful, and authentic manner.
- There are no right or wrong answers when a person reflects on his or her thoughts and feelings.

Ask each participant each of the three questions below. Allow a participant to pass if he or she so chooses.

- What is belonging?
- How do you feel when you have a sense of belonging?
- What are your unique traits and talents?

Thank participants for sharing.



20 minutes



**Summary and Review**

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 6-7, Summary of Module 6.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 6-10, Review of Module 6.

## TCC MODULE 6

Instruct participants to work with their small groups to answer the questions on Review of Module 6. Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

Ask participants what they learned in this session, and facilitate discussion.



20 minutes



OH #6-14



### Journal Writing and Wrapup

#### Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- What new information or insight regarding diversity did you get from this module?
- How do you think you can use this information in your TC role?
- How are you feeling about the training community process at this point?

#### Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 6 or the training in general. Note that participants may say anything on their minds.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.



OH #6-15

### Prework for Module 7: Staff Roles and Rational Authority

Ask participants to read

- \$ Resource Sheet #7-3: Case Study of Veronica
- \$ Resource Sheet #7-4: Guide to Rational Decisionmaking
- \$ Resource Sheet #7-7: Taking Good Care of Yourself.

## Summary of Module 6

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Residents typically have had poor relationships with family, peers, members of the opposite sex, romantic partners, and people of different ethnic and cultural backgrounds. Residents typically have not had positive role models to teach and guide them toward prosocial behavior. The TC provides a supportive familylike atmosphere in which residents can learn to develop healthy relationships and be guided by positive peer and staff role models.

Staff members are expected to help residents learn and experience healthy relationships by

- Encouraging mutual self-help
- Encouraging conversations between and among residents that focus on the changes they are experiencing
- Encouraging residents to seek advice from and give advice to one another
- Encouraging residents to share knowledge about topics they know more about than their peers and to assist others
- Asking residents to conduct concept seminars or workshops in their specialties
- Organizing structured tutoring and asking residents to help others on a one-on-one basis or in small groups in language, mathematics, reading, and writing
- Assigning senior residents the task of “pulling in” and orienting new members
- Promoting familylike relationships and healthy peer friendships
- Teaching and encouraging responsible concern and caring as well as compassionate and mutually supportive relationships
- Observing residents as they re-create the roles they played in their families and providing opportunities for residents to increase their self-awareness of the behaviors and attitudes associated with those roles
- Encouraging residents to be role models and leaders.

### Role Models

A role model behaves according to TC expectations of recovery and right living and sets a positive example for residents to follow. Positive peer role models are expected to

- Show others how to change
- Talk about benefits gained from right living and the positive influences of the TC
- Provide feedback to others
- Demonstrate the concepts of “act as if,” “responsible concern,” and “seek and assume.”

Role models are at the heart of the TC change process; what residents see in their peers they perceive as possible within themselves. Having residents as role models guarantees that 24-hour social learning takes place. Through consistent role modeling senior residents teach new residents to show respect for authority and to accept constructive criticism, feedback, and guidance. As role models, residents experience personal growth and increased status in the peer

community. All members of the community, both staff members and residents, serve as role models to maintain the integrity of the TC program and to encourage social learning.

## Diversity

Living in a TC with people of all backgrounds promotes recovery and right living. Living in a TC requires that all residents eat, work, and learn together, which makes perceived differences seem insignificant and leads to focusing on common issues.

Living together in a TC provides opportunities for conflict. The TC promotes conflict resolution as an opportunity for self-learning. Through public disclosures of personal pains and challenges, residents recognize common problems and feelings. This recognition fosters acceptance of individuals despite their differences.

TC staff members are expected to

- Focus on similarities among residents, such as common perceptions, feelings, and issues related to substance use disorders and efforts at recovery, shifting the focus from differences such as age, gender, and race
- Provide opportunities for equal mobility for residents of all backgrounds (which may contrast with their experience in mainstream society)
- Discourage negative peer groups
- Serve as role models and examples of people who are working on self-awareness of prejudice and stereotypes.

## Gender Issues

Issues that are common to women living in a TC include

- In general, fewer women than men live in a TC. The issues women face in the TC often mirror those they face in the larger society.
- Society often judges women with substance use disorders more harshly than it judges men. Therefore, women in a TC may have more complicated issues related to their self-image and stronger feelings of shame and guilt about using drugs and alcohol.
- Women who were abused by men verbally, physically, or sexually, either as children or as adults, may not feel physically or psychologically safe around men.
- When compared with men who use drugs or alcohol, women with substance use disorders typically have
  - Lower self-esteem
  - More anxiety and depression
  - Fewer marketable job skills.

Issues that are common to men living in a TC include

- Lack of positive male role models to prepare them for fatherhood or healthy relationships with peers and women
- A tendency to conceal insecurities, ignorance, and fears about sexuality
- More reluctance than among women to admit or talk about sexual abuse
- Rigid machismo and aggressive behavior
- Difficulty with emotional expression and exposing personal vulnerabilities.

TC staff members are expected to

- Be sensitive to gender-related issues
- Not discriminate or show favoritism
- Offer special group sessions
- Serve as role models and examples of people who are working on self-awareness and sensitivity to gender-related issues
- Participate in inservice training.

### **TCA Staff Competency—Understanding the Relationship Between Belonging and Individuality in the Community**

*Belonging* is a feeling and sense of identification with other residents of the TC. A feeling of belonging fosters participation with and responsibility for other residents of the community.

*Individuality* is a sense of self and the expression of traits and talents that are unique to an individual.

## Review of Module 6

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In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- State three goals for changes in residents' relationships with peers, family, and authority figures?
- Describe at least three ways staff members can help residents learn and experience healthy relationships?
- Define the concept of "role model" and at least three behaviors role models are expected to display?
- Explain at least three benefits residents experience when serving as a role model?
- Explain what residents learn by living in a diverse community?
- Identify at least two issues that pertain primarily to female residents and two that pertain primarily to male residents and how TC staff members can address these issues?
- Define "belonging" and "individuality" and one way staff members can demonstrate the understanding of these concepts?

## Module 7: Staff Roles and Rational Authority

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### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 7, including Resources Sheets, Summary of Module 7, and Review of Module 7.
- Review the following recommended reference:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. NY: Springer Publishing Company, Inc., 2000. Chapter 10.
- Write on newsprint (leaving room for notes) the following expectations of TC staff:
  - Promote community-as-method and support self-help and mutual self-help
  - Teach, inspire, and correct
  - Support positive goals and planning
  - Provide the highest quality treatment possible
  - Ensure residents' safety
  - Develop self-awareness and continue to grow.
- In addition to the materials listed in Getting Started, assemble the following for Module 7:
  - If all participants are from the same TC, obtain copies of the TC's code of ethics and statement of client rights.

## Module 7 Goal and Objectives

**Goal:** To understand the expectations and roles of TC staff members and the importance of being consistent and trustworthy rational authorities.

**Objectives:** Participants who complete Module 7 will be able to

- Identify at least three roles, behaviors, or attitudes that are expected of all TC staff members
- Define how staff members serve as role models and describe one way staff members can demonstrate how to serve as positive role models
- Explain at least two reasons why it is important for staff members to act as rational authorities
- Describe at least two ways staff members can make and communicate decisions to demonstrate rational authority
- Explain the reason for a decision in terms of the TC views of the disorder, the person, recovery, and right living
- State at least one reason why a staff member may choose not to communicate a decision immediately to a resident
- Describe two ways staff members can discourage a we–they dichotomy in their TC
- Identify at least four ways TC staff members can take care of themselves.

## Content and Timeline

Introduction	20 minutes
Presentation: Expectations of All TC Staff Members	60 minutes
Presentation: TCA Staff Competency—Understanding and Practicing Positive Role Modeling	10 minutes
Exercise: Authority Figures in Your Life	30 minutes
Break	15 minutes
Presentation: Rational Authority	60 minutes
Exercise: Case Study of Veronica	90 minutes
Lunch Break	45 minutes
Presentation: Promoting Residents' Use of Community for Learning	20 minutes
Exercise: Role Play of Rational Authority	20 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding and Discouraging the Concept of the We–They Dichotomy	10 minutes
Presentation: Taking Good Care of Yourself	30 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
<b>Total Time</b>	<b>7 hours, 45 minutes</b>

## TCC MODULE 7



20 minutes



OH #7-1

## Introduction

Distribute and review the Module 7 agenda.

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*If you are conducting Module 7 as a stand-alone session or if you have just completed presenting Module 6, skip the following Module 6 review.*

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## Review

Ask participants what they remember from Module 6. Ensure that the following topics are reviewed:

- Promoting healthy relationships
- The concept of the role model
- Diversity
- Gender competency
- Belonging and individuality.

Ask participants whether they have any questions or have had any thoughts about Module 6.



## Module 7 Goal and Objectives

Ask participants to turn to page PM 7-1 of their Participant's Manuals.

Present the goal and objectives of Module 7.

**Goal:** To understand the expectations and roles of TC staff members and the importance of being consistent and trustworthy rational authorities.

**Objectives:** Participants who complete Module 7 will be able to

- Identify at least three roles, behaviors, or attitudes that are expected of all TC staff members
- Define how staff members serve as role models and describe one way staff members can demonstrate how to serve as positive role models
- Explain at least two reasons why it is important for staff members to act as rational authorities
- Describe at least two ways staff members can make and communicate decisions to demonstrate rational authority
- Explain the reason for a decision in terms of the TC views of the disorder, the person, recovery, and right living

**TCC MODULE 7**

- State at least one reason why a staff member may choose not to communicate a decision immediately to a resident
- Describe two ways staff members can discourage the we–they dichotomy in their TC
- Identify at least four ways TC staff members can take care of themselves.



60 minutes



OH #7-2

**Presentation: Expectations of All TC Staff Members**

Explain that although the essential therapeutic relationship in the TC is the residents' relationship to the peer community, *all* TC staff members, regardless of their job function,

- Play important roles in the treatment process
- Are considered integral members of the TC.

Explain that all TC staff members are expected to

- Promote community-as-method and support self-help and mutual self-help
- Teach, inspire, and correct
- Support positive goals and step-by-step planning through counseling
- Provide the highest quality treatment possible and ensure residents' safety
- Develop their own self-awareness and continue to grow personally and professionally
- Serve as role models and demonstrate the principles of recovery and right living.

Explain that staff members *promote the community-as-method approach and support the self-help and mutual self-help learning processes* by

- Minimizing their direct involvement in peer-led activities such as meetings, seminars, and encounter groups
- Encouraging residents to seek information, guidance, or instruction from peers
- Manipulating and using the therapeutic environment, that is, the program's schedule of activities, job assignments, privileges and sanctions, and so on, to provide learning opportunities for residents.

Ask participants for other examples of how staff members fulfill this expectation.

## TCC MODULE 7

Explain that staff members *teach (meaning guide or facilitate), inspire, and correct* residents' behavior by

- Observing, assessing, and providing feedback about residents' behavior and attitudes as well as about the cleanliness and orderliness of the TC
- Planning situations to develop residents' problemsolving, coping, and decisionmaking skills
- Supporting and understanding the emotional, social, cognitive, and behavioral processes of recovery
- Transmitting their knowledge about recovery in community meetings and with individual members
- Using job functions, privileges, and sanctions in a clinically sound way.

Ask participants for other examples of how staff members could fulfill this expectation.

Explain that staff members *support and help residents develop positive goals and a step-by-step plan* to achieve their goals by

- Providing regularly scheduled counseling to
  - Help residents develop treatment plans
  - Ensure that a resident is not overlooked or does not avoid community activities
  - Advise residents on individual problems.
- Providing ongoing, informal counseling that gives residents an opportunity to receive feedback continuously rather than only at scheduled times.

Ask participants for other examples of how staff members fulfill this expectation.

Explain that staff members *ensure the highest quality treatment possible and promote the physical and psychological safety* of all members by

- Ensuring that the daily schedule of educational, therapeutic, and work activities is followed
- Implementing interventions when rules are broken
- Maintaining an orderly and hierarchical system of communication to ensure that communication is directed to the appropriate person and that residents learn to respect authority and behave in an orderly fashion
- Identifying problems and recommending improvements
- Understanding and adhering to professional ethical standards of behavior

**TCC MODULE 7**



- Respecting residents' rights.

Refer participants to Resource Sheets #7-1 and #7-2, pages PM 7-5 and 7-6.

Review the World Federation of Therapeutic Communities' (WFTC's) Staff Code of Ethics and Bill of Rights for Members and Clients.

Review with participants their TC's code of ethics and statement of client rights or assign as homework obtaining and reviewing copies of these documents.

Ask participants whether they have any questions.

Explain that staff members are expected to *develop their own self-awareness and participate in personal and professional growth* and development by

- Learning from the residents and other staff members
- Being authentic as they experience their own transformation
- Asking themselves whether they are being positive role models for the TC
- Recognizing that constant self-assessment ensures the effectiveness and integrity of the TC approach
- Seeking opportunities for training and other professional development.

Ask participants for other examples of how staff members fulfill this expectation.

Tell participants that an additional expectation of staff members is to be *role models* for residents and other staff members.



10 minutes



OH #7-3

**Presentation: TCA Staff Competency—Understanding and Practicing Positive Role Modeling**

Explain that staff members serve as positive role models when they

- Demonstrate prosocial behavior and attitudes through their own actions on a daily basis
- Encourage residents to learn and change through observation and imitation of staff members and peers.

Describe how staff members serve as positive role models by

- Admitting to the community when they do not know something or have made a mistake

## TCC MODULE 7

- Following the same standards the residents are expected to follow, such as
  - Not cursing
  - Being on time for appointments
  - Doing what is asked even when they do not wish to
  - Being courteous and polite
  - Keeping commitments
  - Demonstrating pride in their work.

Transition to the next topic by explaining that staff members also serve as role models of *rational authority*. Explain that residents learn from staff members how to become rational authorities in their own lives—at work and with their families.



30 minutes



OH #7-4



### Exercise: Authority Figures in Your Life

Point out that this exercise provides an opportunity for participants to reflect on their thoughts and feeling about authority figures.

Allow 5 minutes for participants to write in their journals about someone who was a positive authority figure, such as a parent, older sibling, teacher, supervisor, or spiritual adviser. Suggest that they write about

- What they learned from the person
- What characteristics describe the person.

Ask participants to gather in their small group and select a reporter.

Ask each group to develop lists of characteristics of

- A *positive* authority figure
- A *negative* authority figure.

Allow 5 or 6 minutes to develop the list; then ask each group's reporter to read the lists. Record responses on newsprint.

Ask participants whether anyone would like to share anything from the journal exercise. Allow 10 minutes for participants to discuss their experiences with positive authority figures and what they learned from them.

Explain that

**TCC MODULE 7**

- Most residents have not had positive experiences with authority figures before entering the TC.
- New residents typically are fearful, distrusting, disappointed, or hostile when interacting with authority figures.

Emphasize that

- When staff members operate as consistent, trustworthy, compassionate, rational authority figures, they counteract negative experiences residents have had with authority.
- When staff members behave as rational authorities, residents begin to trust authority figures.

Ask participants to return to their original seats.



60 minutes



OH #7-5

**Presentation: Rational Authority**

Explain that all staff members, regardless of their job functions, serve as authority figures for TC residents. Define the two major categories of staff members as

- Program management staff (also called clinical or treatment staff), who have the authority to make decisions about residents, including their
  - Resident status
  - Discipline
  - Promotion
  - Transfer and discharge
  - Furlough
  - Treatment planning
- Program support staff, including
  - Clinical support personnel, or ancillary staff members, such as physicians, nurses, teachers, counselors, social workers, and psychologists
  - Facility-operations personnel, such as food services, facility maintenance, and office personnel.

Point out that program support staff members

## TCC MODULE 7

- Make decisions in their area of expertise
- Support the clinical decisions of the program management staff.

Stress that, when staff members establish themselves as consistent, trustworthy, and compassionate rational authority figures, residents can

- Explore and then begin to overcome fear, distrust, disappointment, and anger they have felt toward authority figures
- Accept teaching and guidance to correct self-destructive behaviors and attitudes.



OH #7-6

Explain that staff members establish themselves as rational authorities by the way they make, communicate, and follow up on decisions.

### **Making Rational Decisions**



Refer participants to PM 7-12, Resource Sheet #7-4.

Emphasize that staff members' decisions must

- Protect the TC healing environment
- Promote the community-as-method approach
- Further the self-help and mutual self-help learning process
- Teach, guide, and correct rather than punish, control, or exploit
- Encourage and support residents in their personal growth and development
- Serve as models of rational decisionmaking, helping residents learn from staff members how to become rational authorities in their own lives.

Explain that a rational decision is

- Made in response to a specific action and serves a specific purpose
- Grounded in the TC views of the disorder, the person, recovery, and right living
- Not arbitrarily or unequally administered.

Ask participants to describe recent decisions they or other staff members in their TC made and how those decisions were (or were not) rational decisions.

### **Communicating Rational Decisions**

Emphasize that the way in which a decision is communicated is as important as the decision itself. In communicating a decision, staff as rational authorities must

**TCC MODULE 7**

- Consider whether privacy is needed to communicate a decision or whether a group meeting is appropriate
- Prepare the resident; if a decision about a resident will be announced at a group meeting, notify the resident in advance
- Demonstrate self-control and not make or communicate a decision while reacting to a negative situation
- Explain the clinical reason for the decision, how the behavior problem is related to recovery, and how the intervention is related to the problem
- Express clearly and compassionately what behaviors and attitudes are expected of residents.

**Following Up on Rational Decisions**

Emphasize that rational authorities always *follow up* their decisions because

- Following up on decisions ensures that the resident understands and accepts the decision.
- Failure to follow up and follow through weakens morale and undermines the integrity of the TC treatment process.
- By seeing a model of rational followup, residents can learn to follow through on their own work assignments and goals.

Ask participants for examples of recent decisions they or other staff members in their TC made that illustrate the importance of appropriate communication and following up.



90 minutes



**Exercise: Case Study of Veronica**

Refer participants to PM 7-8, Resource Sheet #7-3.

Explain that the purpose of the case study is to reinforce how staff members establish themselves as consistent, trustworthy, compassionate rational authorities and to highlight the benefits to residents.

Ask participants to gather in their small groups. Ask each group to select

- A facilitator to keep track of time and encourage each participant to contribute to the discussion
- A reporter to take notes and present the group consensus for each question
- An observer to watch the small-group dynamics and comment on what he or she notices.

## TCC MODULE 7

Assign each group two or more of questions 1 through 8, listed on the Resource Sheet. Suggest that participants pull out Summary of Module 3, PM 3-10, for review of the TC views.

Allow 30 minutes for the groups to read the case study and discuss their assigned questions.

After 30 minutes, ask each group's reporter to present a summary of the group's discussion; then ask the group's observers to comment on what they observed during their small-group discussions.

Emphasize that the decisionmaking process in the TC is not perfect and can serve as an example for residents to learn that staff members and other authority figures make mistakes. It can help residents change their behavior in a more positive direction when they are confronted with a less-than-ideal situation.



20 minutes



### **Presentation: Promoting Residents' Use of Community for Learning**

Refer participants to PM 7-14, Resource Sheet #7-5: Scenario of Self-Help and Mutual Self-Help.

Allow a few minutes for participants to read the scenario, and then ask

- Why did staff members not explain the decision directly to Danielle and ask her to talk with a senior resident instead?
- Why did staff members ask Danielle to speak with Veronica?

Allow sufficient time for participants to respond; write responses on newsprint.

Explain that at times staff as rational authorities may choose not to explain immediately a decision to a resident.

Explain that this approach may be used to

- Give a resident practice in delaying gratification and tolerating uncertainty
- Move a resident to a higher level of interaction and connection with the community.

Explain that referring residents to the community for an explanation of a staff decision can be effective because

**TCC MODULE 7**

- In exploring the situation with peers, residents can gain a deeper understanding of the reasons for the staff corrective.
- If residents know they will receive the same answer from their peers as they would have received from staff members, they receive a strong message about the fairness of and need for the decision.
- The community offers positive peer support.
- The peer community reinforces proper behavior because residents remind one another of the consequences of inappropriate behavior.
- When peers provide an explanation for a decision—whether based on their experiences or understanding of how the community operates—the message may be more effective than if delivered by staff members.
- The peers' explanation reinforces the intended message for *all* peers and enhances the general perception of the community as teacher.
- The peers' explanation can foster development of “blind faith” as a basis for learning trust—gaining information from the peer community that helps a resident eventually understand that the staff member's decision reinforces trust in both the community and the rational authority of staff.

Emphasize that when the reason for withholding an explanation is to help a resident establish a stronger connection with the peer community, *all* staff members must support the learning experience.

Ask the following questions of each participant in turn. Tell participants that it is OK to pass and not to answer.

- What does blind faith mean to you?
- What is trust, and what is mistrust?

Allow 5 minutes for participants to share their thoughts.

Ask for two volunteers to answer: How has blind faith worked in your recovery and/or your life? Thank participants for sharing.



20 minutes

**Exercise: Role Play of Rational Authority**

Introduce the exercise, and explain that the purpose of the exercise is to practice acting as a rational authority and to experience being a resident receiving an unexpected decision.



Instruct participants to read the three scenarios on PM 7-15, Resource Sheet #7-6: Role Play of Rational Authority. Refer them to PM 3-10, Summary of Module 3, for review of the TC views.

## TCC MODULE 7



Ask participants to find a partner; one partner will play the staff member and one will play the resident. The participant acting as the staff member chooses the scenario to enact.

Allow 5 minutes for the role play; then ask

- *To the “staff member”*: Were you able to explain your decision in terms of the TC views of the disorder, the person, recovery, and right living?
- *To the “resident”*: What did you experience when the decision was communicated to you?

Ask participants to switch roles and repeat the exercise with another scenario.

Allow 5 minutes for the role play; then ask the same questions.

Ask the whole group

- How did you feel during the role-play exercise?
- What did you notice about yourself during the exercise?

Thank participants for sharing.



10 minutes



OH #7-7

### **Presentation: TCA Staff Competency—Understanding and Discouraging the Concept of the We–They Dichotomy**

Explain that although the TC has a hierarchical communication system and work structure, it is also a horizontal or flat system; everyone is considered a member of the TC.

Explain that although staff members have professional expertise and ultimate responsibility for the functioning of the community, they must be careful not to stress the difference in status between staff members and residents.

Stress that any behavior by a staff member that makes a client feel “less than” is unacceptable in the TC.

Explain that staff members can discourage a we–they dichotomy by

- Adhering to the same rules residents must follow
- Participating in meals and activities with residents, not as buddies but as trustworthy and rational authority figures

**TCC MODULE 7**

- Demonstrating respect for the views, talents, and capabilities of residents
- Being open to confrontation from residents in an appropriate group format (often known as “hats off”)
- Being willing to listen to, learn from, and acknowledge a resident who provides constructive feedback.



30 minutes

**Presentation: Taking Good Care of Yourself**

Explain that working in a TC is rewarding but difficult work and it is important that participants realize the demands made on them and find positive ways to maintain their well-being and cope with stress.

Explain that

- When residents bring serious issues and difficult behaviors to treatment, staff members may experience many emotions, both positive and negative, in the course of a day.
- Listening to residents’ problems and feelings may bring up difficult thoughts and feelings in the staff members’ past or present lives.
- When the difficulties and stress of work begin to interfere with their personal and family lives, staff members can suffer from burnout (emotional and physical fatigue because of stress).

Ask participants for other examples of the difficult aspects of working in a TC.

Ask participants to share examples of how they take care of themselves, physically and emotionally.



Write participants’ responses on newsprint.

Ensure that participants mention the following:

**\$ Physical health**

- Eat well to maintain high energy and avoid illness.
- Consume fresh fruits and vegetables daily.
- Avoid prepared and fast foods that are high in sodium, sugar, and fat.
- Exercise regularly.

**\$ Rest and relaxation**

- Set aside time to rest and relax.

## TCC MODULE 7

- Take regular vacations.
- Develop interests, hobbies, and friendships away from work.

### **Healthy Boundaries**

Explain that maintaining healthy boundaries is important for the TC staff member but also is integral to ethical professional behavior. To maintain healthy boundaries, staff members must

- Keep work and personal lives as separate as possible. Staff members should not spend their free time at the TC.
- Maintain clear boundaries with residents. Staff members are not at the TC to be a resident’s “friend” or personal “savior.”
- Not “hang out” with residents after hours.
  - Staff members who share stories from their own life and even joke around after hours or during the workday can blur boundary lines, which can confuse residents.
  - Residents may start to see staff members as friends rather than rational authority (i.e., this could lead to a resident’s expecting special treatment, an unhealthy situation for both the resident and the staff member). Inform participants of any “counselor only” 12-Step program meetings in your community or suggest that they ask other counselors.

Explain that staff members who attend 12-Step programs

- Should not attend meetings that residents or former residents attend
- If they find themselves at a meeting with residents, should not share personal issues at the meeting
- Should attend “counselor only” meetings that are not listed in directories.

### **Personal Support System**

Explain that staff members should

- Be aware that recovery or personal growth issues can affect their work.
- Develop and use a personal support system away from work. This may consist of friends, family, religious or spiritual affiliation, domestic partners, or a 12-Step program. Bringing work “home” can harm personal relationships.
- Seek therapy to address personal issues, if needed, and keep them separate from work.
- Not work in isolation. Working with a treatment team offers great support.

**TCC MODULE 7**

- Discuss feelings and issues with others who are working in similar situations. Sharing with others in a similar situation lowers stress level and keeps an objective perspective.
- Learn to recognize when they need help and ask for it.
- Work closely with their supervisor and be open about any difficulties.
- Discuss employee assistance programs offered by their TC.



Discuss the fact that staff members are role models of self-care. Residents observe the ways in which staff members do or do not take care of themselves.



Refer participants to PM 7-17, Resource Sheet #7-7, and ask them to write in their journals answers to the questions at the end of the Resource Sheet.

Allow 5 minutes; then ask participants whether they would like to share one goal for improved self-care.



20 minutes

**Summary and Review**

Review the topics presented in this module.



Ask participants to gather in their small groups.

Refer participants to page PM 7-19, Summary of Module 7.



Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 7-21, Review of Module 7.

Instruct participants to work with their small groups to answer the questions on Review of Module 7.

Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

Ask participants what they learned in this session, and facilitate discussion.

## TCC MODULE 7



20 minutes



OH #7-8



## Journal Writing and Wrapup

### Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- What was the most useful information you gained from this module?
- What do you think is the most difficult part of your role as a TC staff member and/or a rational authority?

### Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 7 or the training in general. Note that participants may say anything on their minds.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.



OH #7-9

## Pework for Module 8: TC Treatment Methods

Ask participants to read

- Resource Sheet #8-1: Community Tools
- Resource Sheet #8-4: Group Process Tools
- Resource Sheet #8-6: Mock Encounter Group.

## **Resource Sheet #7-1: WFTC's Standards for Residential Treatment Services A Model Staff Code of Ethics**

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The primary obligation of all staff members is to ensure the quality of services to clients in treatment. The relationship between staff members and the client is a special one, and it is essential that staff members have both the maturity and the ability to handle the responsibility entrusted to them.

All staff members must be aware that they are part of a profession that must carefully watch over its own activities and those of its clients. This Code of Ethics relates to staff at all times, both at and away from their work.

### **Behavior Toward Clients**

#### **Staff Members Must:**

1. Conduct themselves as mature and positive role models.
2. Maintain all client information in the strictest confidence with regard to all applicable laws and agency rules.
3. Provide all residents with a copy of the residents' Bill of Rights and ensure that all aspects are understood and implemented by both the staff and the clients.
4. Respect all clients by maintaining a nonpossessive, nonpunitive, and professional relationship with them.
5. Provide service regardless of race, creed, religion, gender, national origin, sexual preference, age, disability, political affiliation, previous criminal record, or financial status, respecting the position of clients in special circumstances.
6. Recognize that the best interest of the client may be served by referring or releasing that person to another agency or professional.
7. Prohibit any sexual relationship of any kind between staff and clients (and clients' families).
8. Compensate adequately a client for any work performed personally for a staff member.
9. Prevent the exploitation of a client for personal gain.

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## **Resource Sheet #7-2: WFTC's Standards for Residential Treatment Services A Model Bill of Rights for Members and Clients**

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All members and clients of residential treatment programs have the absolute right to the following:

1. A supportive drug-free environment.
2. Treatment without regard to gender, race, national origin, color, creed, political affiliation, sexual orientation, marital status, religion, ancestry, identity, age, military or veteran status, mental and physical disabilities, medical conditions, previous criminal record, or public assistance status.
3. Dignity, respect, health, and safety at all times.
4. Knowledge of the program philosophy and methods.
5. Information given accurately of all the current rules and regulations of the program as well as the sanctions, disciplinary measures, or any modification of rights.
6. Access to a Board-approved grievance procedure to register complaints about the administration of all rules and regulations, sanctions, disciplinary measures, and modification of rights.
7. Definition of all fees and costs to be charged, the method and schedules of payment, and the availability of money and personal property during the program and on leaving.
8. Confidentiality of information regarding participation in the program and of all treatment records in accordance with the laws of the land.
9. Examination of personal records with Board-approved guidelines and the reinsertion of counterstatement of clarification to rebut recorded information.
10. Discharge of themselves from the program at any time without physical and psychological harassment.
11. Personal communication with relatives or friends of whereabouts on admission and thereafter according to the rules of the program except when prohibited as a documented part of the treatment plan.
12. Protection from real or threatened corporal punishment; from physical, emotional, and sexual abuse; and from involuntary physical confinement.
13. Provision of nutritious food, safe and adequate lodging, physical exercise, and adequate personal hygiene needs.
14. Medical care from qualified practitioners and the right to refuse the medical care offered.
15. Access to legal advice or representation where required.
16. Regular contact with any child accompanying the member into the program.
17. Clear definition of responsibilities when working in the position of staff member together with adequate training, adequate staff support, and supervision (including evaluation and feedback), with no exploitation and the right to decline the position without any recrimination.
18. Guidance and assistance when leaving the program for any reason, about other health care and assessment services, sources of financial aid, and places of residence.

19. Freedom from exploitation (including parents and family) for the benefit of the agency or its staff.

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## Resource Sheet #7-3: Case Study of Veronica

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Review questions 1 through 8 at the end of this case study. Be prepared to discuss these questions in your small group.

### Background

Veronica is a 32-year-old woman who has been a TC resident for 4 months. Veronica's parents were heavy drinkers and smoked marijuana in her presence throughout her childhood and adolescence. They believed that they provided a loving family environment for Veronica and her siblings.

When Veronica was 10 years old she began taking sips of alcohol. By the time she was 13, she had experimented with cigarettes and marijuana with peers. At age 15, cigarettes, alcohol, and marijuana use had become an integral part of her lifestyle. At age 19, she started using crack cocaine. By the time she was 25, Veronica was psychologically and emotionally dependent on crack.

Veronica usually had a job but did not stay longer than 1 year at any single place. All her peers smoked, drank alcohol, and used drugs. She had several roommates for approximately a year at a time and stayed with her parents when she had nowhere else to live. When she was between ages 25 and 32, Veronica's parents increasingly became concerned about her substance use and lack of ability to hold down a job or to live with someone for more than a year. Conflicts and arguments between them increased, and Veronica felt they were trying to tell her how she should live her life.

During her last stay at home, Veronica was out of work and in debt. Her parents noticed that she was stealing from them. They finally realized her drug use was out of control after an episode in the emergency room when Veronica experienced a severe drug-induced asthma attack. Veronica's parents learned about the TC from friends. Her parents gave her an ultimatum and said they would no longer allow her to live with them or help her financially until she received treatment for her drug use. Veronica acquiesced and entered a residential TC when she was 32.

### Initial 3 Months in the TC

From the beginning, Veronica had difficulty with TC staff members and was critical of TC concepts. She was assigned to the kitchen crew and was defiant toward her crew leader and would not follow directions on assignments. She would loiter in the lounge and engage other residents in complaining about the menial work they had to do.

Senior residents and staff members spoke with Veronica and emphasized that "to make it, you have to learn to do things you don't want to do; eventually you'll get what you want." She was encouraged to "act as if" and told that would help her recover and go through the program more quickly. After being spoken to by senior residents several times and being reported, Veronica

finally appeared to be accepting the TC methods and concepts of right living. In reality, she had become only less vocal and had decided to pretend to go along because she wanted to leave the TC.

Veronica typically overreacted to staff decisions and started to cry when she thought she was treated unfairly. Staff members observed that she demanded an immediate explanation when a request from her was refused. To help Veronica cope with her tendency to blame others for her problems and her demand for immediate answers, staff members decided to withhold explanations for their decisions for 1 week and asked her to discuss her feelings in a group session. Staff members clearly and compassionately explained why they were withholding the explanation and what they expected of her. Veronica gradually began to follow directions and usually did an adequate job.

## **Promotion**

Veronica was promoted to assistant department head; however, her problems and issues with authority reemerged within 4 days. She constantly argued with the department head and supervisory staff. She complained about staff members and the department head to her crewmembers.

When her department head became aware of the problem, it was viewed as a natural growth issue and not a threat to her well-being, her crewmembers, or the psychological safety of community members. Veronica was asked to speak with other members of the community who could serve as role models. She was encouraged to work on her interpersonal skills and to talk to the most positive people in the community to hear about ways they were working through similar situations. In group meetings Veronica was encouraged to vent her anger; community members let her know they had confidence in her ability to learn and believed in her potential to succeed.

As Veronica's department head, role models, and staff members reached out to her, she became more defiant. In encounter group sessions, Veronica said that the problem was that the department head did not know how to run the kitchen. She felt that this person was a poor teacher and leader.

Senior staff members and appropriate members of the peer hierarchy, as part of the process of establishing themselves as trustworthy and rational authorities, investigated Veronica's complaints. Community members were asked to give feedback on how Veronica was progressing. As a result of the investigation and community feedback, it was determined that Veronica's department head was indeed using the tools of the program and Veronica was not being honest. Veronica was asked to stop talking negatively about the department head and to discuss her past work experiences and supervisors in her group sessions.

Veronica's negativity continued. She would not discuss her situation in the appropriate group sessions and continued to complain about her supervisor to peers in the dorms and in the lounge area. She continually received reprimands, which she perceived as unfair.

## Decision To Demote

After 2 weeks, senior staff members decided that Veronica should not remain in a leadership position. Her behavioral patterns were undermining her recovery and the health of the community. Staff members decided that she must be removed as assistant department head. She was reassigned as an entry crewmember.

A senior staff member and a senior resident informed Veronica of this decision. As they told Veronica of their decision, they provided specific examples of how her negativity was affecting new residents. Two new residents asked to leave her crew and wanted to leave the TC because they believed Veronica when she said the department head was not competent.

The senior resident and staff member also calmly, compassionately, and firmly said that they expected her to work on accepting constructive feedback from group members, positive role models, and her supervisors. They expected her to give constructive feedback to others when she had a specific complaint. She would not be allowed to loiter in the lounge area. All her conversations with peers were to be focused on her self-growth and development.

The senior resident and staff member also prepared Veronica to discuss her demotion at the evening house meeting. The purpose of the announcement at the house meeting was to enhance and encourage community learning and to maintain a healthy healing environment. Community members were expected to support Veronica and help her achieve her goals.

## Results

Veronica spent 2 weeks as an entry-level crewmember. During this period she participated in all TC groups and started to see the behavior pattern that had been established in her at a very young age. She learned how this behavior pattern was preventing her from keeping a good job and finding compatible roommates. She gradually became less defensive and her externalization of the causes of her behavior diminished. Veronica started to reveal past work situations and discuss issues that had impeded her ability to function in a prosocial way. She became receptive to constructive criticism, feedback, and appropriate self-disclosure. Veronica began to complete her work assignments without complaint and even offered to help others on occasion. She began to give feedback and to confront other members.

She began to demonstrate that she could “walk the walk” and, with humility, “talk the talk.”

On the job, Veronica spoke to crewmembers within a positive context. She reached out to staff members and peers in charge of the crew whenever she felt distressed. She began to develop a pattern of openness toward authority figures. She demonstrated over a 2-week period that she was trustworthy and felt better about herself and others when she was able to cooperate with her peers and supervisors.

## New Job and Expectations

After 2 weeks, Veronica was promoted to her new job as an expediter. She is expected to demonstrate that she grew as a result of her recent learning experience. She is challenged in her new position because she is an authority figure and is held accountable for reporting other residents' rule violations. She is expected to confront her peers' negative behavior and write reports on everything she observes. She has to act in accord with TC concepts and be a role model. She has continual contact with her supervisors. Eventually, even with a few setbacks, Veronica will overcome her mistrust of authority figures.

## Questions

Use Resource Sheet #7-4: Guide to Rational Decisionmaking as you answer the questions. Make notes on this page, and highlight relevant passages in the case study.

1. The main issue being highlighted in this case study is Veronica's mistrust of authority figures. What behavior does she display?
2. How do the staff members establish themselves as rational authorities by the way they make decisions?
3. How do the staff members establish themselves as rational authorities by the way they communicate decisions?
4. What are examples of staff followup of decisions that were made?
5. How do staff members express empathy and demonstrate compassion for Veronica?
6. How would you explain the reasons for the decision to demote Veronica? Explain this decision in terms of the TC views of the disorder, the person, recovery, and right living (see Summary of Module 3, PM 3-10, for the TC views).
7. How does Veronica benefit from her demotion and subsequent promotion?
8. How is community-as-method used in this case?

## Resource Sheet #7-4: Guide to Rational Decisionmaking

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Staff members establish themselves as rational authorities by the way they make, communicate, and follow up on decisions.

### Making Rational Decisions

When staff members make decisions, the intent must be to

- Protect the TC healing environment
- Promote the community-as-method approach
- Further the self-help and mutual self-help learning processes
- Teach, guide, and correct residents' behavior
- Encourage and support residents in their personal growth and development
- Serve as role models of rational decisionmaking, helping residents learn from staff members how to become rational authorities in their own lives—in work and with their families.

A rational decision is

- Made in response to a specific action and serves a specific purpose
- Grounded in the TC views of the disorder, the person, recovery, and right living
- Not arbitrarily or unequally administered.

### Communicating Rational Decisions

The way in which a decision is communicated is as important as the decision itself. In communicating a decision, staff as rational authorities must

- Consider whether privacy is needed to communicate a decision or whether a group meeting is appropriate
- Prepare the resident; if a decision about a resident will be announced at a group meeting, notify the resident in advance
- Demonstrate self-control and not make or communicate a decision while reacting to a negative situation
- Explain the clinical reason for the decision, how the behavior problem is related to recovery, and how the intervention is related to the problem
- Express clearly and compassionately what behaviors and attitudes are expected of residents.

At times staff as rational authorities may not explain a decision immediately to a resident. This postponement may be used to give a resident practice in delaying gratification and tolerating uncertainty and, primarily, move a resident to a higher level of interaction and connection with the community.

Referring a resident to the community for an explanation of a staff decision can be effective because

- In exploring the situation with peers, a resident can gain a deeper understanding of the reasons for the staff corrective.
- If residents know they will get the same answer from their peers as they would have from staff members, they receive a strong message about the fairness of and need for the decision.
- The community offers positive peer support.
- The peer community reinforces proper behavior because residents remind one another of the consequences of inappropriate behavior.
- When peers provide an explanation for a decision—whether based on their experiences or understanding of how the community operates—the message may be more effective than if delivered by staff members.
- The peers' explanation reinforces the intended message for all peers and enhances the general perception of the community as teacher.
- The peers' explanation can foster development of blind faith as a basis for learning trust—gaining information from the peer community that helps a resident eventually understand that the staff member's decision reinforces trust in both the community and the rational authority of staff.

When the reason for withholding an explanation is to help a resident establish a stronger connection with the peer community, *all* staff members must support the learning experience.

## **Following Up on Rational Decisions**

Emphasize that rational authorities always follow up on their decisions because

- Following up on decisions helps ensure that the resident understands and accepts the decision.
- Failure to follow up and follow through weakens morale and undermines the integrity of the TC treatment process.
- By seeing a model of rational followup, residents learn to follow through on their own work assignments and goals.

It is important to remember that the decisionmaking process in the TC is not perfect and can serve as an example for residents of how staff members and other authority figures are human and make mistakes. When TC staff members handle mistakes openly, residents can learn to cope with less than ideal situations in their lives.

## Resource Sheet #7-5: Scenario of Self-Help and Mutual Self-Help

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Danielle has been a resident of a TC for approximately 1 month and has had a difficult time communicating with the community and staff about the negative behavior of others. Night staff members reported that Danielle allowed her roommate, Shayna, to break the rules (bringing food into the room from the commissary, staying up past lights out) and did not tell anyone.

Staff members decided to restrict Shayna's phone privileges and also to restrict Danielle's phone privileges. Danielle is angry and upset because she does not understand why she is being held accountable for the behavior of her roommate. She thinks the decision is unfair because she did not break a rule. Also, she is angry because staff members suggested that she discuss the decision with a senior resident.

Staff members instruct Danielle to talk with Veronica who has been in the TC for 6 months. When Danielle talks with Veronica, Veronica tells her that the same thing happened to her 3 months ago. They talk for a while, after which Danielle understands her responsibility in holding her peers accountable for their negative behavior.

Why did staff members *not* explain the decision directly to Danielle and ask her to talk with a senior resident instead?

Why did staff members ask Danielle to speak with Veronica?

## Resource Sheet #7-6: Role Play of Rational Authority

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### Instructions

Review Summary of Module 3, PM 3-10, and Resource Sheet #7-1.

The person playing the staff member should choose one of the three scenarios below.

Role play the scenario, incorporating the following:

- As the staff member, give the resident at least four reasons for the decision. Explain the decision in terms of the TC views of the disorder, the person, recovery, and right living.
- Follow the guidelines for effectively communicating the decision.

### Scenarios

#### Scenario 1: Denial of a Job

Timothy is at the stage in the program where he is seeking outside employment. His employment history is erratic. He receives an offer to work as a busboy in a popular nightclub. It is an entry-level job that pays minimum wage, but Timothy is excited about working in an environment where he may meet the performers. The staff member denies Timothy's request to take this job. Timothy is angry and believes that the staff member is preventing his return to the community.

Begin the role play with the staff member informing Timothy that he may not accept the job offer in the nightclub.

The role of the person playing Timothy is to listen to the explanation and respond to questions, if asked.

#### Scenario 2: Denial of Overnight Stay

Jasmine has been in treatment for 10 months. She has tried to follow the rules of the program during her stay. She has advanced through treatment fairly quickly and is progressing toward her treatment goals. Jasmine has completed 40 half- and full-day supervised visits with her family.

She submits a pass for an overnight stay with her family, and it is approved. On the Thursday before her weekend pass, drugs and alcohol are found in the community room. No one admits to bringing the drugs into the community. As a consequence, the staff closes the house down and cancels all social functions and passes. Jasmine is extremely disappointed and cannot understand why she has to be punished for the actions of another resident.

Begin the role play with the staff member informing Jasmine that she may not visit her family this weekend.

The role of the person playing Jasmine is to listen to the explanation and respond to questions, if asked.

**Scenario 3: Denial of Advancement**

Marco has been in treatment for 3 months. He has been very quiet during his stay in treatment. He has not gotten into trouble or behaved inappropriately; however, he has not used the group processes to talk about himself or the behaviors that brought him into the program. Most of the other residents would say that Marco is nice but that they did not know much about him. Staff members and residents have not confronted Marco about his lack of self-disclosure.

Marco is due to move to the next phase of treatment. He expects to be advanced because he has not caused any trouble. He is surprised and disappointed to find out that he is being held back. He does not understand what he is doing wrong.

Begin the role play with the staff member informing Marco that he will not be advanced.

The role of the person playing Marco is to listen to the explanation and respond to questions, if asked.

## Resource Sheet #7-7: Taking Good Care of Yourself

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Residents bring many serious issues and difficult behaviors to treatment. As a result, you may experience many emotions, both positive and negative, in the course of a day. Listening to residents' problems and feelings may bring up difficult thoughts and feelings in your own life. Burnout (emotional and physical fatigue resulting from stress) can occur when the difficulties and stress of work begin to interfere with your personal life.

The following suggestions may help you take the best possible care of yourself:

### Physical Health

- Eat well to maintain high energy and avoid illness.
- Consume fresh fruits and vegetables daily.
- Avoid prepared and fast foods that are high in sodium, sugar, and fat.
- Exercise regularly.

### Rest and Relaxation

- Set aside time to rest and relax.
- Take regular vacations.
- Develop interests, hobbies, and friendships away from work.

### Healthy Boundaries

- Keep work and personal lives as separate as possible. You should not spend your free time at the TC.
- Maintain clear boundaries with residents. You are not at the TC to be a resident's "friend" or personal "savior."
- Do not "hang out" with residents after hours.
  - Sharing stories from your life and even just joking around after hours or during your workday can blur boundary lines, which can confuse residents.
  - Residents may start to see you as a friend rather than a rational authority; this could lead to a resident's expecting special treatment, an unhealthy situation for both of you.
- If you are a member of a 12-Step program,
  - Do not attend meetings that residents or former residents attend.
  - If you do find yourself at a meeting with residents, do not share personal issues at the meeting. If you need to talk, pull someone aside after the meeting or call your sponsor.
  - Attend "counselor only" meetings that are not listed in directories.

## Personal Support System

- Be aware that your own recovery or personal growth issues can affect your work.
- Develop and use a personal support system away from work. This may consist of friends, family, religious affiliation, your partner, or a 12-Step program.
- If needed, seek therapy to cope with personal issues and keep them separate from work; check whether your TC offers an employee assistance program.
- Do not work in isolation. Working with a treatment team offers great support.
- Discuss your feelings and issues with others who are working in similar situations. Sharing with others in a similar situation lowers stress level and helps keep an objective perspective.
- Learn to recognize when you need help, and ask for it.
- Work closely with your supervisor; be open about any difficulties you are having.

## Questions

What do you do now to take care of yourself?

What additional things could you do to take good care of yourself?

## Summary of Module 7

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### Expectations of All TC Staff Members

Although the essential therapeutic relationship in the TC is the residents' relationship to the peer community, *all* TC staff members, regardless of their job function, play important roles in the treatment process and are considered integral members of the community.

Staff members are expected to

- Promote community-as-method and support self-help and mutual self-help
- Teach, inspire, and correct
- Support positive goals and planning through counseling
- Ensure the highest quality treatment possible and residents' safety
- Develop their own self-awareness and continue to grow personally and professionally
- Serve as role models and demonstrate the principles of recovery and right living.

### TCA Staff Competency—Understanding and Practicing Positive Role Modeling

Staff members can serve as positive role models by

- Admitting to the community when they do not know something or have made a mistake
- Following the same standards the residents are expected to follow, such as
  - Not cursing
  - Being on time for appointments
  - Doing what is asked even when they do not wish to
  - Being courteous and polite
  - Keeping commitments
  - Demonstrating pride in their work.

### Rational Authority

Staff members also serve as role models of *rational authority*. Residents learn from staff members how to become rational authorities in their own lives—at work and with their families.

When staff members establish themselves as consistent, trustworthy, and compassionate rational authority figures, residents can

- Explore and then begin to overcome fear, distrust, disappointment, and anger they have felt toward authority figures
- Accept teaching and guidance to correct self-destructive behaviors and attitudes.

Staff members establish themselves as rational authorities by the way they make, communicate, and follow up on decisions (see Resource Sheet #7-4: Guide to Rational Decisionmaking).

## **TCA Staff Competency—Understanding and Discouraging the Concept of the We–They Dichotomy**

Although the TC has a hierarchical communication system and work structure, it is also a horizontal or flat system; everyone is considered a member of the TC. Staff members have professional expertise and ultimate responsibility for the functioning of the community, but they must be careful not to stress the difference in status between staff members and residents. Any behavior by a staff member that makes a client feel “less than” is unacceptable in the TC.

Staff members can discourage a we–they dichotomy by

- Adhering to the same rules residents must follow
- Participating in meals and activities with residents, not as buddies but as trustworthy and rational authority figures
- Demonstrating respect for the views, talents, and capabilities of residents
- Being open to confrontation from residents in an appropriate group format (often known as “hats off”)
- Being willing to listen to, learn from, and acknowledge a resident who provides constructive feedback.

## **Staff Self-Care**

Working in a TC is rewarding but difficult work. Residents bring serious issues and difficult behaviors to treatment. Staff members may experience many emotions, both positive and negative, in the course of a day.

Listening to residents’ problems and feelings may bring up difficult thoughts and feelings in the staff members’ past or present lives. When the difficulties and stress of work begin to interfere with their personal and family lives, staff members can suffer from burnout (emotional and physical fatigue because of stress).

It is important that TC staff members realize the demands made on them and find positive ways to maintain their well-being and cope with stress (see Resource Sheet #7-7).

## **Review of Module 7**

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In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- State at least three expectations of all TC staff members?
- Define staff members as role models and describe one way staff members can demonstrate how to serve as a positive role model?
- Give at least two reasons why it is important for staff members to act as rational authorities?
- Describe at least two ways staff members can make and communicate decisions to demonstrate rational authority?
- Explain the reason for a decision based on the TC views of the disorder, the person, recovery, and right living?
- State at least one reason why a staff member may not communicate a decision immediately to a resident?
- Describe two ways staff members can discourage a we–they dichotomy in their TC?
- Identify at least four ways TC staff members can take care of themselves?

## Module 8: TC Treatment Methods

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### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 8, including Resource Sheets, Summary of Module 8, and Review of Module 8.
- Review the following recommended reference:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapters 14, 17, and 18.
- In addition to the materials listed in Getting Started, assemble the following for Module 8:
  - Refreshments to serve after the mock encounter group exercise.

## Module 8 Goal and Objectives

**Goal:** To learn about TC treatment methods designed to encourage prosocial and psychological change in residents.

**Objectives:** Participants who complete Module 8 will be able to

- Define “affirmations,” “pushups,” and “privileges”
- Define “sanctions” and explain their purpose
- Define “verbal correctives” and name at least three types
- Define “interventions” and name at least five types
- Name and describe at least three types of educational groups
- Name and describe at least four types of clinical groups
- Give at least five examples of provocative and evocative group process tools
- Explain the three major phases of the encounter group process
- Describe at least one way staff members can facilitate group process.

## Content and Timeline

Introduction	20 minutes
Presentation: Overview of TC Treatment Methods	5 minutes
Presentation: Community Tools	60 minutes
Exercise: Community Tools	45 minutes
Break	15 minutes
Presentation: TC Groups	30 minutes
Presentation: Group Process Tools	30 minutes
Exercise: Role Play of Identification, Empathy, and Compassion	45 minutes
Lunch Break	45 minutes
Presentation: Encounter Group	30 minutes
Exercise: Mock Encounter Group	90 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding and Facilitating the Group Process	10 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	8 hours

## TCC MODULE 8



20 minutes



OH #8-1

## Introduction

Distribute and review the Module 8 agenda.

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*If you are conducting Module 8 as a stand-alone session or if you have just completed presenting Module 7, skip the following Module 7 review.*

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## Review

Ask participants what they remember from Module 7. Ensure that the following topics are reviewed:

- Expectations of all TC staff members
- Staff members as role models
- Rational authority
- Decisionmaking
- The we–they dichotomy
- Ways to take care of ourselves.

Ask participants whether they have any questions or have had any thoughts about Module 7.

## Module 8 Goal and Objectives

Ask participants to turn to page PM 8-1 of their Participant’s Manuals.

Present the goal and objectives of Module 8.

**Goal:** To learn about TC treatment methods designed to encourage prosocial and psychological change in residents.

**Objectives:** Participants who complete Module 8 will be able to

- Define “affirmations,” “pushups,” and “privileges”
- Define “sanctions” and explain their purpose
- Define “verbal correctives” and name at least three types
- Define “interventions” and name at least five types
- Name and describe at least three types of educational groups
- Name and describe at least four types of clinical groups
- Give at least five examples of provocative and evocative group process tools
- Explain the three major phases of the encounter group process
- Describe at least one way staff members can facilitate group process.



**TCC MODULE 8**



5 minutes



OH #8-2

**Presentation: Overview of TC Treatment Methods**

Review the following concepts that were presented in earlier modules:

- *Community-as-method*: In a TC, the whole community is the therapeutic agent. The use of the community as the primary tool for social and individual change distinguishes the TC from other treatment approaches.
- *Self-help and mutual self-help*: Recovery occurs primarily through interactions with peers. Residents show responsible concern, provide feedback, and facilitate change in one another.
- *TC social structure and systems*: The social structure, systems, formal and informal communications, daily schedule, physical environment, and work hierarchy are parts of therapy and support prosocial behavior change.

Provide an overview of expectations of staff members and peers, as follows:

- Staff members and peers are expected to point out the positive and negative effects of residents' behavior on themselves and others.
- Staff members and peers are expected to address residents' behavior and attitudes immediately and consistently.
- Staff members and peers are expected to promote the community-as-method approach and the self-help and mutual self-help learning processes.

Note that TC treatment *methods* consist of

- Community tools
- Group process tools.



60 minutes



OH #8-3

**Presentation: Community Tools**

Refer participants to page PM 8-6, Resource Sheet #8-1: Community Tools.

Explain that community tools are specific techniques that include

- *Reinforcers* to encourage prosocial behaviors
- *Sanctions* to discourage rule-breaking behavior.

**Reinforcers**

Explain that reinforcers include

- Affirmations



## TCC MODULE 8

- Pushups
- Privileges.

### ***Affirmations and pushups***

Explain that *affirmations* are

- Oral encouragements offered spontaneously by peers to acknowledge one another and their efforts to change (“You are doing great!” “Nice job!”)
- Expressed with affection, friendship, and caring.

Explain that *pushups* are

- Similar to affirmations but are used to encourage and reinforce specific signs of progress (“I want to push you up for . . .”)
- Used by peers to acknowledge positive behavior
- Either oral or written.

Ask participants to give one another an affirmation or pushup. Ensure that participants are corrected if they are not making a distinction between an affirmation and a pushup.

Emphasize that affirmations and pushups are important because they not only encourage change in the person *receiving* the feedback but also serve as a self-reinforcer to the resident *giving* the affirmation or pushup.

### ***Privileges***

Explain that *privileges*

- Are explicit rewards given by staff members to acknowledge positive changes in behavior and attitudes or overall progress in the program
- Are symbols of status and success
- Teach residents that rewards are *earned*; they are not *entitlements*.

Ask participants to provide examples of privileges, such as

- Permission to keep personal property at the TC
- Crew change or promotion
- Permission to leave the facility without an escort
- Permission to use the phone
- A separate sleeping room
- An overnight pass
- Tickets to attend an offsite event.

**TCC MODULE 8**

Emphasize that

- Changing behavior to seek privileges is the first step of a process that leads to internalized change.
- Tangible privileges act as incentives for residents to try new behaviors.
- Once a resident engages in a new behavior
  - He or she is likely to find it reinforcing socially and emotionally.
  - The behavior then becomes personally relevant and valuable and can be internalized.

**Sanctions**

*Sanction* is a general term used to include serious consequences for rule-breaking and negative attitudes.

---

*Some TCs consider the term "sanction" too negative; if the participants' TC uses a different term, explain that you are substituting their term for sanction.*

---

Emphasize that

- Sanctions provide the opportunity for a resident to learn from mistakes.
- The entire community is made aware of sanctions that are delivered, providing vicarious learning for residents and strengthening community cohesiveness.
- Peers are expected to detect, confront, and report violations of rules and self-defeating behaviors and attitudes. This is critical to the self-help and mutual self-help learning process.

Explain that sanctions include *oral or written correctives* and *interventions*.

***Oral or written correctives***

Emphasize that oral or written correctives

- Are instructions or statements designed to facilitate learning when residents do not meet TC expectations for recovery and right living
- Provide feedback in a positive, unemotional way about a resident's unacceptable behavior and provide information about the acceptable way to behave.

Explain that oral or written correctives include

## TCC MODULE 8

- Pullups
- Bookings
- Talking-tos
- Reprimands.

Explain that *pullups* are oral statements from one or more peers or staff members that inform a resident of a lapse in expected behavior or attitude. The resident receiving the pullup is expected to

- Listen without comment
- Immediately display the correct behavior
- Express thanks for the feedback.

Ask participants for examples of situations they think would warrant a pullup (e.g., a resident leaves his or her bed unmade, a resident is late to group).

Explain that *bookings* (sometimes also called *written pullups*) are

- Written reports of rule-breaking submitted by peers or staff members through the proper channels of communication
- Designed to raise the community's awareness of a resident's negative behavior or attitude
- Used generally when a resident has received a number of oral pullups for the same behavior or when the behavior is serious.

Ask participants for examples of situations they think would warrant a booking (e.g., a resident continues to take food from the kitchen without permission even after an oral pullup, the resident who gave the oral feedback can now put it in writing).

Explain that *talking-tos*

- Are stern oral correctives delivered by a peer under staff supervision
- Point out the inappropriate behavior and how the behavior is affecting the resident and the community
- Generally occur after pullups and bookings have failed to change behavior
- Are delivered in a strong but supportive manner.

Ask participants for examples of situations they think would warrant a talking-to (e.g., after both oral and written pullups, a resident continues to take food out of the kitchen without permission).

Explain that *reprimands* (sometimes called *oral haircuts*) are

**TCC MODULE 8**

- The most severe oral correctives
- Instructive and include suggestions for positive alternative behavior
- Given by staff members only and are delivered in a critical tone with punitive intent
- Given as the resident stands quietly in front of the staff member and several senior peers (selected by staff members), listens respectfully, and makes eye contact
- Given in the presence of peers, selected by staff members, which is important because it
  - Reinforces the gravity and credibility of the reprimand
  - Offers a vicarious social learning experience for other residents.

Ask participants for examples of situations they think would warrant a reprimand.

***Interventions***

Discuss interventions, pointing out that interventions are consequences decided by staff members for the violation of a rule or when a resident consistently fails to meet TC expectations.

Explain that

- Interventions vary in severity depending on the TC rule that has been violated.
- The staff member's objective is to use the least severe consequence necessary to maximize learning.
- Interventions are not punitive. They are part of the learning process.
- The desired outcome, usually a behavior change, must be clear. If the intervention does not result in a change of behavior, another community tool must be used.
- Staff members are expected to explain the rationale for their decisions in terms of the TC views of the disorder, the person, recovery, and right living.

Emphasize that interventions must be documented in the resident's record and must be justified clinically. The documentation should contain the following:

- Behavior to be changed
- Description of the intervention
- Rationale for the clinical or therapeutic value
- Outcome (what happened)
- The resident's comments on the reason for the intervention and the outcome.

## TCC MODULE 8



Refer participants to PM 8-10, Resource Sheet #8-2: Sample Intervention Form.

*Interventions for minor infractions*

Identify and discuss the following interventions for minor infractions:

- Learning experiences
  - Are special assignments tailored to the resident to help him or her achieve a specific behavior or attitude
  - Include
    - Having a resident write an essay about a rule that he or she broke and explaining one of the concepts of right living
    - Having one resident closely monitor another who is having problems (a “glue contract”).
  
- \$ Demotions
  - Are changes to a lower status in living arrangements or in the work hierarchy (e.g., transferring a resident from a double room to a dorm room)
  - Are usually the result of a negative attitude.
  
- \$ Speaking bans
  - Are used to interrupt negative communication among residents
  - Require one or more residents to refrain from speaking to certain others for a given period.
  
- \$ Losses of privileges
  - Are commensurate with the severity of the offense and the resident’s stage and phase in the program
  - Are effective only if the resident cares about the privilege.

*Interventions for major infractions*

Identify and discuss interventions for *major infractions* by explaining that major infractions include the violation of a cardinal rule or repeated infractions of other rules.

- \$ Losses of phase status
  - Demote the resident one or more phases in the program

**TCC MODULE 8**

- Often are called being “shot down.”

**\$ House change**

- Involves transferring a resident to another facility
- May be appropriate when the behavior problem seems specific to a particular facility
- Is more a strategic than a punitive step and may be combined with other interventions.

**\$ Administrative discharges**

- From the program may occur when a resident
  - o Violates a cardinal rule
  - o Repeatedly violates other rules
  - o Poses a threat to the safety of community residents
- May include referral to another TC or to a different treatment modality.

**\$ House bans**

- Take away all privileges from all facility residents for a time
- Are used when negative attitudes are pervasive in the TC
- Make every resident experience consequences for the misbehavior of a few to remind residents of their responsibility for maintaining the TC's therapeutic atmosphere.

**\$ Bench**

- Is a designated spot in a TC common area, away from the activities of the community
- Is a serious intervention because it typically signifies that a resident is being separated from the community and may be asked to leave the TC
- Is used when
  - o A resident has violated a serious rule
  - o A resident seems dangerously angry or agitated, as a timeout
  - o A resident needs to be separated from the community for his or her or others' safety for any reason
  - o A resident wants to leave the TC to give him or her a chance to think about his or her decision or to separate him or her from the community at a time when he or she may have a negative effect on others.

## TCC MODULE 8

- \$** Relating (or confrontation) booth
- Is a desk with two chairs in a TC common area
  - Is used when staff members think a resident’s problem is the result of (at least in part) social and emotional isolation
  - Is used with the goal of helping a resident
    - Look at the emotional underpinnings of his or her behavior
    - Develop emotionally supportive relationships with peers
    - Learn positive interpersonal skills
  - Operates as follows:
    - The resident who has committed the infraction sits in one chair for a period
    - Residents who are assigned to talk with him or her sit in the other chair and review the person’s behavior or attitudes
    - The peers remind the person of the concepts of recovery and right living
    - At times, an “intercessor” or mediator is appointed to ensure that the communication is open and healthy.



45 minutes



OH #8-4



### Exercise: Community Tools

Introduce the exercise by explaining that

- The purpose of the exercise is to allow participants to practice selecting community tools and to discuss the rationale for choices.
- Participants will meet in their small groups to discuss one or more scenarios.

Refer participants to page PM 8-11, Resource Sheet #8-3: Exercise—Community Tools.

Allow 5 minutes for participants to review the instructions and the six scenarios on the Resource Sheet.

Ask participants to move to their small groups to discuss the scenarios.

Instruct each group to select

- A facilitator to keep track of time and encourage participation in the discussion



**TCC MODULE 8**

- A reporter to take notes and present a summary of the group's discussion
- An observer to observe the small-group dynamics and comment on it.

Assign one or more of the six scenarios to each small group.

Allow 15 minutes for participants to answer the five questions on the Resource Sheet.

Ask reporters to present summaries of their groups' discussions.

Ask the observers to comment on what they noticed.

Summarize the exercise as follows:

- Staff members and peers are expected to point out the positive and negative effects of residents' behavior on themselves and others in the community.
- Staff members and peers are expected to address residents' behavior and attitudes immediately and consistently.
- The community is the primary tool for social and individual change and distinguishes the TC method from other treatment approaches.

Thank participants for sharing.



Allow 5 minutes for participants to write in their journals. Suggested topics include

- Which interventions am I *most* comfortable using? Why?
- Which interventions am I *least* comfortable using? Why?
- How do I see community-as-method at work in my small group?



30 minutes



**Presentation: TC Groups**

Ask participants what the word "group" makes them think about.

Write their responses on newsprint.

Ask participants to identify the types of groups that meet in their TC.

Write their responses on newsprint.

Explain that TC groups can be classified as *educational* or *clinical*.



OH #8-5

## TCC MODULE 8

### **Educational Groups**

Explain that educational groups encourage personal growth, provide work-related skills training, and teach the group process.

Explain that personal growth groups

- Are informal sessions, led by staff members, with up to 20 residents in a group
- Typically last 4 to 6 hours
- Cover recovery-related topics
- Are intended to teach residents how to explore concepts in an intellectual or conversational format
- Are followed up by staff members informally over subsequent days or weeks to learn how residents perceived the discussion and how they may have changed their thinking as a result.

Explain that job skills groups

- Are led by staff members and senior residents
- Teach residents about specific jobs required in the TC and the proper way to perform these jobs.

Explain that clinical skills groups

- Are led by staff members
- Teach new residents how to use group process tools via simulated or mock encounter groups.

Explain that life skills groups

- Are generally led by outside experts
- Focus on specific skills that residents need to succeed in mainstream society, such as
  - Budgeting
  - Parenting
  - Resume writing
  - Interviewing for jobs.

Explain that reentry phase groups

- Prepare residents to move back into the greater community.

**TCC MODULE 8**

**Clinical Groups**

Note that all TC clinical groups provide residents with the opportunity to

- \$ Express intense emotions
- Gain insight into their behavior and that of other residents
- Relate to other residents' experiences and situations
- Receive healing affirmations from peers and staff
- Model appropriate group behavior
- Exhibit leadership.

Discuss the fact that a set of rules applies to all TC clinical groups to protect the psychological and physical well-being of residents. These rules prohibit

- Physical violence
- Oral threats or gestures of violence
- Cultural stereotyping
- Disclosure of information outside the TC.

Emphasize that adherence to these rules builds and maintains trust and intimacy and promotes the conditions that facilitate the healing process.

Explain that clinical groups include

- Encounter groups (encounter groups are discussed and demonstrated later in the session)
- Probe groups
- Marathon groups
- Static groups.

Explain that probe groups

- Are intended to obtain information from residents about critical events that have occurred in their lives
- Use techniques such as role playing and psychodrama to reduce defensiveness, resistance, and fear of strong emotional memories
- Vary in size from 13 to 20 people
- Consist of participants who usually have something in common, such as a traumatic experience
- Are considered successful if a resident acknowledges a particular event and is able to talk clearly and less emotionally about the event over time.

Explain that residents typically experience at least three probes:

## TCC MODULE 8

- The initial probe is held for 2 to 3 hours and is intended to establish trust and identification with others.
- Later probes are longer, lasting 6 to 12 hours, and are designed to facilitate self-disclosure, awareness, and emotional release.

Emphasize that staff members must prepare for probes by reviewing residents' backgrounds and establishing objectives for each resident.

Explain that marathon groups

- Are held for 12 to 36 hours
- Enhance residents' motivation to address critical issues in their lives
- Begin the process of resolving past experiences that have impeded residents' growth and development
- Use techniques such as elements of psychodrama, primal therapy, and theater.

Explain that residents typically experience at least two marathons in the TC.

Explain that static groups

- Include the same peers and leader that meet steadily over long periods throughout treatment
- Support a small group of people on a specific issue and monitor members' change over time.

Ask participants what other types of clinical groups are used in their TC. Give examples, such as men's and women's groups or family counseling groups.



30 minutes



### **Presentation: Group Process Tools**

Refer participants to page PM 8-13, Resource Sheet #8-4: Group Process Tools.

Explain that group process tools are verbal and nonverbal strategies to facilitate individual change in group settings.

Explain that group process tools are used to

- Stimulate emotional reactions and self-disclosure
- Break down denial
- Increase self-awareness
- Promote participation in the group process

TCC MODULE 8

- Teach residents to demonstrate and practice responsible concern for themselves and others.

Identify the two types of group process tools as

- *Provocative* tools challenge and confront residents
- *Evocative* tools support and encourage residents.



OH #8-6

Note that *provocative* tools include

- *Controlled hostility or anger*: Expressing angry feelings to intensify awareness
- *Engrossment*: Exaggerating behavior to penetrate denial
- *Humor or mild ridicule*: Promoting laughter so residents recognize their false social images, prejudices, and stereotypes.

Note that *evocative* group process tools include

- *Identification*: A feeling of relatedness between two people who have had a common experience and share similar feelings. Identification is demonstrated when residents express that they understand the feelings of another resident because they have had a similar experience.
- *Compassion*: A feeling of concern for a person who is suffering. Compassion is demonstrated when a resident comforts another who is experiencing painful emotions.
- *Empathy*: The ability to put oneself in another's shoes and convey an understanding of his or her feelings.

Explain that some group process tools are *both* provocative and evocative and include

- *Projection*: Observing and interpreting behavior based on a person's own thoughts and feelings (e.g., "You look as if you want to quit" when that is the person's own thought).
- *Pretend gossip*: Talking about a resident as if he or she were not present to provide feedback without direct confrontation.
- *Carom shot*: Speaking to another resident who has a similar problem with a third resident to avoid direct confrontation with the third resident (e.g., saying to John, "Are you thinking of quitting?" when the person actually is concerned about Dan).
- *Lugs*: Mildly criticizing to raise awareness without causing a resident to become defensive.

## TCC MODULE 8



45 minutes



## Exercise: Role Play of Identification, Empathy, and Compassion

Refer participants to page PM 8-14, Resource Sheet #8-5: Role Play of Identification, Empathy, and Compassion.

Introduce the exercise by explaining that

- The purpose of the exercise is to observe and practice identification, empathy, and compassion.
- There are two role plays. Each is conducted with five participants in the front of the room while the other participants observe.

Instruct participants to read Scenario 1.

Ask for volunteers to play the roles identified for Scenario 1.

Allow 5 minutes for volunteers to read the role play and prepare their parts.

Conduct the role play for 5 minutes. Discuss the role play by asking the following questions:

- *To Jennifer:* What did you experience?
- *To Freda:* What did you experience? How did you encourage the residents to express identification, empathy, and compassion?
- *To residents 1, 2, and 3:* What did you experience?
- *To all participants:* What did you observe?

Ask for volunteers to play the roles identified for Scenario 2.

Allow 5 minutes for volunteers to read the role play and prepare their parts.

Conduct the role play for 5 minutes.

Discuss the role play by asking the same questions as above.

Discuss the exercise by asking the following questions:

- How did Jennifer and Mario benefit from the group session?
- How did the other residents benefit from this intervention?
- Did the staff members express identification, empathy, or compassion?
- How did the staff members encourage the peer residents to express identification, empathy, and compassion?

TCC MODULE 8

Discuss the following benefits of identification, empathy, and compassion:

- *Balance:* Residents experience social relatedness and caring, which balance the challenging and instructional methods of treatment.
- *Accept challenges:* Residents accept the challenges of treatment if they also feel the concern and compassion of the community and perceive themselves as understood and accepted by others.
- *Prosocial network:* Feeling part of a group of people who care about one another is essential to establishing a prosocial network of friends when residents leave the TC.
- *Replace antisocial behavior:* As residents identify and bond with one another and learn to relate with empathy and compassion, they replace antisocial behaviors with an approach that creates real connections to other people.
- *Self-awareness:* As residents learn to become more empathetic and compassionate, they are better able to understand themselves and the effect their behaviors and attitudes have on others.
- *Connection with others:* When a resident exhibits identification, empathy, and compassion, it shows that he or she is sensitive to the feelings of others and is trying to connect with others.

Emphasize that the importance of learning to walk in another person's shoes cannot be overestimated in its effect on the change process.

Discuss the importance of staff members expressing identification, empathy, and compassion as follows:

- Staff members who express identification, empathy, and compassion establish themselves as caring, trustworthy rational authorities.
- Staff members are responsible for observing, acknowledging, and appreciating residents' concern for one another.
- Staff members who demonstrate compassion, empathy, and identification can engage residents in the treatment process more effectively.
- Staff members enhance their own growth by developing social relatedness and caring skills.

Allow 5 minutes for two participants to share their thoughts and feelings by answering the following questions:

- \$ How did you feel during the exercise?
- \$ What did you notice about yourself during the exercise?

Thank participants for sharing.

## TCC MODULE 8



30 minutes



OH #8-7

## Presentation: Encounter Group

Explain that the purpose of encounter groups is to raise self-awareness of self-defeating behaviors and attitudes by teaching residents to

- \$ Show compassion and responsible concern for one another
- Confront the reality of their substance use problems and negative behavior
- Be honest about their feelings and the commitment to change their behavior
- Seek self-awareness as the first step to behavior change
- Resolve interpersonal issues or concerns they may have with one another or with staff members.

### Encounter Group Rules

Explain that a primary guideline for encounter groups is to confront behaviors and attitudes, not people.

Emphasize that this guideline provides group members with psychological safety and enables residents to foster a positive sense of self.

Residents are allowed to express both positive and negative feelings about one another to raise self-awareness, while following certain rules that prohibit

- Explicit or implicit threats
- Deliberate or spontaneous group oral attacks on one person (e.g., “rat packing”)
- Deliberately derogatory comments
- Interrupting the encounter group by coming to the aid of a confronted group resident (e.g., “red crossing”)
- Name-calling, labeling, or making stereotypic references to race, ethnicity, gender, a disability, or family members
- Walking around or changing seats during the session
- Irrelevant or side conversations.

Emphasize that repeated breaking of the rules of the encounter group can lead to sanctions, such as ejection from the group or expulsion from the program, depending on the severity of the violation.

### Encounter Group Process Format

Explain that encounter groups

**TCC MODULE 8**

- Are scheduled regularly
- Respond to written concerns (a “slip”) about a resident submitted by one or more other residents
- Consist of a least one resident being challenged about his or her behaviors and receiving feedback from other residents
- Often are led by the most senior residents (with staff members present)
- Are balanced to include residents of various ages, lengths of stay, and ethnicities, as well as both genders.



**OH #8-8**

Explain that the encounter group has three phases: confrontation, conversation, and closure.

Explain that in the confrontation phase

- The facilitator asks the residents who wrote a slip regarding a resident to state their observations and reactions to the resident’s behavior.
- Other group members may provide additional observations.
- Group and staff members use provocative group tools to focus attention on the issues and to evoke the feelings of the person being confronted.
- The resident being confronted is expected to listen and respond to his or her peers’ comments.
- The confrontation phase is over when the resident acknowledges and accepts the group’s reaction to his or her behavior.

Explain that in the conversation phase

- The group encourages the resident to focus on the identified behavior or attitude and talk about his or her feelings.
- Group and staff members use evocative tools to deepen the resident’s understanding of the problem and to discuss reasons for his or her rationale and defenses.
- The conversation phase is over when the resident
  - Demonstrates an understanding of the confrontation
  - Can label his or her feelings
  - Can state his or her self-defeating pattern of behavior or attitude
  - Can ask for help in making personal changes.

Explain that in the closure phase

- Group members provide positive encouragement, feedback, suggestions, and support to the resident being confronted.
- Group members make suggestions to help the resident learn how to make positive changes.

## TCC MODULE 8

- Group members speak with warmth, support, and affirmation to balance the first two phases.
- The closure phase is over when the resident makes a commitment to change and states what he or she will do differently.

Emphasize that after an encounter group session it is important that

- The entire TC membership participate in 30 minutes of socializing (snacks are provided) to continue the closure phase of supporting, affirming, and encouraging residents to change their behaviors and attitudes.
- Senior peers reach out to residents who may be upset about their encounter experience.

### Staff Roles

Explain that the role of staff members during encounter groups is to

- Supervise the preparation and selection of residents to participate in an encounter group
- Facilitate the process (if this is the TC's practice)
- Observe the process and residents' reactions and behaviors
- Obtain feedback from others if the staff member had to be absent from the group
- Decide whether and when emergency intervention is required.



90 minutes



### Exercise: Mock Encounter Group

Explain that this exercise provides the opportunity for participants to experience an encounter group.

Note that the exercise is followed by time for participants to reflect on their thoughts and feelings about the exercise, the TC, the topic of the session, and their roles as TC members.

Explain that

- The intent of the exercise is to become familiar with the format of the encounter group process—confrontation, conversation, and closure—using provocative and evocative group tools.
- Trainers and experienced TC staff members will demonstrate the mock encounter group, followed by an opportunity for participants to practice the encounter group process.

**TCC MODULE 8**



Refer participants to PM 8-16, Resource Sheet #8-6: Mock Encounter Group.

**Scenario 1: Demonstration**

Ask participants to read through the Resource Sheet to review the elements of encounter groups and then read Scenario 1: Demonstration.

Arrange the chairs for the mock encounter group following the instructions on the Resource Sheet.

Ask for volunteers to play Lou and Joe.

Arrange participants according to their roles and the seating assignments on the Resource Sheet, explaining what you are doing.

Acting as the facilitator, conduct the mock encounter for 10 minutes, and demonstrate confrontation, conversation, and closure.

Discuss the mock encounter group by asking the following questions:

\$ *To Joe:* What did you experience as the person doing the confronting?

\$ *To Lou:* What did you experience as the person being confronted?

\$ *To other participants:*

- What did you notice about the encounter group process?
- Did you observe confrontation, conversation, and closure?
- What provocative and evocative tools did you observe being used?

Share your experience as the facilitator.

Ask participants whether they have any questions about the encounter group process.

**Scenario 2: Tanya and Maria**

Instruct participants to read Scenario 2: Tanya and Marie. Ask for volunteers to play the roles of

\$ *Tanya:* The resident being confronted

\$ *Marie:* The resident doing the confronting

\$ *Peer facilitator*

\$ *Remaining participants to play:*

- Residents representing peer strength (role models, residents with seniority in the community)

## TCC MODULE 8

- Junior residents.

Encourage other participants to join the encounter group process.

Remind participants to use provocative and evocative tools and to follow the encounter group format of confrontation, conversation, and closure.

Conduct the exercise for 10 minutes and observe carefully.

Discuss the role play by asking the following questions:

- \$ *To the facilitator:* What did you experience as the facilitator of the encounter group?
- \$ *To Marie:* What did you experience as the person doing the confronting?
- \$ *To Tanya:* What did you experience as the person being confronted?
- \$ *To participants who spoke during the encounter:* What did you experience when you participated in the encounter group process?
- \$ *To other participants:*
  - What did you notice about the encounter group process?
  - Did you observe confrontation, conversation, and closure?
  - What provocative and evocative tools did you observe being used?

Share your observations of the role play.

---

*If you have time and it seems appropriate, use a real issue that has developed in the group and conduct a mini-encounter group. Do this only if the issue concerns **you**; for example, if you have been confronted at any time for being late, not following the agenda, not explaining the rules of an exercise, not allowing time for participants to give feedback on their experience, or so on. Be certain to process the experience thoroughly.*

---

Summarize the mock encounter group exercise by emphasizing the importance of honesty, compassion, and responsible concern as key elements that allow behavior change to occur.

Discuss the role of staff members before, during, and after the encounter group.

Remind participants that the purpose of encounter groups is to raise self-awareness of self-defeating behaviors and attitudes.

Allow 10 minutes for participants to share their thoughts and feelings, and ask two participants to answer the following questions:

- How did you feel during the exercise?

**TCC MODULE 8**



- What did you notice about yourself during the exercise?

Thank participants for sharing.

Allow 5 minutes for participants to write in their journals. Suggested topics include

- The exercise and any thoughts or feelings that arose
- Their thoughts about the role of encounter groups in the TC treatment process.

Provide refreshments, and allow 10 minutes for participants to socialize as they would after a real encounter group session.

Encourage participants to support, affirm, and acknowledge the mock encounter group participants during this time.



10 minutes



OH #8-9

**Presentation: TCA Staff Competency—Understanding and Facilitating the Group Process**

Review the following main concepts underlying group process:

- Groups in the TC play a significant part in the change process.
- The peer encounter group is the main therapeutic group format, although other group formats are used.
- In groups, residents learn about themselves and the recovery process by identifying and coping with feelings about people and life situations.
- The TC group process addresses the underlying issues and the wide range of psychological and educational needs of residents that arise during work and when living in a community.
- Groups focus on peer interaction that reinforces the self-help and mutual self-help processes. Feedback from other residents is an essential part of the group process for fostering change.
- Staff members and senior residents serve as facilitators of the process.

Describe the following ways staff members can facilitate the group process:

- \$ Keep the group on track to prevent it from taking a negative direction.
- \$ Ensure the psychological and physical safety of group members by monitoring and enforcing group rules.
- \$ Engage inactive residents in the group process.
- \$ Allow residents to do most of the “work” in a therapy or process group; facilitator input should be minimal.

## TCC MODULE 8



20 minutes



## Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 8-19, Summary of Module 8.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 8-23, Review of Module 8.

Instruct participants to work with their small groups to answer the questions on Review of Module 8. Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

Ask participants

\$ What did you learn in this session?

\$ When did you observe community-as-method during this session?



20 minutes



OH #8-10

## Journal Writing and Wrapup

### Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- What new information or insight regarding TC treatment methods did you get from this module?
- How do you think you might be able to implement this new information in your TC role?
- How are you feeling about the training community process at this point?

### Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 8 or the training in general. Note that participants may say anything on their minds.

**TCC MODULE 8**

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.



**OH #11**

**Pework for Module 9: Work as Therapy and Education**

Ask participants to review

- Resource Sheet #3-1: Case Study of Ray—Disorder of the Whole Person.

Ask participants to read and complete

- Resource Sheet #9-1: Case Study of Ray at Work
- Resource Sheet #9-2: Structure Board.

## Resource Sheet #8-1: Community Tools

Community Tools	Notes & Examples
<p><b>Reinforcers</b></p> <p><b>Affirmations and Pushups</b></p> <p>Affirmations are oral encouragements offered spontaneously by peers to acknowledge one another and their efforts to change.</p> <p>Pushups are similar to affirmations but are used to encourage and reinforce any sign of progress in a resident who is having trouble.</p> <p><b>Privileges</b></p> <p>Privileges are explicit rewards given by staff members to acknowledge positive changes in behavior and attitudes as well as for overall progress in the program.</p> <p><b>Sanctions</b></p> <p><b>Oral or Written Correctives</b></p> <p>Oral correctives are instructions or statements delivered by both peer and staff members to facilitate learning when residents do not meet TC expectations for recovery and right living.</p> <p>Oral correctives are primarily peer (but sometimes staff member) reactions to behavior that may not violate TC rules but is still unacceptable.</p> <p><i>Oral pullups</i></p> <ul style="list-style-type: none"> <li>• Are statements from one or more peers to remind a resident of a lapse in expected behavior or attitude</li> <li>• Require the person receiving the pullup to <ul style="list-style-type: none"> <li>– Listen without comment</li> <li>– Immediately display the correct behavior</li> </ul> </li> </ul>	

Community Tools	Notes & Examples
<p>– Express thanks for the feedback.</p> <p><i>Bookings</i></p> <ul style="list-style-type: none"> <li>• Are written notes, submitted by peers or staff through the proper chain of communication, that raise the community's awareness of a resident's negative behavior or attitude</li> <li>• Also are called "written pullups."</li> </ul> <p><i>Talking-tos</i></p> <ul style="list-style-type: none"> <li>• Are stern oral correctives delivered by a peer under staff supervision</li> <li>• Point out the inappropriate behavior and how it affects the resident and the community</li> <li>• Generally occur after pullups and bookings have failed to change behavior.</li> </ul> <p><i>Reprimands</i></p> <ul style="list-style-type: none"> <li>• Are sometimes called "oral haircuts"</li> <li>• Are the most severe oral correctives</li> <li>• Are given by staff only and are delivered in a critical tone with punitive intent</li> <li>• Require the resident to stand quietly in front of the staff member and several peers, picked by staff members, and listen respectfully while making eye contact.</li> </ul> <p><b>Interventions</b></p> <p>Interventions are consequences decided by staff members for the violation of a rule or when a resident consistently fails to meet TC expectations.</p> <p><b><i>Interventions for minor infractions</i></b></p> <p><i>Learning experiences</i></p> <p><b>\$</b> Are special assignments tailored to the resident to help him or her achieve a specific behavior or attitude.</p>	

Community Tools	Notes & Examples
<p><i>Demotions</i></p> <ul style="list-style-type: none"> <li>\$ Are changes to a lower status in work hierarchy, usually the result of negative attitudes</li> <li>\$ May be a transfer from a double room back to a dorm room for a violation of a minor rule.</li> </ul> <p><i>Speaking bans</i></p> <ul style="list-style-type: none"> <li>\$ Are used to interrupt negative communication</li> <li>\$ Require one or more residents to refrain from speaking to certain others for a given period.</li> </ul> <p><i>Losses of privileges</i></p> <ul style="list-style-type: none"> <li>\$ Are commensurate with the severity of the offense and the resident's stage in the program</li> <li>\$ Are effective only if the resident <i>cares</i> about the privilege.</li> </ul> <p><b><i>Interventions for major infractions or serious problems in the community</i></b></p> <p><i>Losses of phase status</i></p> <ul style="list-style-type: none"> <li>\$ Are also called being "shot down"</li> <li>\$ Move the resident back one or more phases in the program.</li> </ul> <p><i>House changes</i></p> <ul style="list-style-type: none"> <li>\$ Involve transferring a resident to another facility</li> <li>\$ May be appropriate when the behavior problem seems specific to a particular facility</li> <li>\$ Are more strategic than punitive</li> <li>\$ May be combined with other disciplinary action.</li> </ul> <p><i>Administrative discharges</i></p> <ul style="list-style-type: none"> <li>\$ From the program occur for violating a cardinal rule, repeatedly violating other rules, or posing a threat to the safety of community residents</li> <li>\$ May include referral to another TC or to a different treatment modality.</li> </ul>	

Community Tools	Notes & Examples
<p><i>House bans</i></p> <ul style="list-style-type: none"> <li>\$ Take away all privileges from all facility residents for a period</li> <li>\$ Are used when negative attitudes are pervasive in the facility</li> <li>\$ Make all residents suffer for the misbehavior of a few</li> <li>\$ Remind every resident of his or her responsibility for maintaining the TC's therapeutic atmosphere.</li> </ul> <p><i>Bench</i></p> <ul style="list-style-type: none"> <li>\$ Typically signifies that a resident is being separated from the community and may be asked to leave</li> <li>\$ Is used when               <ul style="list-style-type: none"> <li>– A resident has violated a serious rule</li> <li>– A resident wants to leave the TC to                   <ul style="list-style-type: none"> <li>o Give him or her a chance to think about his or her decision</li> <li>o Separate him or her from the community at a time when he or she may have a negative effect on others</li> </ul> </li> <li>– A resident seems dangerously angry or agitated, as a timeout</li> <li>– A resident needs to be separated from the community for his or her or others' safety for any reason.</li> </ul> </li> </ul> <p><i>Relating booth</i></p> <ul style="list-style-type: none"> <li>\$ Is a desk with two chairs in a TC common area</li> <li>\$ Requires a resident who has committed an infraction to sit in one chair for a period and talk to another resident who reviews the person's behavior or attitudes and reminds the person of the concepts of recovery and right living</li> <li>\$ May require an "intercessor" or mediator to ensure that the communication is open and healthy</li> <li>\$ Also is used to train residents in positive interpersonal skills.</li> </ul>	

**Resource Sheet #8-2: Sample Intervention Form**

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Name of the resident	
Date	
Behavior to be changed	
Description of the intervention	
Rationale: Clinical/therapeutic value	
Outcome: What happened	
Resident's comments about the reason for the intervention and the outcome	

## Resource Sheet #8-3: Exercise—Community Tools

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### Instructions

Discuss the following questions for each scenario. Refer to Resource Sheet #8-1 for a review of community tools.

- What tool do you think should be used?
- Who uses the tool—peer or staff member?
- How will the resident benefit from the intervention?
- Explain your decision in terms of the TC views of the disorder, the person, recovery, and right living.
- How will the community benefit from the intervention?

### Scenarios

#### Scenario 1

Ron has been in the program for 3 weeks. He has kitchen cleanup duty, and he has not put the cookware away correctly. Sam is a staff member and sees what Ron has done. What should Sam do?

#### Scenario 2

Andrea, a staff member, sees Rae, a resident, sleeping during a group meeting. What should Andrea do?

The next day Andrea again sees Rae sleeping in a group meeting. What should Andrea do?

On the third day, Rae answers Andrea in a hostile manner after Andrea asks her a simple question. What should Andrea do?

#### Scenario 3

Linda has been in treatment for 2 months. She has difficulty waking up on time and is typically late for breakfast. Her peers have spoken to her and have challenged her in encounter group. She says she wants to get up on time but is just too tired. She says she is “not a morning person.” What would you, as her counselor, do?

#### Scenario 4

Linda continues to oversleep almost every morning. She has been given both oral and written pullups, but she has not changed her behavior. In addition, she is increasingly late to seminars and meetings. Her counselor is frustrated and comes to you, her supervisor, for advice. What would you do?

**Scenario 5**

Samantha was given oral pullups about her continued unwillingness to perform her commissary job functions. She blames others for her problem. The other residents of the commissary have submitted written pullups about Samantha's performance. As her counselor, what would you do?

**Scenario 6**

Daniel has been in treatment for 9 months. He accompanied a junior resident out on a pass and allowed him to deviate from the conditions of the pass. Daniel did not report this deviation on returning to the program. The junior resident reported the deviation 3 days later out of feelings of guilt. Once confronted, Daniel acknowledged the deviation. You are the director of the TC. What would you do?

## Resource Sheet #8-4: Group Process Tools

Group process tools are used to

- Stimulate emotional reactions and self-disclosure
- Break down denial and increase self-awareness
- Promote participation in the group process
- Demonstrate and practice responsible concern for self and others.

Provocative Tools	Evocative Tools
<p><i>Controlled hostility or anger:</i> Expressing angry feelings to intensify awareness.</p> <p><i>Engrossment:</i> Exaggerating behavior to penetrate denial.</p> <p><i>Humor or mild ridicule:</i> Promoting laughter so residents recognize their false social images, prejudices, and stereotypes.</p>	<p><i>Identification:</i> A feeling of relatedness between two people who have had a common experience and share similar feelings. Identification is demonstrated when residents express that they understand the feelings of another resident because they have had a similar experience.</p> <p><i>Compassion:</i> A feeling of concern for a person who is suffering. Compassion is demonstrated when a resident comforts another who is experiencing painful emotions.</p> <p><i>Empathy:</i> The ability to put oneself in another's shoes and convey an understanding of his or her feelings.</p> <p><i>Affirmation:</i> Words and gestures of support, encouragement, and approval to acknowledge residents' efforts to learn and change.</p>
Provocative and Evocative Group Process Tools	
<p><i>Projection:</i> Observing and interpreting behavior based on one's thoughts and feelings.</p> <p><i>Pretend gossip:</i> Talking about a resident as if he or she were not present to provide feedback without direct confrontation.</p> <p><i>Carom shot:</i> Speaking to another resident who has a similar problem with a third resident to avoid direct confrontation with the third resident.</p> <p><i>Lugs:</i> Mildly criticizing to raise awareness without causing a resident to become defensive.</p>	

## Resource Sheet #8-5: Role Play of Identification, Empathy, and Compassion

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### Scenario 1

#### Jennifer

Jennifer has been in Phase 1 of Stage II for 3 months and expects to advance to Phase 2. However, she has not followed program rules and has not spoken in encounter groups. Staff members decide to hold her in Phase 1 and provide her with specific behavioral goals to achieve before advancing to the next phase of treatment.

When Jennifer became aware she was being held back, she ran out of the room and told Freda, her counselor, that she wanted to leave. She went to her room to pack her things.

#### Freda

Freda went to Jennifer's room, found her angrily gathering her belongings, and attempted to calm her. Freda explained the decision in terms of the TC views of the disorder, the person, recovery, and right living. To help Jennifer understand the benefits of the decision, Freda scheduled a group meeting with three other residents who also have experienced being held back.

#### Residents

Resident #1 is a new TC resident and expresses compassion.

Resident #2 is a peer and expresses identification.

Resident #3 is a senior resident and expresses empathy.

#### Observer

One participant serves as observer to provide feedback on what went well and what could be changed during the role play.

Begin the role play with Freda explaining the reasons why Jennifer will not advance to Phase 2 of treatment.

## **Scenario 2**

### **Mario**

Mario has been in the TC for 12 months and has been seeking employment actively for 5 weeks. He has submitted numerous applications throughout the city.

Mario interviewed for a position as a front-desk attendant in a hotel and was optimistic that he would get the position. He contacted the hotel after 1 week and found out that he had not been chosen.

### **Ken**

Ken is Mario's counselor. He noticed Mario was upset and asked him what happened. Mario shared his disappointment and frustration with Ken. Ken asked him to share what happened with three other residents who also are looking for work.

### **Residents**

Resident #1 expresses compassion.

Resident #2 expresses identification.

Resident #3 expresses empathy.

### **Observer**

One participant serves as observer to provide feedback on what went well and what could be changed during the role play.

Begin the role play with Mario expressing his disappointment and frustration.

## Resource Sheet #8-6: Mock Encounter Group

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*See Resource Sheet #8-4 to review group process tools.  
Use these tools in the mock encounter group.*

### Mock Encounter Group Seating

- Arrange the chairs in a circle (with no empty seats).
- The person to be confronted sits opposite the person who will confront him or her.
- Residents representing peer strength and residents who have been in the TC for more than 6 months sit next to the person being confronted.
- The facilitator sits in a chair that is equidistant from the confronter and the person being confronted.

### Rules of the Mock Encounter Group

- Do not threaten, verbally attack, or call anyone names.
- Do not help the person being confronted.
- Do not leave the room or engage in side conversations.
- Use language that expresses your true feelings.
- Be completely honest and show responsible concern for all members of the group.

### Mock Encounter Group Phases

#### Confrontation

- The facilitator asks the resident who wrote a slip to state his or her observations and reactions to the resident's behavior (a slip is a written concern a resident has about another resident).
- Encounter group members may provide additional observations.
- Provocative tools are used to focus on the issues and to evoke the feelings of the person being confronted.
- The resident being confronted is expected to listen and respond to his or her peers' comments.
- The confrontation phase is over when the resident acknowledges and accepts the group's reaction to his or her behavior.

#### Conversation

- Encounter group members encourage the resident being confronted to focus on the behavior or attitude being discussed.
- Encounter group members encourage the resident to talk about his or her feelings.
- Encounter group members use evocative tools to deepen the resident's understanding of the problem.

- The conversation phase is over when the resident displays an understanding of the confrontation. He or she will
  - Label his or her feelings
  - State his or her self-defeating pattern of behavior or attitude
  - Ask for help in making personal changes.

### **Closure**

- Encounter group members provide positive encouragement, feedback, suggestions, and support to the resident being confronted.
- Suggestions are given to help the resident learn how to enact positive changes.
- Encounter group members speak with warmth, support, and affirmation to balance the first two phases.
- The closure phase is over when the resident makes a commitment to change and states what he or she will do differently.

### **Role of the Staff Person**

- Supervise the preparation and selection of residents.
- Facilitate the process (if this is the practice in your TC).
- Observe the process and residents' reactions and behaviors.
- Obtain feedback from other staff members and/or senior residents if you had to be absent from the group.
- Decide whether and when emergency intervention is required.

### **After an Encounter Group Session**

- It is important for the entire TC to participate in 30 minutes of socializing (snacks are provided) to continue the closure phase of supporting, affirming, and encouraging residents to change their behaviors and attitudes.
- Senior peer role models reach out to residents who may be upset about their experience.

### **Scenarios**

#### **Scenario 1: Demonstration**

Lou is 22 years old and has been a TC resident for 2 months. He is assigned to the kitchen crew. For the past 2 weeks, Joe has pulled him up on a daily basis for sitting down during kitchen cleanup. His behavior has not changed, and Joe has written a slip about Lou that Joe reads at the beginning of the encounter group.

The role play begins when Joe says to Lou: “Lou, I am concerned about you. I have asked you every day to help with kitchen cleanup, but you ignore me. I am worried about you because you don't seem to be participating. You are sitting down when everyone else is still working.”

Other crewmembers state their observations, explain their frustration because Lou is not doing his work, and express their concern for him.

Participants who are experienced TC staff members play Lou and Joe. They demonstrate the encounter group process of confrontation, conversation, and closure.

The facilitator, played by the trainer

- Arranges the seating
- Begins the mock encounter group by reviewing the rules
- Asks Joe to speak directly to Lou about his behavior
- Leads the group encounter process through the three phases: confrontation, conversation, and closure, using group process tools.

Other participants may participate and use the group process tools listed in Resource Sheet #8-4.

### **Scenario 2: Tanya and Marie**

Tanya is 38 years old. She has been a resident of the TC for 5 months and is assigned to be an expeditor. This is the second TC she has been in. She dropped out of the first program 4 years ago, relapsed within 6 weeks, and started using crack cocaine again. Marie also has been in the TC for 5 months and is the head of the kitchen department.

The role play begins when Marie says to Tanya: “Tanya, you have been dropping hints that you don’t think you need to complete the program and that it is time to leave. I am concerned about you and worried that you will start using drugs again. When you say you are going to leave, I feel that you don’t care about us and that you are thinking only about yourself.”

Other residents state their observations, explain how Marie’s comments and behavior are affecting them, and express their concern for her.

Participants who are new staff members play Tanya and Maria.

The facilitator

- Arranges the seating
- Begins the mock encounter group by reviewing the rules
- Asks Marie to speak directly to Tanya about her behavior
- Leads the group encounter process through the three phases: confrontation, conversation, and closure, using group process tools.

Other participants may participate and use the group process tools listed in Resource Sheet #8-4.

## Summary of Module 8

---

TC treatment methods consist of community tools, specific techniques that include reinforcers and sanctions, and group process tools that include provocative and evocative tools.

### Community Tools

*(Specific techniques are described in Resource Sheet #8-1: Community Tools.)*

Community tools are specific techniques that include reinforcers to encourage prosocial behaviors and sanctions to discourage rule-breaking behavior.

#### Reinforcers

Reinforcers include

- Affirmations
- Pushups
- Privileges.

Affirmations and pushups are important because they not only encourage change in the person receiving the feedback but also serve as a self-reinforcer to the resident giving the affirmation or pushup.

Changing one's behavior to seek privileges is the first step of a process that leads to internalized change. Tangible privileges act as incentives for residents to try new behaviors; once a resident engages in a new behavior, he or she is likely to find it reinforcing socially and emotionally. The behavior then becomes personally relevant and valuable and can be internalized.

#### Sanctions

Sanction is a general term used to include consequences for self-defeating behaviors and attitudes. Sanctions provide the opportunity for residents to learn from mistakes. The entire community is made aware of sanctions that are delivered, providing vicarious learning for residents and strengthening community cohesiveness. Peers are expected to detect, confront, and report violations of rules and self-defeating behaviors and attitudes. This is critical to the self-help and mutual self-help learning processes.

Sanctions include oral or written correctives and interventions.

Oral or written correctives include

- Pullups
- Bookings
- Talking-tos
- Reprimands.

Interventions are consequences decided by staff members for violations of rules or when a resident consistently fails to meet TC expectations. Interventions vary in severity depending on the TC rule that has been violated. The staff member's objective is to use the least severe consequence necessary to maximize learning. Interventions are not punitive but are part of the learning process. The desired outcome, usually a behavior change, must be clear. If the intervention does not result in a change of behavior, another community tool must be used.

Staff members are expected to explain the rationale for their decisions in terms of the TC view of the disorder, the person, recovery, and right living. Interventions must be documented in the resident's record and must be justified clinically.

Interventions for minor infractions include

- Learning experiences
- Demotions
- Speaking bans
- Losses of privileges.

Interventions for major infractions and serious problems in the community include

- Losses of phase status
- House changes
- Administrative discharges
- House bans
- Bench
- Relating (or confrontation) booth.

## **Groups in the TC**

TC groups can be classified as educational or clinical.

### **Educational Groups**

Educational groups encourage personal growth, provide work-related skills training, teach the group process, and include

- Personal growth groups to teach residents how to explore concepts in an intellectual or conversational format
- TC job skills groups to teach residents about specific jobs required in the TC and the proper way to perform these jobs
- Clinical skills groups to teach new residents how to use group process tools via simulated or mock encounter groups
- Life skills groups to teach specific skills that residents need to succeed in mainstream society
- Reentry groups to prepare residents to move back into the community.

## Clinical Groups

Clinical groups provide residents with the opportunity to

- Express intense emotions
- Gain insight into their behavior and that of other residents
- Relate to other residents' experiences and situations
- Receive healing affirmations from peers and staff
- Model appropriate group behavior
- Exhibit leadership.

A set of rules applies to all TC clinical groups to protect the psychological and physical well-being of residents. These rules prohibit

- Physical violence
- Oral threats or gestures of violence
- Cultural stereotyping
- Disclosure of information outside the TC.

Clinical groups include

- Encounter groups to help raise residents' awareness of their self-defeating behaviors and attitudes
- Probe groups to obtain information from residents about critical events that have occurred in their lives
- Marathon groups to enhance residents' motivation to address critical issues in their lives and begin the process of resolving experiences that have impeded their growth and development
- Static groups to support a small group of people on a specific issue and to monitor their change over time.

## Group Process Tools

*(Specific techniques are described in Resource Sheet #8-4: Group Process Tools.)*

Provocative tools are used to challenge and confront residents and include

- Controlled hostility or anger
- Engrossment
- Humor or mild ridicule.

Evocative group process tools are used to support and encourage residents and include

- Identification
- Compassion
- Empathy.

Group process tools that are both provocative and evocative include

- Projection
- Pretend gossip
- Carom shot
- Lugs.

## **TCA Staff Competency—Understanding and Facilitating the Group Process**

Groups in the TC play a significant part in the change process. The peer encounter group is the main therapeutic group format, although other group formats are used. In groups, residents learn about themselves and the recovery process by identifying and coping with feelings about people and life situations.

The TC group process addresses the underlying issues and the wide range of psychological and educational needs of residents that arise during work and when living in a community. Groups focus on peer interaction that reinforces the self-help and mutual self-help processes. Feedback from other residents is an essential part of the group process for fostering change. Staff members and senior residents serve as facilitators of the process.

Staff members can facilitate the group process by

- \$ Keeping the group on track to prevent it from taking a negative direction
- \$ Ensuring the psychological and physical safety of group members by enforcing group rules
- \$ Engaging inactive residents in the group process
- \$ Allowing residents to do most of the “work” in a therapy or process group; facilitator input should be minimal.

## **Review of Module 8**

---

In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

\$ Define affirmations, pushups, and privileges?

\$ Define and explain the purpose of sanctions?

\$ Name and define three types of verbal correctives?

\$ Name and define five types of interventions?

\$ Name and describe three types of educational groups?

\$ Name and describe four types of clinical groups?

\$ Describe five examples of group process tools?

\$ Name and describe the three phases of encounter groups?

\$ Describe at least one way staff members can facilitate the group process?

## Module 9: Work as Therapy and Education

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### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 9, including Resource Sheets, Summary of Module 9, and Review of Module 9.
- Review the following recommended reference:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapter 9.
- Write on newsprint the following:

New TC Residents:

  - Mistrust and lack respect for authority
  - Lack interpersonal skills
  - Have poor work habits and a poor work ethic
  - Have poor self-esteem
  - Have a pessimistic outlook on life and the future (“Life is terrible, and everyone is against me.”)
  - Have a rebellious attitude (“No one tells me what to do.”)
  - Lack emotional self-management (e.g., are easily irritated, passive, aggressive)
  - Use drugs or alcohol to cope with stress at work.
- In addition to the materials listed in Getting Started, assemble the following for Module 9:
  - Poster board
  - Crayons or markers
  - A list of your TC’s resident jobs and job descriptions; one copy for each participant.

## Module 9 Goal and Objectives

**Goal:** To understand that the primary purpose of work in a TC is to reveal and address residents' attitudes, values, and emotional growth issues.

**Objectives:** Participants who complete Module 9 will be able to

- State the primary purpose of work in a TC
- State at least two ways work in a TC benefits residents
- Describe at least three ways staff members can promote healing and learning for residents through work
- Explain the way residents progress through the peer work hierarchy
- Explain the purpose of the structure board
- Explain the rationale for work-related decisions in terms of the TC views of the disorder, the person, recovery, and right living.

## Content and Timeline

Introduction	20 minutes
Presentation: The Value of Work in the TC	30 minutes
Presentation: How Staff Members Can Promote Healing and Learning Through Work	15 minutes
Presentation: Peer Work Structure and Hierarchy	20 minutes
Break	15 minutes
Exercise: Case Study of Ray at Work	45 minutes
Presentation: The Structure Board	10 minutes
Exercise: The Structure Board	45 minutes
Presentation: Work-Related Decisionmaking	30 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 30 minutes

## TCC MODULE 9



20 minutes



OH #9-1



## Introduction

Distribute and review the Module 9 agenda.

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*If you are conducting Module 9 as a stand-alone session or if you have just completed presenting Module 8, skip the following Module 8 review.*

---

## Review

Ask participants what they remember from Module 8. Ensure that the following topics are reviewed:

- Community tools: Reinforcers and sanctions
- TC groups
- Group tools
- Encounter groups.

Ask participants whether they have any questions or have had any thoughts about Module 8.

## Module 9 Goal and Objectives

Ask participants to turn to page PM 9-1 of their Participant's Manuals.

Present the goal and objectives of Module 9.

**Goal:** To understand that the primary purpose of work in a TC is to reveal and address residents' attitudes, values, and emotional growth issues.

**Objectives:** Participants who complete Module 9 will be able to

- State the primary purpose of work in a TC
- State at least two ways work in a TC benefits residents
- Describe at least three ways staff members can promote healing and learning for residents through work
- Explain the way residents progress through the peer work hierarchy
- Explain the purpose of the structure board
- Explain the rationale for work-related decisions in terms of the TC views of the disorder, the person, recovery, and right living.

**TCC MODULE 9**



30 minutes



OH #9-2

**Presentation: The Value of Work in the TC**

Introduce the topic of work in the TC and explain that in most TCs nearly all of the tasks necessary for the daily functioning of the TC are performed by TC residents, with supervision from staff.

Emphasize that although residents perform tasks necessary to the TC, the primary purpose of work in a TC is to reveal and address residents' attitudes, values, and emotional growth issues.

Explain that

- Work as therapy and education is a hallmark of the TC approach.
- In non-TC approaches, clients receive treatment before going back to work and work is considered separate from treatment.
- In the TC perspective, work is an essential element of treatment; observing how a resident behaves at work reveals underlying issues.
- A resident's ability to work successfully in mainstream society is critical to the TC's "whole person" concept of recovery.



Refer participants to the prepared newsprint and explain that new residents typically exhibit one or more of the following characteristics:

- Mistrust and lack respect for authority
- Lack interpersonal skills
- Have poor work habits and a poor work ethic
- Have poor self-esteem
- Have a pessimistic outlook on life and the future ("Life is terrible, and everyone is against me.")
- Have a rebellious attitude ("No one tells me what to do.")
- Lack emotional self-management (e.g., are easily irritated, passive, aggressive)
- Use drugs or alcohol to cope with stress at work.



Refer participants to page PM 9-5, Resource Sheet #9-1: Case Study of Ray at Work, Part I, in their Participant's Manual.

Allow a few minutes for participants to read the Resource Sheet.

Ask participants to identify which of the characteristics listed above apply to Ray and to give examples.

Explain that work in the TC is used to

## TCC MODULE 9



OH #9-3

- Shape personal behavior
- Promote positive interpersonal relationships
- Create a sense of community
- Instill attitudes that promote right living
- Teach job skills as residents prepare to leave the TC.

Note that work in a TC benefits residents in important ways:

- Residents can practice work skills in a controlled and structured setting.
- Residents are in an environment where it is safe to act out, discuss their feelings, and increase their self-awareness.
- The work hierarchy and the fact that residents are responsible for the functioning of the TC increase a resident's sense of affiliation with the community.
- Residents are challenged continually to change by being assigned to jobs with increasing performance demands and expectations.
- The TC work hierarchy approximates the real world of work; moving up in the TC work hierarchy requires skills similar to those needed to advance in a job or career in the outside world.

Ask an experienced staff member to describe a situation that illustrates how a resident has benefited from work in the TC.



15 minutes



OH #9-4

### **Presentation: How Staff Members Can Promote Healing and Learning Through Work**

Explain that the role of staff members in promoting healing and learning through work involves

- *Thoughtful assignment of members to job functions:* Staff members must consider
  - The resident's developmental needs
  - The specific challenges and learning opportunities provided by each job in the community.
- *Encouraging self-help:* Staff members must not do the work for the residents even when staff members feel rushed or have the need to be needed.
- *Acting as a role model:* Residents observe staff members' work habits, work ethic, and how staff members

**TCC MODULE 9**

- Dress at work
- Relate to other staff members
- Manage their emotions.
- *Educating and explaining:* Staff members must take the time to explain the peer work hierarchy and what is expected of residents.
- *Promoting the community-as-method approach and mutual self-help.*
- *Helping residents be role models:* Staff members encourage
  - Motivation
  - Achieving one's personal best
  - Cooperating and working with others as a team
  - Friendly and healthy competition
  - Respect toward subordinates and superiors
  - Adhering to a work ethic
  - Conflict resolution.

Ask participants for examples of how they promote healing and learning through work in their particular staff member role.



20 minutes

**Presentation: Peer Work Structure and Hierarchy**

Give each participant a copy of your TC's resident job descriptions, and refer to it (as necessary) for examples in each area of the hierarchy.



OH #9-5

Discuss that residents progress through the following peer work structure and hierarchy:

*Crewmember*

- When TC residents first enter the community, they are assigned to a specific crew.
- They are asked to perform simple tasks and are assessed by staff members to determine their attitudes, personal and work habits, and basic self-management skills, such as
  - Following directions
  - Accepting the authority of a supervisor.

Ask participants to name the various crews in their TC work hierarchy and to give examples of work tasks.

## TCC MODULE 9

*Crew leader* (sometimes called assistant department heads or ramrods)

- \$ When residents show initiative and the willingness to take on more responsibility, they are assigned to be crew leaders and given responsibility for supervising other residents.
- \$ Crew leaders focus on improving work relations and self-management, while developing a good work ethic.

Ask participants for examples of the responsibilities of crew leaders in their TC.

*Advanced peer leadership*

- \$ Residents who have performed well in crews or as crew leaders may advance to more responsible positions such as expeditor, department head, or coordinator.
- \$ Residents in these positions are considered peer leaders who are role models for right living.

Ask participants for examples of the responsibilities residents have when in peer leadership positions.

*Junior staff trainee candidate*

- Many TCs allow eligible residents to become candidates for training as junior staff members in the final stage of the TC program.

Ask participants what criteria are used to determine a resident's eligibility for junior staff member training in their TC.



45 minutes



### **Exercise: Case Study of Ray at Work**

Refer participants to page PM 9-5, Resource Sheet #9-1: Case Study of Ray at Work, Part II, in their Participant's Manual.

Introduce the exercise by explaining that

- The purpose of the exercise is to reinforce how staff members promote the TC healing and learning processes for residents through work.
- Participants will work in small groups to discuss what they would do to help Ray in each aspect of the peer work structure and hierarchy.

Assign one or more scenarios to each small group for discussion.

**TCC MODULE 9**

Ask each group to select

- A facilitator to keep track of time and encourage each participant to contribute to the discussion
- A reporter to take notes and present the group consensus for each question
- An observer to be aware of the small-group dynamics and comment on it.

Allow 15 minutes for each group to discuss how they would

- Encourage self-help
- Be a role model
- Educate and explain
- Promote the community-as-method approach and mutual self-help.

Allow 15 minutes for reporters to present summaries of the discussions and observers to report what they observed.

Allow 5 minutes for participants to answer the following questions:

- How did you feel during the exercise?
- What did you notice about yourself during the exercise?

Thank participants for sharing.

Allow 5 minutes for participants to write in their journals. Possible subjects include

- How do you see the role of work in your TC?
- What do you consider your strengths as a role model for work?

Review by asking participants to

- Explain the primary purpose of work and how work in a TC benefits residents
- Describe ways staff members can promote healing and learning for residents through work
- Explain how residents progress through the peer work structure and hierarchy.

Emphasize that the primary purpose of work in a TC is to reveal and address residents' attitudes, values, and emotional growth issues.

Ask participants whether they have any questions about what has been discussed so far.



OH #9-6



## TCC MODULE 9



10 minutes

## Presentation: The Structure Board

Explain that the structure board

- Is a large visual representation of the TC social structure
- Is placed in a highly visible location, such as outside the coordinator's office or in the lounge
- Enhances residents' sense of belonging in the TC
- Includes
  - Residents' names
  - Their work positions
  - Their program stage and phase of treatment.

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*If you have been using job assignments as part of this training, use that structure board as an example. Ask participants: Has having a job assignment enhanced your experience in the training community?*

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45 minutes



## Exercise: The Structure Board

Ask participants to join their small groups.

Refer participants to page PM 9-8, Resource Sheet #9-2: The Structure Board.

Give each group a piece of poster board and markers.

Ask participants to use the Resource Sheet as a guide and work together to re-create their TC's structure board (or a composite if members are from two or more TCs) on the poster board.

Ask participants to discuss in their groups how residents move from one job assignment to the next in their TC.

Allow 20 minutes for participants in small groups to complete their structure board.

Allow 20 minutes for participants to present their boards and a summary of how residents move from one job assignment to the next in their TC.

Ask participants whether they have any questions or comments.

TCC MODULE 9



30 minutes



OH #9-7

## Presentation: Work-Related Decisionmaking

Explain that the work structure and hierarchy in the TC represent levels of responsibility and leadership that

- Facilitate incremental behavior change
- Reward positive behavior
- Maintain community activities on a daily basis.

Note that

- Job assignments and promotions must be made based on the learning needs of the resident.
- Progression in the work hierarchy depends on the behavior and attitudes of the resident while working, as well as his or her participation in all aspects of community life.
- Staff members may decide to reassign a resident to a position with lesser status if necessary. For example:

*An introverted resident who lets other residents push him around may be given the position of expediter. The resident would then be responsible for monitoring and directing resident activity, which would help him become more assertive.*

*A resident who becomes overconfident or condescending may be placed in a position of lesser status, where she must take direction from others. The decision to place the resident in a lower position serves as a reminder that she must be a role model for others and provides an opportunity for her to cope with “healthy discomfort.”*

- Decisions must be made on the basis of what is the best learning experience for the resident, not what benefits the community.

Ask participants for examples of when it might be tempting to keep a resident in a position *longer* than it benefits him or her.

Ask participants for examples of when it might be tempting to remove a resident from a position *earlier* than would benefit him or her because it is causing difficulties for staff members.

Emphasize that staff members must explain their decisions in terms of the TC views of the disorder, the person, recovery, and right living.

## TCC MODULE 9

Ask participants for examples of recent work-related decisions they have made or observed.

Invite participants to discuss these decisions in terms of the TC views.

Ask participants whether they have any questions about what has been discussed in this session.



20 minutes



### Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 9-9, Summary of Module 9.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 9-12, Review of Module 9.

Instruct participants to work with their small groups to answer the questions on Review of Module 9. Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

Ask participants what they learned in this session, and facilitate discussion.



20 minutes



OH #9-8



### Journal Writing and Wrapup

#### Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- How has your TCC work assignment contributed to or enhanced your experience as part of the training community?
- How are you feeling about the training community at this point?

**TCC MODULE 9**

**Wrapup**

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 9 or the training in general. Note that participants may say anything on their mind.

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.



OH #9-9

**Pework for Module 10: Stages of the TC Program and the Phases of Treatment**

Ask participants to read Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages.

## Resource Sheet #9-1: Case Study of Ray at Work

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*Review page PM 3-5, Resource Sheet #3-1: Case Study of Ray—Disorder of the Whole Person.*

### Ray's Work-Related Behaviors When He First Entered the TC

*Personal habits:* Ray was notorious for being late to work and often had an unkempt appearance.

*Work habits:* Ray's work performance was inconsistent and unpredictable. He frequently had to be reminded of scheduled meetings and deadlines.

*Interpersonal relationships:* Ray was rebellious and quick to start arguments with his coworkers. He complained about his boss to his coworkers but would not talk at staff meetings.

*Self-management:* Ray was frustrated when customers did not order immediately after his sales presentation. He wanted instant success and would not accept suggestions about how to develop a long-term sales strategy.

*Work values:* Ray's attitude toward work was erratic. At times he appeared motivated and performed fairly well; at other times he cut corners and did not follow up according to company procedures. His primary motivation to work was to make money so he could buy drugs.

### Part I

Which of the following characteristics of new TC residents do you think apply to Ray?

- Mistrust and lack of respect for authority
- Lack of interpersonal skills
- Poor work habits and a poor work ethic
- Poor self-esteem
- A pessimistic outlook on life and the future ("Life is terrible, and everyone is against me.")
- A rebellious attitude ("No one tells me what to do.")
- Lack of emotional self-management (e.g., easily irritated, passive, aggressive)
- Use of drugs or alcohol to cope with stress at work.

### Part II

Read the scenarios assigned to your group and decide as a group how you could

- \$ Encourage self-help
- \$ Be a role model
- \$ Educate and explain
- \$ Promote community-as-method and mutual self-help.

## **Scenarios**

### **Scenario 1: Crewmember**

During Ray's first weeks in the TC he received extensive instruction from staff about the essential elements of the TC approach.

Ray worked as a kitchen crewmember for 5 weeks and was inconsistent in his work performance. He was unable to control his emotions on several occasions and was unable to communicate well with others.

Ray received considerable attention from staff members and was made aware of his unreliable performance and the consequences this behavior had on others. He was held accountable in his encounter groups.

### **Scenario 2: Crew Leader**

Ray advanced to crew leader when he demonstrated more responsible and consistent behavior as a crewmember.

As crew leader, Ray was presented with many opportunities to learn how to be responsible and accountable and to manage others. Staff members presented situations to him that furthered his self-knowledge and revealed underlying problems.

In his encounter group sessions, Ray became more aware of how his behavior affected others.

### **Scenario 3: Expediter**

After 1 month of serving as a crew leader, Ray was becoming committed to the community and showing concern for the welfare of others. He was promoted to expediter, which provided the opportunity to reinforce TC rules and principles.

In the role of expediter, Ray was trained to observe others and to report problems, such as when rules were broken or when someone had a problem relating to authority or to staff members. Ray became familiar with all aspects of the TC. He learned how to cope with disapproval and criticism from his peers and how to hold others accountable.

He observed how staff members and senior residents spoke to new residents and started imitating their behavior and repeating their words. In his encounter groups, Ray became aware of the effect on others when he failed to report misbehavior or did not complete his reports accurately and on time.

Ray gradually learned to be responsible for himself and others.

#### **Scenario 4: Department Head**

After 1 month as an expediter, Ray demonstrated readiness to accept direct responsibility for an area of work and staff supervision to strengthen his management skills for the outside world.

The role of department head provided opportunities for Ray to be tested in all areas, including his relationship with others, self-management, and work values. It allowed him to be tested on underlying personal issues that had surfaced over the past several months.

In the TC, residents keep meticulous records of all events. Each activity that occurs is reported in writing. In his role as department head, Ray reviewed the logs every day to ensure that incidents were handled appropriately.

As department head, Ray was faced with a turning point decision: “Am I part of this community, or will I continue to seek instant gratification and to evade responsibility?”

Ray began to feel responsible for maintaining the TC as a healthy and safe community. He realized that he did not need staff members to watch him constantly to make sure he was acting responsibly.

#### **Scenario 5: Coordinator**

After 2 months of serving as department head and successfully resolving an intense conflict with a new resident, Ray was promoted to coordinator. He demonstrated that he could walk the walk and talk the talk.

In his role as coordinator, Ray directly supervised expeditors, led meetings, reviewed resident schedules, and was involved in disciplinary actions.

Ray served as a successful resident role model, which enhanced his self-identity and helped new residents.

Although Ray achieved the highest ranking resident management position, he still performed a wide range of tasks, such as mopping floors, conducting room runs, and serving food. He demonstrated proper procedures and was learning to be a consistent role model for others.

Ray learned to handle his newly acquired status, power, and independence while continuing his personal growth through self-reflection and guidance from peers and staff.

Ray became eligible for junior staff training.

## Resource Sheet #9-2: The Structure Board

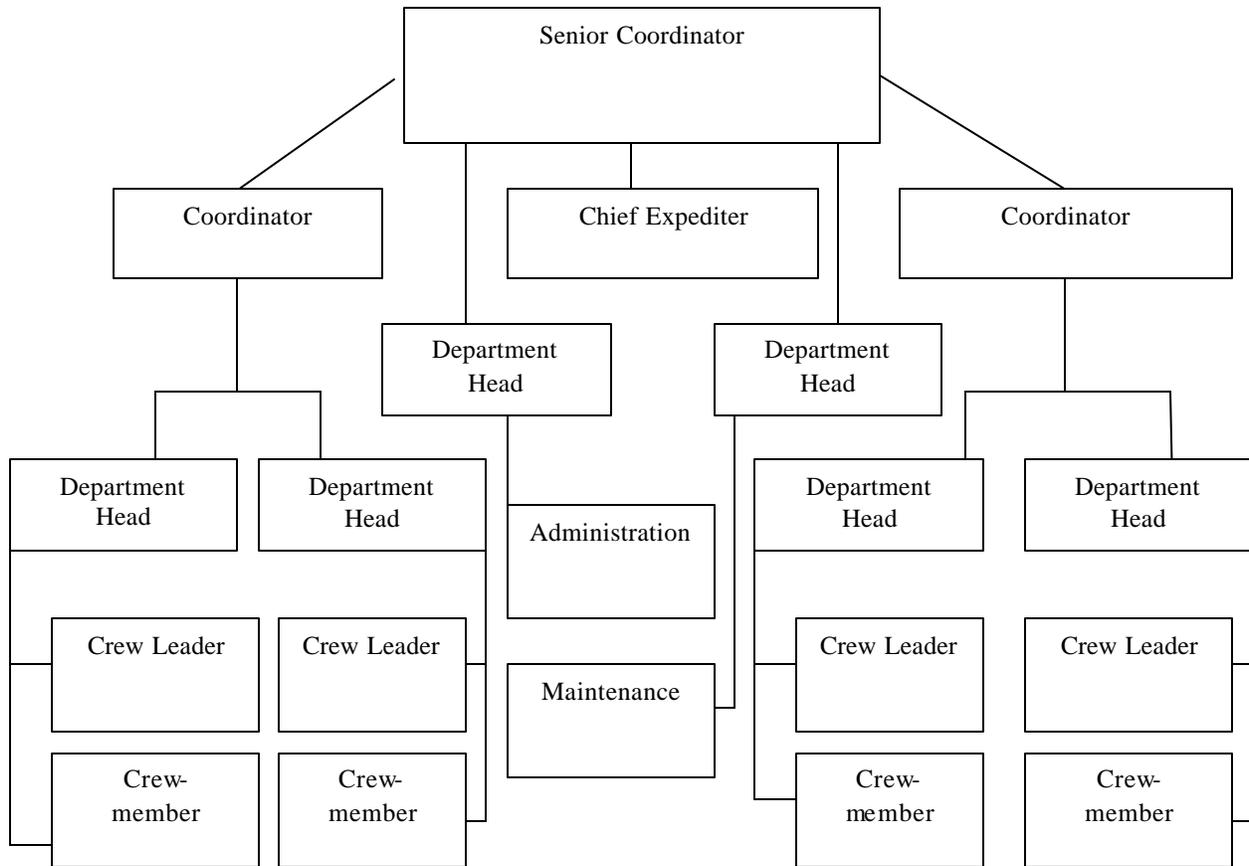
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### Instructions

Using this Resource Sheet as a guide, construct a structure board for your facility, including:

- The titles used in your facility
- The first names of the people currently serving in those positions.

Add positions, departments, and crews that exist in your facility.



## Summary of Module 9

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Work as therapy and education is a hallmark of the TC approach. In non-TC approaches, clients receive treatment before going back to work, and work is considered separate from treatment. In the TC perspective, work is an essential element of treatment; observing how a resident behaves at work reveals underlying issues. A resident's ability to work successfully in mainstream society is critical to the TC's "whole person" concept of recovery.

### The Value of Work in the TC

Although residents perform tasks necessary to the TC, the primary purpose of work in a TC is to reveal and address residents' attitudes, values, and emotional growth issues.

Work in the TC is used to

- Shape personal behavior
- Promote positive interpersonal relationships
- Create a sense of community
- Instill attitudes that promote right living
- Teach job skills as residents prepare to leave the TC.

Work in a TC benefits residents in many ways:

- Residents can practice work skills in a controlled and structured setting.
- Residents are in an environment where it is safe to act out, discuss their feelings, and increase their self-awareness.
- The work hierarchy and the fact that residents are responsible for the functioning of the TC increase a resident's sense of affiliation with the community.
- Residents are challenged continually to change by being put in job situations with increasing performance demands and expectations.
- The TC work hierarchy approximates the real world of work; moving up in the TC work hierarchy requires skills similar to those needed to advance in a job or career in the outside world.

### How Staff Members Promote Healing and Learning Through Work

Staff members are expected to

- *Encourage self-help:* Staff members must not do the work for residents even when the staff members feel rushed or have a need to be needed.
- *Be a role model:* Residents observe staff members' work habits, work ethic, and how they
  - Dress at work

- Relate to other staff members
- Manage their emotions.

**\$** *Educate and explain:* Staff members must take the time to explain what is expected of residents and the peer work hierarchy.

**\$** *Promote the community-as-method approach and mutual self-help.*

- *Encourage residents to be responsible and productive workers.*
- *Change job assignments of residents regularly:* Residents need to explore different roles, new experiences, and increasing levels of responsibility.
- *Help residents be role models:* Staff members encourage
  - Motivation
  - Achieving one's personal best
  - Cooperating and working with others as a team
  - Friendly and healthy competition
  - Respect toward subordinates and superiors
  - Adhering to a work ethic
  - Conflict resolution.

## Peer Work Structure and Hierarchy

The TC provides an orderly and rational process for residents to progress through the peer work structure and hierarchy, as follows:

**\$** *Crewmember:* When TC residents first enter the community, they are assigned to a specific crew. They are asked to perform simple tasks and are assessed to determine their attitudes, personal and work habits, and basic self-management skills, such as following directions and accepting supervisor's authority.

**\$** *Crew leader:* When residents have shown initiative and the willingness to take on more responsibility, they may be assigned to be crew leaders and given responsibility for supervising other residents. Crew leaders focus on improving work relations and self-management, while promoting a strong work ethic.

**\$** *Advanced peer leadership:* Residents who have performed well in crews or as crew leaders may advance to more responsible positions such as expeditor, department head, and coordinator. In these positions, residents are responsible for maintaining the safety and healing environment of the TC by making sure rules are followed and systems are maintained. They are considered peer leaders who are role models for right living.

**\$** *Junior staff trainee candidate:* Many TCs allow eligible residents to become candidates for training as junior staff members in the final treatment phase.

## The Structure Board

The structure board is a visual representation of the TC structure and is placed in a highly visible location, such as outside the coordinator's office or in the lounge. The board includes residents'

names, their work positions, and their program stage and phase of treatment. Being included on the structure board enhances residents' sense of belonging to the TC.

## **Work-Related Decisionmaking**

The work structure and hierarchy represent levels of responsibility (and leadership) that

- Facilitate incremental behavior change
- Reward positive behavior
- Maintain community activities on a daily basis.

Assignments and promotions are considered carefully for each resident. Progression (or regression) in the hierarchy depends on the behavior and attitudes exhibited by the resident while working, as well as his or her participation in other aspects of community life.

Staff members' decisions must be made on the basis of what is the best learning experience for the resident, not what benefits the community.



# Module 10: Stages of the TC Program and the Phases of Treatment

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## Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 10, including Resource Sheet, Summary of Module 10, and Review of Module 10.
- Review the following recommended references:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapter 13.
  - Kressel, D.; De Leon, G.; Palij, M.; and Rubin, G. Measuring client clinical progress in therapeutic community treatment: The therapeutic community Client Assessment Inventory, Client Assessment Summary, and Staff Assessment Summary. *Journal of Substance Abuse Treatment* 19(3):267–272, 2000.
- If your TC uses resident assessment tools, bring copies of the tools and briefly discuss objective measures of resident progress.
- No additional materials are needed for Module 10.

## Module 10 Goal and Objectives

**Goal:** To understand what residents are expected to achieve to complete each stage of the TC program successfully.

**Objectives:** Participants who complete Module 10 will be able to

- List the three stages of the TC program and explain how residents progress through each stage
- Describe at least two goals of each stage and phase of the TC program
- Describe at least one benefit to residents of the staged approach to treatment
- Explain decisions to advance a resident through the stages and phases based on the TC views of the disorder, the person, recovery, and right living
- Explain the relationship between TC program stages and phases and the privilege system and state at least one way staff members demonstrate their understanding of this relationship
- Explain the importance of maintaining accurate records and state at least one way staff members fulfill this requirement.

## Content and Timeline

Introduction	20 minutes
Presentation: Preprogram Assessment	15 minutes
Presentation: Stages of the TC Program—Overview	10 minutes
Presentation: Stage I, Orientation or Induction	20 minutes
Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage I, Role Play	25 minutes
Break	15 minutes
Presentation: Stage II, Primary Treatment	20 minutes
Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage II	25 minutes
Presentation: Stage III, Reentry	20 minutes
Break	15 minutes
Presentation: Program Completion	20 minutes
Presentation: TCA Staff Competency—Understanding and Promoting Upward Mobility and the Privilege System	10 minutes
Presentation: TCA Staff Competency—Maintaining Accurate Records	20 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 35 minutes

## TCC MODULE 10



20 minutes



OH #10-1

## Introduction

Distribute and review the Module 10 agenda.

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*If you are conducting Module 10 as a stand-alone session or if you have just completed presenting Module 9, skip the following Module 9 review.*

---

## Review

Ask participants what they remember from Module 9. Ensure that the following topics are reviewed:

- The primary purpose of work in a TC and how work in a TC benefits residents
- How staff members can promote the healing and learning process for residents through work
- The way residents progress through the peer work hierarchy
- The purpose of the structure board
- The rationale for work-related decisions.

Ask participants whether they have any questions or have had any thoughts about Module 9.

## Module 10 Goal and Objectives

Ask participants to turn to page PM 10-1 of their Participant's Manuals.

Present the goal and objectives of Module 10.

**Goal:** To understand what residents are expected to achieve to complete each stage of the TC program successfully.

**Objectives:** Participants who complete Module 10 will be able to

- List the three stages of the TC program and explain how residents progress through each stage
- Describe at least two goals of each stage and phase of the TC program
- Describe at least one benefit to residents of the staged approach to treatment
- Explain decisions to advance a resident through the stages and phases based on the TC views of the disorder, the person, recovery, and right living



**TCC MODULE 10**

- Explain the relationship between TC program stages and phases and the privilege system and state at least one way staff members demonstrate their understanding of this relationship
- Explain the importance of maintaining accurate records and state at least one way staff members fulfill this requirement.



15 minutes

**Presentation: Preprogram Assessment**

Explain that no “typical” TC resident exists, that people from all walks of life and all cultures come to TCs, but that in general

- More men than women receive TC treatment.
- The majority of TC residents have had some experience with the criminal justice system.
- Many residents have been referred to TCs as a condition of release from prison or as a result of a court order.
- Many residents have limited education and poor work histories.



OH #10-2

Explain that TCs conduct a preprogram assessment of potential residents, consisting of

- A structured interview, conducted by a clinical staff member
- A medical evaluation, conducted by a TC’s medical staff or a contract physician.

Explain that the structured interview and medical evaluation

- Identify factors that *may* make a person inappropriate for TC treatment, such as
  - Current suicidal thoughts or multiple suicide attempts
  - History of arson
  - Violent behavior
  - Mental disorders that would impede the person’s ability to participate in the TC program
  - Acute physical illness that must be treated before admission
- Identify the person’s need for ongoing psychiatric care, such as medication management
- Assess the person’s need for medically monitored or ambulatory detoxification
- Identify the person’s need for ongoing medical care

## TCC MODULE 10

- Obtain information about the person's prior treatment experiences
- Obtain preliminary information about the person's alcohol and drug use
- Obtain preliminary information about a person's social history, including
  - Employment status and history
  - Family and relationship history and current status
  - Legal status
  - Education
- Prepare the person for long-term treatment.

Ask participants whether they know the criteria their TC uses for *not* accepting a person into the program. If they do not, assign finding out as homework.



Refer participants to page PM 10-5, Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages, Part I.

Tell participants that you will use Marcus as an example throughout this module, and ask them to take a few minutes to review the Background and Preprogram Assessment subsections of the case study.

Describe the preprogram assessment process for Marcus as follows:

- Marcus' probation officer ordered him to treatment.
- An appointment was scheduled with a TC intake worker.
- The intake worker gathered specific information to determine whether Marcus has any medical or mental disorders that would prevent him from actively participating in the TC treatment process.

Ask participants whether, according to the case study, any factors in Marcus' history could make him inappropriate for TC treatment. Continue to describe the process as follows:

- The intake worker determined that Marcus did not have exclusionary factors.
- The worker asked Marcus to sign appropriate admission paperwork and permissions for release of information.
- The supervisor of admissions reviewed the intake worker's assessment and authorized the final disposition.
- The supervisor wrote a clinical justification for Marcus' admission.

Ask participants whether the process in their TC differs and, if so, in what ways.

**TCC MODULE 10**



Invite participants to give their impressions of Marcus as a new TC resident.  
Write the responses on newsprint.



10 minutes

**Presentation: Stages of the TC Program—Overview**

Provide an overview, explaining that

- Treatment in a TC may be divided into three distinct program stages.
- As a resident makes incremental changes in behavior and attitude, he or she progresses to the next program stage.
- A resident may be returned to an earlier stage based on his or her behavior.
- Each stage may have one or more phases.
- The information contained in this module is based on a generic TC with three stages and three phases in Stages II and III.



OH #10-3

Emphasize that the staged approach to treatment allows for gradual progress and change and is guided by the assumption that time must be allowed for residents to

- Practice prosocial behaviors and attitudes
- Experience success or failure through trial and error
- Be supported and guided by the community
- Internalize new behaviors and attitudes and become accustomed to living them on a daily basis.

Explain that a resident progresses through each stage and phase in the following ways:

- The community sets intermediate behavioral goals that are specific for each resident during each stage and phase of the TC program.
- The goals of one stage or phase must be met before a resident can advance to the next stage or phase.
- Residents may request movement to the next stage or phase when they believe the goals of their level have been achieved.
- Residents are expected to show commitment to the TC program and act as if while participating in TC activities.

Discuss decisionmaking and advancement through stages and phases as follows:

- The final decision to move a resident ahead or back is made by staff members, with significant input from the community.

## TCC MODULE 10

- Residents may be returned to a previous stage or phase in a stage if their behavior deteriorates and they do not progress.
- Staff members are expected to explain their decisions in terms of the TC views of the disorder, the person, recovery, and right living.

Ask participants whether they have any questions about what has been discussed so far.

Point out that a participant's TC may use different terms for stages and phases, but the underlying concepts should still apply.

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*If training participants are working in outpatient or very short-term TCs, consider adjusting the following descriptions of program stages and phases.*

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List the three stages of the TC program as

- Stage I, Orientation or Induction
- Stage II, Primary Treatment (divided into three phases: Phases 1, 2, and 3)
- Stage III, Reentry (divided into three phases: early, middle, and late phases).



OH #10-4



20 minutes

### **Presentation: Stage I, Orientation or Induction**

Explain that Stage I

- Usually lasts 15 to 30 days
- Addresses new residents' initial fears of treatment and motivates them to engage in the treatment process
- Provides critical instruction and guided practice on the
  - Rules and philosophy of the TC
  - Dynamics of the group process
  - Terms used in TC practices.

Explain that in Stage I TC staff members and senior residents

- Role model desired behaviors
- Are available to guide and correct residents.

Explain that Stage I is particularly important in

- *Reducing anxiety and stress for new residents:* Many residents have not been drug or alcohol free for more than a few days at a time and find the

**TCC MODULE 10**

social and psychological structure and expectations of the program stressful.

- *Preventing dropout:*
  - The risk of residents dropping out of treatment is greatest during the first 15 to 30 days.
  - Although new residents receive much of their orientation from other residents, they have more direct contact with staff members during this stage than during the other two stages.

Identify the following components of Stage I:

- *Learning about program expectations:*
  - Residents learn the expectations of the TC and how they benefit from meeting those expectations.
  - They receive guidance about how to participate and function in the TC.
- *Treatment planning and goal setting:*
  - Staff members and each new resident establish treatment plans and goals.
  - Treatment plans are based on a thorough assessment of the new resident's health, vocational, educational, psychological, and biomedical needs.
- *Introducing the resident to the TC:*
  - Residents are introduced to peers in the facility and are assigned to their rooms.
  - Residents participate in all daily activities, including work, meetings, meals, and recreation, even if their input initially may be limited.
- *Limiting contact with family members:* The TC limits a resident's contact with people outside the facility for a period to avoid distractions or conflicts that could interfere with a resident's adjustment to the new environment and commitment to the TC treatment process.
- *Explaining rules, regulations, and norms:* Senior residents provide orientation to the facility and an explanation of TC rules and regulations.
- *Addressing immediate issues:* The TC addresses new residents' pressing legal, medical, or family support needs and gives immediate assistance to reduce the stress related to crises.

## TCC MODULE 10

- *Supportive counseling:* Supportive counseling is provided by peers and staff to address new members' anxiety about the TC process and their roles in the community.

Note that in some TCs

- Residents in Stage I live in a separate facility.
- A resident must take and pass a test on TC rules and expectations before he or she advances to Stage II.

Explain that to meet Stage I goals successfully and to move to Stage II, a resident must demonstrate

- Understanding of TC policies, procedures, philosophy, and expectations
- Trusting relationships with at least some of his or her peers and TC staff members
- An initial understanding of his or her circumstances and the need for support and assistance in recovery
- An understanding of the TC view of substance use disorder as a disorder of the whole person
- A beginning understanding of what is needed for recovery
- A willingness to commit to the recovery process, including agreeing to remain in treatment
- Some self-discipline.

Ask participants how they see community-as-method working in Stage I.



25 minutes



### **Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage I, Role Play**

Ask participants to gather in their small groups.

Suggest that they take their manuals with them.



Refer participants to page PM 10-6, Resource Sheet #10-1: Case Study of Marcus Advancing Through TC Program Stages, Part II. Inform them that they will be using this Resource Sheet again, and ask them to keep it accessible.

Introduce the exercise by explaining that participants will be conducting role-play exercises after discussion of each program stage and that the intent of these exercises is for participants to

**TCC MODULE 10**

- Practice assessing whether residents have achieved behavioral goals necessary to advance from Stage I to Stage II
- Practice explaining decisions related to advancement.

Ask participants to read the Stage I scenario and to decide who will play each role described on the Resource Sheet.

Instruct participants to conduct the role play according to the instructions on the Resource Sheet.

Allow 20 minutes for the role play.

Ask each “staff member” to

- Summarize the behavioral goals Marcus did or did not achieve
- Explain his or her decision to advance or not to advance Marcus.

Ask each Marcus to comment on his or her experience of the role play.

Ask observers to comment on what they observed.

Ask all participants to comment on how they felt during the exercise.

Thank participants for sharing.



20 minutes

**Presentation: Stage II, Primary Treatment**

**Stage II, Overview**

Explain that Stage II

- Lasts from 9 to 12 months (or more), although many TCs today have shorter lengths of stay
- Often is divided into three phases.

Explain that in Stage II

- Residents are expected to increase their participation in TC activities in each phase of treatment and are accountable for their actions by peers and staff members.
- Residents are assigned to increasingly complex jobs and are expected to establish a positive attitude toward work.
- The group process becomes increasingly intense.

## TCC MODULE 10

- Seminars focus on an increasingly wider variety of topics and are related to accepting responsibility for behavior, adopting new behaviors, and right living.
- Staff members promote the community-as-method approach and facilitate the self-help and mutual self-help processes.

Note that Stage II clinical interventions, such as family therapy and counseling, may be limited so that they do not impede the community-as-method and self-help and mutual self-help focus of the TC approach.

Note that in some TCs, particularly those for adolescents or residents with co-occurring mental disorders, more clinical services (such as individual and family counseling throughout their stay) are offered.

Explain that in Stage II

- The TC encourages and often requires residents to participate in 12-Step program meetings or attend other support group meetings (such as Self Management and Recovery Training [SMART] or Women for Sobriety [WFS]).
- It is desirable for residents to be introduced to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings held in the TC.
- Participating in AA, NA, or other support group meetings outside the TC is especially important for residents who are in the last two phases of Stage II and may soon leave the TC.

Note that each phase of Stage II has specific goals that residents must achieve before they can advance to the next phase.

### **Stage II, Phase 1 Goals**

Explain that, to meet Phase 1 goals successfully and to move to Phase 2, a resident usually is expected to

- Conform to the rules and procedures of the TC
- Participate consistently in daily activities
- Acknowledge orally the seriousness of his or her substance use and other problems
- Accept increasing responsibility in work assignments.

### **Stage II, Phase 2 Goals**

Explain that, to meet Phase 2 goals successfully and to move to Phase 3, a resident usually is expected to

**TCC MODULE 10**

- Set a positive example for other residents
- Accept TC staff members as rational authorities
- Accept responsibility for his or her behavior, problems, and solutions
- Cofacilitate group sessions and meetings with senior residents
- Earn increasingly more privileges and hold increasingly responsible jobs in the community.

**Stage II, Phase 3 Goals**

Explain that, to meet Phase 3 goals successfully and to move to Stage III, a resident usually is expected to

- Be an active participant in group sessions and meetings and frequently cofacilitate groups with other senior residents
- Adopt self-management skills and develop the ability to handle privacy appropriately
- Become involved with school or vocational training
- Develop a positive social network of peers during furloughs
- Become an established role model and provide leadership in the community.



25 minutes



**Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage II**

Refer to page PM 10-6, Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages, Part II.



Assign each group a Stage II phase scenario, and ask groups to decide who will play each role.

Instruct participants to conduct the role play according to the instructions on the Resource Sheet.

Allow 20 minutes for the role play.

Ask each “staff member” to

- Identify which phase scenario he or she used
- Summarize the behavioral goals Marcus did or did not achieve
- Explain his or her decision to advance or not to advance Marcus to the next phase or stage.

## TCC MODULE 10



Ask each Marcus to comment on his or her experience of the role play.

Ask observers to comment on what they observed.

Ask all participants to comment on how they felt during the exercise.

Thank participants for sharing.

Allow 5 minutes for participants to write in their journals. Things they could write about include

- The exercises
- Their thoughts about how a stage-and-phase system benefits residents in their TC.



20 minutes

### **Presentation: Stage III, Reentry**

Note that in Stage III

- Residents are employed or attending school outside the TC.
- Residents prepare to separate from the TC and reenter the mainstream community.
- Residents remain in Stage III for as long as it takes them to complete reentry tasks.

Explain that Stage III can be divided into early, middle, and late reentry phases.

#### **Early Reentry**

Explain that in early reentry, residents

- Focus on strengthening their psychological and social skills to prevent relapse after they leave the TC
- Practice their skills under the guidance and protection of the TC
- Work with TC staff members and peers to plan for vocational and educational development
- Develop schedules for meeting specific goals to improve family relationships.

Note that by the end of the early phase of Stage III, residents are expected to have

- Identified and addressed work and relationship difficulties

**TCC MODULE 10**

- Developed a positive social network outside the TC.

**Middle Reentry**

Explain that in middle reentry, residents

- Are stable, are doing well outside the TC, and introduce topics to discuss in reentry groups
- Are given more privacy and time away from the facility
- Are more involved in making decisions about future plans and are allowed more flexibility regarding program demands
- Have a deeper understanding of the circumstances and situations that make them vulnerable to relapse
- Have established a supportive social network of family and peers in mainstream society.

Note that by the end of the middle phase of Stage III, residents are expected to be able to

- Manage recreation and leisure time
- Perform daily living skills, such as money management, parenting, and health maintenance.

**Late Reentry**

Explain that in late reentry (sometimes called continuing care) TC members

- Are living on their own, outside the TC facility, with peers who also are in reentry or with family members or significant others
- Have full-time employment or are going to school
- Are decreasing gradually their participation in the TC program as they continue to practice and use in the larger society what they have learned
- Are working with TC staff to make long-range plans.

Note that by the end of the late phase of Stage III, residents are expected to maintain abstinence outside the facility and cope with social situations and feelings that could trigger drug or alcohol use.



20 minutes

**Presentation: Program Completion**

Explain that residents who successfully complete all stages of the program are eligible for graduation. These TC members

## TCC MODULE 10



OH #10-5

- Have remained alcohol and drug free
- Are employed or are in school or a training program
- Have resolved or are in good standing regarding their legal problems
- Have resolved most of their practical problems, like housing, health, and family estrangement
- Accept that they need to continue to work on particular problem areas and on themselves in general
- May have a regular therapist
- Are attending AA, NA, or other community support group meetings regularly
- Are committed firmly to continued abstinence.

Explain that the TC encourages those who complete the program to continue some sort of involvement with the TC that provides both

- Continuing support for the graduate
- Role modeling for new TC residents.

Emphasize that graduation ceremonies in TCs are important events that both mark the success of the graduate and offer hope for success to other TC residents.

Ask participants to talk about the graduation ceremonies they have attended, both as graduates and as attendees. Note that these ceremonies can be TC related or not. Ask them

- As a graduate, how did you feel about the ceremony?
- What were some of the important elements of the ceremony?
- What was it like to attend someone else's graduation ceremony?



Note some of the responses on newsprint.



Refer participants to page PM 10-10, Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages. Part III.

Suggest that participants read about Marcus in Stage III reentry at their leisure.



10 minutes

### **Presentation: TCA Staff Competency—Understanding and Promoting Upward Mobility and the Privilege System**

Explain the relationship between upward movement through the TC program stages and the privilege system as follows:

**TCC MODULE 10**



**OH #10-6**

- Privileges are explicit rewards for residents who advance through the stages and the phases of treatment of the TC program.
- Advancing to the next stage or phase is perceived as a privilege in the TC.
- The privilege system teaches residents that rewards are based on earning, not entitlement.

List the following ways staff members can demonstrate their understanding of the relationship between the privilege system and program stages:

- Explain to residents the reason for the restriction or removal of a privilege as it relates to their stage and phase of treatment.
- Acknowledge earned rewards or privileges in house meetings where the whole community can share in the recognition of achievement.
- Use advancement to the next program stage or phase of treatment to give an appropriate reward for prosocial behavior and attitude change.

Ask participants for other ideas.



20 minutes



**OH #10-7**

**Presentation: TCA Staff Competency—Maintaining Accurate Records**

Point out the following recordkeeping requirements:

- Most States require TCs to have written goals and objectives that address residents' problems and strengths.
- Case records must contain relevant information from referral sources and other relevant stakeholders (with residents' written consent).
- Staff members must complete the necessary release of information forms and comply with Federal regulations for confidentiality.
- The treatment plan and progress notes must reflect the entire treatment process, from intake and assessment through discharge.
- The treatment plan must reflect accurately individualized treatment goals based on the assessment and the resident's input.
- Treatment plans must be updated on a regular basis.
- Progress notes must reflect accurately the resident's progress in achieving the treatment goals.
- Nonclinical staff members must provide feedback on residents' behaviors and attitudes. This feedback helps clinical staff members maintain accurate records.

Ask participants to provide examples of

## TCC MODULE 10



- Good recordkeeping practices
- Poor recordkeeping practices.

Write on newsprint examples of good recordkeeping practices.



20 minutes



## Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 10-11, Summary of Module 10.

Instruct participants to read the summary either individually or in their small groups.

Refer participants to page PM 10-13, Review of Module 10.

Instruct participants to work with their small groups to answer the questions on Review of Module 10. Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

Ask participants what they learned in this session, and facilitate discussion.



20 minutes



OH #10-8



## Journal Writing and Wrapup

### Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- How comfortable am I making decisions about a resident's movement from stage to stage and phase to phase?
- How competent am I at recordkeeping? In what ways could I improve?

### Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 10 or the training in general. Note that participants may say anything on their minds.

**TCC MODULE 10**

Allow time for participants to respond.

Conduct one of the following completion activities:

- Ask each participant to say something positive about the person sitting to his or her right.
- Ask each participant what he or she would like to be acknowledged for, and acknowledge the person.



**OH #10-9**

**Pework for Module 11: How Residents Change in a TC**

Ask participants to

- Read and complete Resource Sheet #11-1: The Process of Self-Change and Internalization
- Read Resource Sheet #11-2: Case Study of Marcus as a Role Model.

## Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages

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### Part I: Preprogram Assessment

#### Background

Marcus is a 38-year-old high school dropout. He has three children from two different women and has never married. He stays in contact with his oldest child, 20-year-old son, Jamal, but he never sees his two daughters, ages 18 and 16. Marcus grew up in a household with eight children and his mother, who constantly criticized him and his siblings.

Marcus has had menial jobs for a few months at a time, but he usually was fired for being late and verbally abusive to his supervisor. Taking drugs, selling drugs, and stealing have been his way of life since he was 17 years old and dropped out of school. Marcus has been arrested for drug-related activities eight times over the past 20 years. He is addicted to crack cocaine, uses sedative drugs to “come down,” and drinks heavily. Marcus has not been abstinent for longer than a few months at a time. He lives with several friends who also have substance use disorders.

In the last 7 years Marcus has entered TC residential treatment three times and dropped out each time. His pattern has been to leave treatment within the first 60 days and to relapse into old substance use and petty theft. Eight months ago, Marcus left an outpatient program before completing it because he was unwilling to comply with the rules of the program, a violation of his probation agreement. At an appointment with his probation officer (PO), the PO told Marcus that this time he must complete a TC program and stay abstinent or he will go to prison for 2 years.

#### Preprogram Assessment

Marcus' PO makes the formal referral to the TC but does not accompany him to the intake interview. When asked the first question, Marcus replies that he has given up on himself but will give treatment another shot to avoid prison. His defeatist attitude is evident. He has a negative view of TCs and recovery and displays a tough guy image during the intake interview. When the intake worker asks Marcus a question, his response is, “You have that information. My PO sent it to you in his report.”

Marcus eventually cooperates and gives the information required to determine his eligibility for the TC program and signs a release of information form allowing the TC to report to his PO. The intake worker's report is sent to the supervisor of admissions. The intake worker calls the PO to notify him of the disposition.

**Are there any factors in Marcus' history that make him inappropriate for TC treatment?**

## Part II: Role Plays

### Instructions for Role Plays

In your small group, choose participants to play each of the following roles. These roles will be used in *all* scenarios. Participants can switch roles for each scenario:

*Marcus:* Is requesting a move to the next program stage or phase of treatment. Marcus provides a summary of his accomplishments and rationale for why he should be advanced. Within the general outline of the role play, feel free to improvise.

*A staff member:* Asks questions to determine whether Marcus has achieved the goals for each stage of the program or treatment phase. The staff member explains his or her decision to Marcus in terms of the TC views of the disorder, the person, recovery, and right living.

*A peer role model:* Supports Marcus and helps him identify his strengths and challenges.

*A facilitator/timekeeper:* Keep tracks of time and ensures each person contributes to the role play.

*An observer:* Observes the small-group dynamics and, at the end, comments on it.

Each small group has 20 minutes for the role play.

### Scenarios

#### **Stage I scenario**

Marcus believes that he knows everything about the TC because he has been in three other TC programs. As he enters his first orientation session, Marcus says, "I know the rules; I've been through this before." He believes that the staff members and senior residents conducting the orientation do not have anything to teach him. During the first 10 days he complains to staff daily about being put through induction. He is defiant in orientation sessions. When a senior staff member reprimands Marcus for being critical in the orientation sessions, for walking out, and for overall lack of cooperation, Marcus says, "I know you are trying to help me, but I already know this stuff."

Over time, Marcus begins to participate more appropriately in the orientation sessions and listens even though he believes this program will be no different from his past TC experiences. He still makes it clear that he does not want to be in the TC, but he does not want to go to jail. He says, "Maybe I just have to follow the rules and do what everyone tells me."

Marcus makes friends with Eddie, a Stage II resident, who also comes from a large family and has the same ethnic background. Marcus also makes friends with Cheree, a new resident, who is very optimistic about being in the TC. Marcus asks Eddie for help: "I really don't know what they want from me; just keep telling me what I need to do over and over again if you have to."

Marcus also states in group, “This is my last chance. If I don’t finish this program, I’m going to jail. I would rather follow the rules for the next 6 months than go there.”

When Marcus has been in treatment for 30 days, he requests advancement to Stage II.

### **Stage I Goals**

To meet Stage I goals successfully and to move to Stage II, a resident demonstrates

- Understanding of TC policies, procedures, philosophy, and expectations
- Trusting relationships with at least some of his or her peers and TC staff members
- An initial understanding of his or her circumstances and need for support and assistance in recovery
- An understanding of the TC view of substance use disorder as a disorder of the whole person
- A beginning understanding of what is needed for recovery
- A willingness to commit to the recovery process, including agreeing to remain in treatment
- Some self-discipline.

### **Stage II, Phase 1 scenario**

In Stage II, Marcus continues to have a negative attitude and is unwilling to engage fully in the treatment process. He has been late to meetings, seminars, and group sessions. He has been called into the coordinator’s office because peers have reported that he constantly complains. He is confronted in encounter group sessions for this behavior but remains emotionally unreachable and refuses to acknowledge that complaining is self-defeating. He repeatedly says, “Nobody understands what I’m going through. It’s hard for someone my age to start life from scratch. Nobody in this program has it as tough as me. I may be better off in prison than to hear all of you criticizing me all the time.” Marcus personalizes constructive criticism and wants sympathy and pity from his peers. He dwells in the past by indulging in self-pity about his life circumstances and refuses to acknowledge complaints and feedback about his behavior.

Over time, and with learning experiences and encounters, Marcus begins to make some changes. He responds to his peers during encounter groups and says what he feels, instead of staying silent and nodding his head in agreement. He can state what is expected of him, but he still complains that nobody really understands what he is going through.

Marcus begins to acknowledge his difficulty with being confronted and hearing criticism. He says, “I hate hearing this stuff from you. I feel like I felt when my mother was calling me stupid.” He starts to listen to comments about his behavior in the encounter group and occasionally acknowledges the feedback. He also makes considerable improvement in being punctual and is on time to each meeting, seminar, and encounter group session.

When Marcus has been in Phase 1 of Stage II for about 3 months, he requests advancement to Phase 2.

### **Stage II, Phase 1 Goals**

To meet Phase 1 goals successfully and to move to Phase 2, a resident usually is expected to

- Conform to the rules and procedures of the TC
- Participate consistently in daily activities
- Acknowledge orally the seriousness of his or her substance use and other problems
- Accept increasing responsibility in work assignments.

### **Stage II, Phase 2 scenario**

During Phase 2 Marcus demonstrates behaviors that are consistent with a middle phase role model. He reaches out to new residents struggling with issues of recovery and gives them positive and constructive feedback whenever possible. He helps new residents assigned to his crew.

Marcus seems to be developing a sense of responsibility and responsible concern toward himself and others, which is most evident when he cofacilitates encounter sessions, morning meetings, and seminars. He is open to constructive criticism and confrontation in his encounter sessions and has learned to be respectful of authority figures.

Marcus shares his thoughts and feelings in each group session. Although he occasionally lapses back into self-pity, he usually catches himself when complaining or being defensive during encounter groups and apologizes for his reaction. Marcus helps new residents assigned to his crew.

When Marcus has been in Phase 2 for 2 months, he asks to be advanced to Phase 3.

### **Stage II, Phase 2 Goals**

To meet Phase 2 goals successfully and to move to Phase 3, a resident usually is expected to

- Set a positive example for other residents
- Accept TC staff members as rational authorities
- Accept responsibility for his or her behavior, problems, and solutions
- Cofacilitate group sessions and meetings with senior residents
- Earn increasingly more privileges and hold increasingly responsible jobs in the community.

### **Stage II, Phase 3 scenario**

In Phase 3, Marcus is given the responsibility of being chief expeditor and is learning how to give directions and receive supervision. Marcus cofacilitates encounter group sessions, morning

meetings, and seminars for Phase 2 residents. Gradually, Marcus practices leadership skills and realizes that he can lead a productive life.

While on a visit to his brother's house, Marcus spent some time with an old using buddy, saying that he was "bored with watching TV"; his friend stopped by and asked him to hang out for a while. He admits this in a group and talks about how he was tempted to use drugs with his friend, "just that once," but did not. He expresses some frustration and anger that he cannot be with his old friends, some of whom he has known since he was a child. Group members confront him about his behavior. Although Marcus listens, he does not respond and isolates himself from the community for a few days.

Over time, and with repeated feedback from his peers, he begins to participate in the community again and acknowledges that he knows his peers are "true friends" and are looking out for him.

Marcus begins to express hope in group sessions and speaks with enthusiasm about getting a job and being successful in his recovery outside the TC. He is in the process of completing his general equivalency diploma (GED) and looks forward to continuing his education by applying for admission to a trade school.

When Marcus has been in Phase 3 of Stage II for 3 months, he asks to be advanced to Stage III, reentry.

### **Stage II, Phase 3 Goals**

To meet Phase 3 goals successfully and to move to Stage III, a resident usually is expected to

- Be an active participant in group sessions and meetings and frequently cofacilitate groups with other senior residents
- Adopt self-management skills and develop the ability to handle privacy appropriately
- Become involved with school or vocational training
- Develop a positive social network of peers during furloughs
- Become an established role model and provide leadership in the community.

## Part III: Marcus in Stage III and Program Completion

Marcus has been in treatment for 9 months. His attitude significantly improved in Stage II. He struggled, but with the support of his peers and program staff, he became engaged in the treatment process. He learned why he was unsuccessful in his past treatment experiences and the steps he needs to take to prevent relapse when he returns to the community.

Marcus not only learned how to help himself, he also became a positive role model in the community. He now helps new residents in the program and gives them positive and constructive feedback.

Marcus is very proud that he has advanced to Stage III of the program, where he will continue to practice leadership skills. He has experienced many achievements while in the TC that have been validated by his peers and staff member feedback. He realizes that he can lead a productive, prosocial lifestyle.

Marcus maintains a highly structured schedule of school, work, and TC activities. He has reconnected with his children and visits them regularly. Marcus completed his GED, is enrolled in a trade school, and is working at a part-time job. He is planning to move into an apartment with another resident who is also in reentry. Marcus has been attending NA meetings in the local community and has a sponsor. He is active in his home group and has led several meetings.

Marcus says that he and his brothers talk about their experience growing up with a mother who was constantly critical of them but that he now understands that he must take responsibility for himself and his success outside the TC.

Marcus applies and is approved for graduation from the TC. He will be moving out of the TC soon and will attend the program's spring graduation ceremony.

### Typical Criteria for TC Graduation

Residents who have completed the TC program successfully and are eligible for graduation

- Have remained alcohol and drug free
- Are employed or are in school or a training program
- Have resolved or are in good standing regarding their legal problems
- Have resolved most of their practical problems, like housing, health, and family estrangement
- Accept that they need to continue to work on particular problem areas and on themselves in general
- Have a regular therapist, if necessary
- Are attending NA or AA meetings regularly
- Are committed firmly to continued abstinence.

## Summary of Module 10

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### Preprogram Assessment

TCs conduct a preprogram assessment of potential residents, consisting of a structured interview conducted by a clinical staff member and a medical evaluation conducted by the TC's medical staff or a contract physician.

The structured interview and medical evaluation

- Identify factors that *may* make a person inappropriate for TC treatment, such as
  - Current suicidal thoughts or multiple suicide attempts
  - History of arson
  - Violent behavior
  - Mental disorders that would impede the person's ability to participate in the TC program
  - Acute physical illness that must be treated before admission
- Identify the person's need for ongoing psychiatric care, such as medication management
- Assess the person's need for medical or ambulatory detoxification
- Identify the person's need for ongoing medical care
- Obtain information about the person's prior treatment experiences
- Obtain preliminary information about the person's alcohol and drug use
- Obtain preliminary information about a person's social history, including
  - Employment status and history
  - Family and relationship history and current status
  - Legal status
  - Education
- Prepare the person for long-term treatment.

### Stages and Phases

Treatment in a TC is divided into several distinct levels that can be called program stages and phases of treatment. As a resident makes incremental changes in behavior and attitude, he or she progresses to the next program stage or treatment phase. The information contained in this module is based on a generic TC. Participants' TCs may use different terms for stages and phases, but the underlying concepts should still apply.

The three stages of most TC programs include

- Stage I, Orientation or Induction
- Stage II, Primary Treatment (divided into Phases 1, 2, and 3)
- Stage III, Reentry (divided into early, middle, and late reentry phases).

The community sets intermediate behavioral goals for residents during each stage of the TC program (see Resource Sheet #10-1 for lists of goals). The goals of one stage must be met before a resident can advance to the next stage. Residents may request movement to the next stage of the program or phase of treatment when they believe the goals of their current stage or phase have been achieved. The final decision to advance a resident is made by staff members, with significant input from other residents in the community. Residents may be returned to a previous stage or phase if their behavior deteriorates and they do not progress. A TC staff member makes this decision with community input.

Residents benefit from the staged approach to treatment because it is gradual and allows time for residents to

- Practice prosocial behaviors and attitudes
- Experience success or failure through trial and error
- Be supported and guided by the community
- Internalize new behaviors and attitudes and become accustomed to living them on a daily basis.

### **TCA Staff Competency—Understanding and Promoting Upward Mobility and the Privilege System**

Privileges are explicit rewards for residents who advance through the stages of the TC program and the phases of treatment. The privilege system teaches residents that rewards are based on earning, not entitlement.

### **TCA Staff Competency—Maintaining Accurate Records**

It is critical that residents' records adequately reflect the treatment process, from intake and assessment through discharge. Residents' records are used to communicate relevant information with referral sources and other relevant stakeholders (with residents' written consent).

## Review of Module 10

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In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- List the three stages of the TC program and explain how residents progress through each stage?
- Describe at least two goals of each stage of the TC program?
- Describe at least one benefit to residents of the staged approach to treatment?
- Explain decisions to advance a resident through the stages based on the TC views of the disorder, the person, recovery, and right living?
- Explain the relationship between TC program stages and the privilege system and state at least one way staff members demonstrate their understanding of this relationship?
- Explain the importance of maintaining accurate records and state at least one way staff members fulfill this requirement?

# Module 11: How Residents Change in a TC

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## Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 11, including Resource Sheets, Summary of Module 11, and Review of Module 11.
- Review the following recommended reference:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapters 19 through 23.
- Write on newsprint (leaving room for notes) the following elements of *self-change*:
  - Self-care
  - Self-control
  - Self-management
  - Self-understanding
  - Self-concept.
- Write on newsprint the following components of *identity change*:

A resident will experience identity change when he or she

  - Recognizes his or her existing self-identity is false and is based on past behavior
  - Realizes that others will understand and accept him or her if he or she expresses true thoughts and feelings
  - Experiences accomplishments in the TC program that allow a new self-identity to emerge.
- Plan a “graduation” or “completion” ceremony and celebration if you have presented the TCC over several consecutive days or as a series. You may want to model the ceremony on your TC’s graduation ceremony. Include time for socializing and refreshments.
- In addition to the materials listed in Getting Started, assemble the following for Module 11:
  - Graduation or completion certificates
  - Refreshments.

## Module 11 Goal and Objectives

**Goal:** To understand the process of internalizing behavior and self-change.

**Objectives:** Participants who complete Module 11 will be able to

- Identify at least four types of self-change expected of TC residents
- Describe the positive change in self-identity expected from the TC program
- Define the internalization of behavior change and provide at least three examples of evidence that internalization is occurring
- Describe at least three essential experiences that are necessary for residents to internalize change
- Describe at least two essential perceptions that are necessary for residents to internalize change
- Explain how active participation and involvement are necessary in each stage of the TC program for residents to internalize change.

## Content and Timeline

Introduction	20 minutes
Presentation: Self-Change	30 minutes
Presentation: Self-Identity	15 minutes
Presentation: Internalization	15 minutes
Break	15 minutes
Presentation: Essential Experiences	45 minutes
Presentation: Essential Perceptions	30 minutes
Presentation: Active Participation and Involvement in the TC	10 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
TCC Graduation or Completion Ceremony and Celebration	30 minutes
Total Time	4 hours, 10 minutes

## TCC MODULE 11



20 minutes



OH #11-1

## Introduction

Distribute and review the Module 11 agenda.

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*If you are conducting Module 11 as a stand-alone session or if you have just completed presenting Module 10, skip the following Module 10 review.*

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## Review

Ask participants what they remember from Module 10. Ensure that the following topics are reviewed:

- \$ Stages of the TC program and how residents progress through them
- \$ Goals for each stage
- \$ How residents benefit from the staged approach to treatment
- \$ How to explain decisions to move a resident ahead or back based on the TC views of the disorder, the person, recovery, and right living
- \$ The relationship between TC program stages and the privilege system
- \$ Maintaining accurate records.

Ask participants whether they have any questions or have had any thoughts about Module 10.

## Module 11 Goal and Objectives

Ask participants to turn to page PM 11-1 of their Participant's Manuals.

Present the goal and objectives of Module 11.

**Goal:** To understand the process of internalizing behavior and self-change.

**Objectives:** Participants who complete Module 11 will be able to

- Identify at least four types of self-change expected of TC residents
- Describe the positive change in self-identity expected from the TC program
- Define the internalization of behavior change and provide at least three examples of evidence that internalization is occurring
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- Describe at least two essential perceptions that are necessary for residents to internalize change
- Explain how active participation and involvement are necessary in each stage of the TC program for residents to internalize change.



**TCC MODULE 11**



30 minutes



OH #11-2



**Presentation: Self-Change**

Define “self” as the essence of the whole person.

Explain that when self-change occurs, residents

- Do not adopt behaviors and attitudes simply to comply with TC rules
- Make fundamental changes in the way they live and perceive themselves.

Refer participants to your prepared newsprint regarding self-change, and explain that categories of self-change include

- *Self-care*: Personal habits and attitudes essential to taking good care of one’s physical and mental health
- *Self-control*: The control or elimination of impulsive behavior such as cursing or making threats
- *Self-management*: Successfully managing feelings and attitudes that influence how one copes with problems and challenging situations
- *Self-understanding*: The ability to make connections between past experiences and present behavior patterns, attitudes, and feelings
- *Self-concept*: The positive perception of oneself.

Explain that self-change is facilitated by

- Affiliation with a community or group that values the changed behavior
- Having a role model
- Being removed from a situation or proximity to a person who prevented the desired change from occurring
- Instruction in how to make the change
- Adopting a new value or ethic that supports the change
- Becoming older, wiser, and more mature
- Becoming responsible for oneself or others in a way that requires the change to occur
- Becoming aware of the consequences of not making the change
- Gaining insight or becoming aware of feelings that had prevented the desired change from occurring
- Experiencing a general sense of positive well-being or a decrease of mental distress.



Refer participants to page PM 11-5, Resource Sheet #11-1: The Process of Self-Change and Internalization, and ask them to follow the instructions on the Resource Sheet. Allow 10 minutes for this activity.

## TCC MODULE 11

Ask participants the following questions:

- Did your change occur as a result of one of the situations listed on the Resource Sheet?
- Is the self-change you made now a natural part of your daily life?
- Can you maintain the change in new situations?

Repeat the indicators of self-change:

- Residents do not adopt behaviors and attitudes simply to comply with TC rules.
- Residents make fundamental changes in the way they live and perceive themselves.

Discuss the following changes residents are expected to make in each category of change:

- *Self-care*
  - Residents must learn personal hygiene, grooming, and appropriate dress. Residents must learn habits and attitudes essential to maintaining recovery (use the 12-Step program example of HALT: Don't let yourself get too **H**ungry, **A**ngry, **L**onely, or **T**ired).
  - Improved self-care represents a change in feelings and perceptions of self-worth.
- *Self-control*
  - Residents must learn to restrain impulsive behavior (such as cursing, making threats, lashing out, or leaving) in response to what other people say or do.
  - Improved self-control represents understanding that one's problems are not caused by other people.
- *Self-management*
  - Residents must learn to think about consequences before taking action.
  - Residents must learn to delay instant emotional gratification.
  - Residents must learn to develop healthy emotional coping skills.
  - Improved self-management represents an understanding that one has self-defeating behaviors to control.
- *Self-understanding*

**TCC MODULE 11**

- Residents must understand the connections between their past experiences and present behaviors, attitudes, and feelings.
- Improved self-understanding represents an ability to see patterns in one's life.
- *Self-concept*
  - Residents must develop a positive sense of self-worth and a sense of purpose in their lives.
  - Improved self-concept occurs when residents realize they can change their lives and make a difference in other people's lives.



15 minutes



OH #11-3



**Presentation: Self-Identity**

Define self-identity as the sum total of all aspects of oneself.

Explain that self-identity refers to

- How individuals perceive themselves
- How individuals believe they differ from others
- The degree of self-worth and sense of purpose individuals experience.

Emphasize that a transformation is expected to occur in a resident's self-identity, from a person who uses drugs or engages in criminal behavior to a productive, worthy, and active member of mainstream society.

Refer participants to your prepared newsprint regarding identity change.

Discuss the process of identity change. Explain that a resident experiences identity change when he or she

- \$ Recognizes his or her existing self-identity is false and based on past behavior
- Realizes that others will understand and accept him or her if he or she expresses true thoughts and feelings
- Experiences accomplishments in the TC program that allow a new self-identity to emerge.

Describe the signs that indicate identity change is occurring:

- Residents make statements such as
  - "Discovering who I am"

## TCC MODULE 11

- “Dropping my images”
  - “Getting to the person inside”
  - “Becoming real.”
- Residents will make statements such as the following to describe their new self-identities:
    - “I am an ex-addict.”
    - “I am in recovery.”
    - “I am a good parent.”



Refer participants to page PM 11-6, Resource Sheet #11-2: Case Study of Marcus as a Role Model.



Ask each participant to find a partner.

Instruct participants to discuss the process of identity change for Marcus. Ask them to use the identity change newsprint page as a guide.

Allow about 5 minutes for discussion.

Emphasize that Marcus becomes a role model when identity change has occurred.



15 minutes



OH #11-4

### Presentation: Internalization

Define internalization as the process of accepting, practicing, and applying what has been learned in the TC to new situations inside and outside the program.

Emphasize that internalization requires the disruption of previous thought and behavior patterns. Explain that

- This disruption evokes anxiety, anger, skepticism, resistance, or defiance as the resident struggles to let go of old patterns.
- A resident who is simply adapting to the TC may not be internalizing change. Internalization requires the disruption of old patterns.

Provide the following examples that indicate internalization is occurring:

- Learned changes become a natural part of a resident’s daily activities.
- Learned changes are self-initiated and are applied to new situations.
- New learning takes place quickly, and few mistakes are made.

**TCC MODULE 11**



OH #11-5

- Residents' skepticism about TC teachings decreases.
- The frequency and severity of rule-breaking decrease.
- Residents display a positive work ethic at their jobs or schools outside the TC.
- Residents use problemsolving and coping skills in new and demanding situations.

Explain that to internalize change residents must

- Have certain essential experiences
- Have certain essential perceptions
- Actively participate and become involved in the TC.



45 minutes



OH #11-6

**Presentation: Essential Experiences**

Explain that the following essential experiences are necessary for internalizing change:

- Emotional healing
- Social relatedness and caring
- Subjective learning of self-efficacy and self-esteem.

Ask participants for examples of how they think their TC provides these essential experiences for residents.

**Emotional Healing**

Define emotional healing as the reduction of emotional pain and discomfort, such as fear, anger, guilt, confusion, and loneliness.

Remind participants that many residents used drugs or alcohol to self-medicate and reduce emotional pain and that residents need to learn alternative ways to cope with their feelings.

Note that emotional healing occurs in an environment that provides

- Nurturing
- Psychological safety
- Physical safety.



Write "nurturing," "psychological safety," and "physical safety" on newsprint.

## TCC MODULE 11

### ***Nurturing***

Explain that the TC provides nurturing in the form of meals, housing, medical and dental care, and social and legal services so that residents

- Are not preoccupied with the pressures of providing for their daily needs during their treatment
- Feel nurtured, which lessens the likelihood that they will drop out of the program.

### ***Psychological safety***

Explain that emotional healing requires psychological safety because

- Individuals entering a TC are fearful. They may fear facing themselves, other people, the demands of daily living, or the change process itself.
- To face these fears, residents must feel psychologically safe to participate in the program and learn to self-disclose, express their fears, and release suppressed emotions.

Explain that, to feel psychologically safe, residents must experience

- Faith in the TC process
- Understanding and acceptance by their peers and staff members
- Trust in others that is developed through shared experiences in meetings, one-on-one discussions, groups, and individual counseling sessions.

### ***Physical safety***

Explain that emotional healing requires physical safety and that

- TC rules and regulations against violence, sexual abuse, and harassment provide an atmosphere of physical safety.
- Ensuring residents' physical safety is essential for supporting the psychological change process.

### **Social Relatedness and Caring**

Explain social relatedness and caring as follows:

- Social relatedness and caring are defined as a sense of connection and attachment to people who encourage a healthy, prosocial lifestyle.

**TCC MODULE 11**



- Many residents have been isolated from their families because of their preoccupation with drugs and alcohol, a lack of self-control, and a disorganized lifestyle.
- Many residents have had relationships with people who reinforced a drug-using lifestyle.
- The TC provides an environment that promotes healthy social relatedness and caring that occur through
  - Identifying with others
  - Developing empathy and compassion
  - Bonding.

Write the words “identification,” “empathy and compassion,” and “bonding” on newsprint while defining and describing these concepts.

***Identification***

Explain that social relatedness occurs when people identify with others as follows:

- Residents identify with others when they realize the similarities between themselves and other members of the TC, regardless of differences in age, gender, social class, race, or ethnicity.
- Residents begin to identify with TC members by listening to others share at meetings, in one-on-one conversations, and in group sessions. They begin to realize they have many of the same problems, feelings, and issues associated with substance use disorders.
- By making the behavior and attitudinal changes expected in each stage of the TC program, residents begin to identify with positive peer role models.

***Empathy and compassion***

Explain that social relatedness occurs through feeling empathy and expressing compassion. Provide the following definitions:

- Empathy is the ability to put oneself in another’s shoes and convey an understanding of his or her feelings.
- Compassion is a feeling of concern for a person who is suffering. Compassion is demonstrated when a resident comforts another who is experiencing painful emotions.

Explain the benefits of experiencing empathy and compassion as follows:

## TCC MODULE 11

- For most residents, insensitivity to others has been their common experience. Their actions, behaviors, and attitudes have been primarily self-centered, with little consideration or understanding about the influence they have on others' lives.
- Experiencing empathy and showing compassion help residents to
  - Become less self-focused
  - Become more accepting of emotional discomfort
  - Improve their social interactions with one another
  - Feel a sense of community
  - Gain insight; showing sensitivity to the feelings of other helps residents gain insight into their own feelings.

Emphasize the importance of staff members' serving as role models by expressing empathy and showing compassion.

### ***Bonding***

Define bonding as having meaningful and enduring attachments to other people.

Point out that many residents have not experienced bonding or that their bonds with people have resulted in negative, painful experiences.

Explain that bonding results from

- Being oneself and the spontaneous expression of emotions that evoke affection, reassurance, and honest expression of emotions from others
- Responsible concern for others and mutual self-help.

Ask participants for examples of how staff members can promote bonding, such as by

- Encouraging residents to let go of defenses and images and allow their true selves to emerge and be expressed
- Supporting residents when they feel vulnerable and encouraging them to express emotions such as fear, pain, weakness, and despair.

### **Subjective Learning of Self-Efficacy and Self-Esteem**

Explain that

- Self-efficacy is feeling capable in one's life and having confidence that one can handle new situations.

**TCC MODULE 11**

- Self-esteem is the belief that one is worthy or valuable; performing a new behavior well helps a person improve self-esteem.
- Emphasize that positive self-efficacy and self-esteem are associated strongly with remaining drug and alcohol free.
- Ask participants to provide examples of tasks and learning experiences that promote residents' self-efficacy and self-esteem. Ask for specific examples that relate to
- Success at work
  - Building meaningful relationships
  - Being a responsible member of the community
  - Managing emotions
  - Restraining impulsive behavior.



30 minutes



OH #11-7

**Presentation: Essential Perceptions**

Identify the two essential perceptions necessary for residents to recover as

- TC treatment is effective.
- I am making progress.

**TC Treatment Is Effective**

Explain that for residents to have the essential perception that TC treatment is effective, they must

- Be motivated; residents who are motivated
  - Perceive that they (not the drugs or alcohol) are the problem
  - Accept that they must change
  - Know that they need help
  - Believe that the TC treatment will address their practical problems (e.g., legal issues, financial health, family relationships)
- Feel ready for treatment; residents who feel ready for treatment
  - Believe they have no other options besides seeking treatment in a TC
  - May have tried self-control; making changes in employment, relationships, or housing; or getting help from others, but without success.

## TCC MODULE 11

Emphasize that residents must believe that the TC approach is suitable for them.

Ask participants how they can reinforce these perceptions. Discuss ways staff members can reinforce a positive perception of TC treatment, including the following:

- Acknowledge evidence of self-motivation or intrinsic motivation rather than external pressures to remain in treatment. Intrinsic motivation sustains continued participation in the TC.
- Plan daily interactions with positive peer role models for residents who appear to be wavering in their motivation and commitment to the TC.
- Maintain the integrity of the program by being consistent, credible, honest, and fair.
- Repeat the following TC sayings daily to reinforce TC concepts:
  - You got to be in it to win it.
  - This program is your family; it's what you need to change your life.
  - You can't keep it unless you give it away.
  - You are your brothers' and sisters' keeper.
  - Whatever you put into the program is what you get out of the program.

### **I Am Making Progress**

Emphasize that residents are more likely to stay in treatment if they see improvements and positive changes in themselves.

Note that

- Observing changes in peers helps residents have faith in the process and allows residents to believe they can change also.
- Behavior change is reinforced when staff members and peers observe and acknowledge residents' changes.

Staff members can facilitate a resident's perception that he or she is making progress by

- Acknowledging, reinforcing, and describing specific changes occurring in a resident's behaviors, thinking, attitudes, and emotions
- Emphasizing that the rate of change varies from resident to resident and that the resident will progress in his or her own unique ways
- Encouraging the resident to ask for feedback from peers
- Encouraging peers to acknowledge changes they see in one another.

**TCC MODULE 11**



10 minutes

**Presentation: Active Participation and Involvement in the TC**

Explain that the process of internalization does not occur automatically; TC residents must adopt the behaviors necessary to achieve the goals of each stage of the program and meet the TC's expectations for full participation as follows:

- *Stage I:* Residents are expected to engage in the TC process and to learn TC rules and routines.
- *Stage II:* Residents are expected to become increasingly immersed in the TC process and to fulfill the TC's expectations for
  - *Performance:* Consistent participation in work groups, meetings, seminars, and recreation
  - *Responsibility:* Being accountable for one self, peers, and eventually the entire community
  - *Self-examination:* Identifying and addressing behavioral, attitudinal, and emotional problems
  - *Autonomy:* Initiating change, making personal disclosures, and self-correcting; assuming even greater responsibility in the community.
- *Stage III:* As residents prepare to leave the TC, they are expected to apply what they have learned to situations outside the TC and discuss insights and challenges with their reentry groups.

Emphasize that if expectations are not met in Stages II and III, staff members must increase challenges and treatment demands on residents to uncover their underlying issues.



Ask participants how staff members can encourage active participation and involvement in the TC. Note responses on newsprint.



20 minutes



**Summary and Review**

Review the topics presented in this module.

Ask participants to gather in their small groups.



Refer participants to page PM 11-9, Summary of Module 11.

Instruct participants to read the summary either individually or in their small groups.

## TCC MODULE 11

Refer participants to page PM 11-11, Review of Module 11.

Instruct participants to work with their small groups to answer the questions on Review of Module 11. Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

Ask participants what they learned in this session, and facilitate discussion.



20 minutes



OH #11-8



### Journal Writing and Wrapup

#### Journals

Instruct participants to take 5 minutes to write in their journals. Possible subjects are

- What was the most useful information you gained from this module?
- How do you think this information might help you in your work?

#### Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 11 or the training in general. Note that participants may say anything on their minds.

Allow time for participants to respond.



30 minutes

### TCC Graduation or Completion Ceremony and Celebration

Begin the graduation or completion ceremony.

## Resource Sheet #11-1: The Process of Self-Change and Internalization

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### Instructions

In your journal, write about a change you have made recently in one or more of the following categories:

- *Self-care*: Personal habits and attitudes essential to self-care
- *Self-control*: The control or elimination of impulsive behavior
- *Self-management*: Successfully managing feelings and attitudes that influence how one copes with problems and challenging situations
- *Self-understanding*: The ability to make connections between past experiences and present behavior patterns, attitudes, and feelings
- *Self-concept*: The positive perception of oneself.

Check all the situations in the following list that caused the change:

- Affiliation with a community or group that values the changed behavior
- Having a role model
- Being removed from a situation or proximity to a person who prevented the desired change from occurring
- Instruction on how to make the change
- Adopting a new value or ethic that supports the change
- Becoming older, wiser, and more mature
- Becoming responsible for oneself or others in a way that requires the change to occur
- Becoming aware of the consequences of not making the change
- Gaining insight or becoming aware of feelings that had prevented the desired change from occurring
- Experiencing a general sense of positive well-being or a decrease in mental distress.

Is the change now a natural part of your daily life?

Can you maintain the change in new situations?

## Resource Sheet #11-2: Case Study of Marcus as a Role Model

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### Overview

Marcus' self-identity significantly changed during Stage II. He struggled, but with the support of his peers and TC staff members, he became engaged in the treatment process because he experienced success and developed a positive sense of self-worth and purpose in life. He is now fully committed to continuing his self-learning and to helping others. He helps new residents who come into the program and are struggling with the same issues he experienced when he began the program.

In Stage III, Marcus continues to use the tools and concepts of the program. He is advancing in the community and is expected to volunteer to accept additional responsibilities. He will find part-time employment and will continue to live in the TC while he prepares long-range plans.

Many residents speak about how they view Marcus as their role model. They look up to him and aspire to be like him. Staff members also acknowledge the progress Marcus has made in changing his behavior and attitude. They have asked Marcus to lead peer groups for new residents to assist them in accepting the rules and expectations of the program. Marcus has even expressed interest in taking addiction counseling classes to prepare himself to return eventually to the program as a counselor.

As a role model, Marcus demonstrates personal insight and wisdom. He leads the community process method by demonstrating the principles of recovery and right living. A major shift in Marcus' transformation was that he no longer considered living in a TC as a way of "doing time" for past criminal behavior. He participated in the TC and internalized that he is worthy as a person and is someone who can make a difference in the world. As a role model, Marcus enhances the spirit of a healthy community.

### Marcus' Development as a Role Model

Marcus follows TC rules and practices:

- He performs well in his job functions and participates in meetings and group processes.
- He develops a sense of trust in the community-as-method approach and is willing to be guided in the process of self-help and mutual self-help.
- He asks his counselor and senior residents for advice and shares what he learns with his peers.
- He encourages his peers to seek advice from their counselors and senior residents.

Marcus aspires to live a drug-free lifestyle and consistently follows the practices of right living:

- He values honesty, openness, and truth. He gives constructive feedback to his peers daily and insists that they follow the rules. He holds peers accountable in encounter groups and reports violations to expeditors.
- By acting in this way, Marcus is reinforcing the principles of recovery and right living for himself and encouraging others to adopt these behaviors as well. New and junior residents are aware when he is around and change their self-defeating conversations and actions.

Marcus promotes positive peer interactions:

- He discusses his feelings and encourages his peers to talk about their problems.
- He understands the ups and downs of the recovery process and is compassionate when he speaks to residents who are engaged in self-defeating behavior, but he still holds them accountable.
- He knows that by helping his peers to be accountable for their actions, he is helping himself stay accountable.
- Junior residents seek him out to confide in him and ask his opinion.

Marcus takes responsibility and initiative:

- He begins to take responsibility for fatherhood. He requests meetings and group sessions with his former girlfriends and their children, and he listens to them talk about their perceptions of the past. This process was initiated by Marcus and is considered a demonstration of his desire to challenge and change himself.
- He begins to talk about his family with other residents and shares his concerns and sense of guilt that he has not provided for his children as he should have. Other residents admire his courage and integrity and ask him how his sessions are going.

Marcus celebrates his achievements:

- In Stage III (early reentry), Marcus completes his GED. The announcement of this accomplishment is made at a special house meeting and at a dinner held to celebrate special achievements. At the dinner, his TC family acknowledges Marcus' determination and what he means to his brothers and sisters in the TC. Marcus makes a brief speech and says that he no longer sees himself as a criminal and a failure. His simple yet authentic statement offers hope to others.

Marcus applies what he has learned to situations outside the TC:

- He moves into an apartment with another TC resident in the late reentry phase. He graduates from the TC program 7 months after moving out.
- He continues to participate in TC activities and shares his challenges and accomplishments. Junior residents aspire to be like Marcus and start to believe that his accomplishments are possible for them, too.

Marcus continues his recovery process after program completion:

- He starts counselor courses at a community college. He receives an associate's degree and passes his State chemical dependency counselor credential certification examination. He visits his former TC and tells residents about his plans.
- He applies for a junior counselor job in a TC other than the one in which he had participated. As a result he gains a broader perspective of the TC approach to treatment. He also has the opportunity and challenge of getting to know new people and to apply what he learned in a new setting.
- After 2 years, he leaves and is hired by the TC in which he was a resident and continues his counseling career. He supervises senior residents and continues to serve as a role model by participating in all aspects of TC life.
- He attends NA and AA meetings at least three times a week. He stops smoking cigarettes. He becomes friends with a woman, Stella, who has no history of drug use or criminal activity, and they develop a close relationship. Stella encourages him as he makes and maintains changes in his continual pursuit of self-awareness, personal growth, and development. They share common values of right living. Stella has never been married and has no children. Marcus' children have met Stella and are developing a relationship with her.
- Although Marcus sounds like a model case, he has ups and downs. He is using the tools he learned in the TC and is in individual psychotherapy to continue his progress. He discusses his issues during staff meetings and inservice training and provides inspiration to other staff members.

## Summary

Marcus is an example of a resident who worked hard to complete the TC program. He did not cut corners, run away from obstacles, or avoid or deny his problems. By aspiring to the ideal but staying in touch with reality, he is managing life's stressors constructively.

Marcus is proactive in his continued psychotherapy. He learns that guilt and shame were imprinted at a deep level when he was growing up and that they reemerged when he moved out into mainstream society. He knows he needs to continue to build his confidence and remain vigilant about his continued growth.

## Summary of Module 11

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When change occurs, residents do not adopt behaviors and attitudes simply to comply with TC rules. They make fundamental changes in the way they live and perceive themselves. Residents are expected to make changes in the following areas:

*Self-care:* Residents must learn personal hygiene, grooming, and appropriate dress, as well as habits and attitudes essential to maintaining recovery. Improved self-care represents a change in feelings and perceptions of self-worth.

*Self-control:* Residents must learn to restrain impulsive behavior (such as cursing, making threats, lashing out, or leaving) in response to what other people say or do. Improved self-control represents understanding that one's problems are not caused by other people.

*Self-management:* Residents must learn to think about consequences before taking action, to delay instant emotional gratification, and to develop healthy emotional coping skills. Improved self-management represents an understanding that one has self-defeating behaviors to control.

*Self-understanding:* Residents must understand the connections between their past experiences and present behavior, attitudes, and feelings. Improved self-understanding represents an ability to see patterns in one's life.

*Self-concept:* Residents must develop a positive sense of self-worth and a sense of purpose in their lives. An improved self-concept occurs when residents realize they can change their own lives and make a difference in other people's lives.

Self-identity refers to how individuals perceive themselves, how they believe they differ from others, and the degree of self-worth and sense of purpose they experience.

A transformation is expected to occur in a residents' self-identity, from a person who uses drugs or engages in criminal behavior to that of a productive, worthy, and active member of mainstream society.

Residents experience identity change when they

- Recognize that their existing self-identity is false and based on the past
- Realize that others will understand and accept them if they express their true thoughts and feelings
- Experience accomplishments in the TC program that allow a new self-identity to emerge.

Internalization of change is the process of accepting, practicing, and applying what residents have learned in the TC to new situations inside and outside the program. Internalization requires the disruption of previous thought and behavior patterns, which may evoke anxiety, anger, skepticism, resistance, or defiance as the resident struggles to let go of old patterns. A resident who is simply adapting to the TC may not be internalizing change.

Internalization occurs when

- Learned changes become a natural part of a resident's daily activities.

- Learned changes are self-initiated and applied to new situations.
- New learning takes place quickly, and few mistakes are made.
- Skepticism of TC teachings decreases.
- Frequency and severity of rule-breaking decrease.
- Participation in TC activities increases.
- A resident displays a positive work ethic in a job or school outside the TC.
- A resident uses problemsolving and coping skills in new or demanding situations.

To internalize change residents must

- Have certain essential experiences
- Have certain essential perceptions
- Actively participate and become involved in the TC.

Essential experiences include

- Emotional healing from past physical, psychological, and social distress
- Social relatedness and caring within a healthy and prosocial environment
- Subjective learning that promotes self-efficacy and self-esteem.

Essential perceptions include

- TC treatment is effective.
- I am making progress.

Residents must participate actively and become involved in the TC. The process of internalization does not occur automatically as residents advance through the stages of the TC program. Residents must become immersed totally and full participants in the activities of the TC.

## **Review of Module 11**

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In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- Identify at least four types of self-change expected of TC residents?
- Describe the positive change in self-identity expected from the TC program?
- Define the internalization of behavior change and provide at least three examples of evidence that internalization is occurring?
- Describe at least three essential experiences that are necessary for residents to internalize change?
- Describe two essential perceptions that are necessary for residents to internalize change?
- Explain how active participation and involvement are necessary in each stage of the TC program for residents to internalize change?

## **Appendix A: Ice Breakers**

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### **Have You Ever?**

Make a large circle of 15 to 20 participants. Explain that you are going to mention something about a general life experience and then will walk to the center of the circle. When you get there, you will wait until a participant or participants who had a similar experience join you in the center of the circle. Exchange a “high five” with each person in the center.

Next, you and those who joined you return to the circle in different positions from those which you left. Another participant mentions a life experience, walks to the center of the circle, and is joined by others who have had a similar experience who receive high fives.

Continue the process as long as you feel it is beneficial.

### **Wallets**

Ask participants to find partners they do not know. Instruct them to look into their wallets, purses, or pockets to find items to which a story or a specific characteristic is attached. They must feel comfortable sharing this information. Participants who do not have wallets or purses with them can be asked to remember what is in their wallets or purses and choose an item. Allow 2 minutes for participants to share information about their items.

### **Back-to-Back**

Ask members of the group to stand back to back with a partner. (You will be amazed at how quiet the room becomes.) Ask a question (e.g., Where do you live? How do you travel to work?) that participants will answer when they find new partners. Tell participants to leave their back-to-back position and find new partners with whom to stand face to face and exchange the answer to the question. On a predetermined signal, ask participants to find another partner to stand back to back with and have the facilitator ask another question. On the next signal, participants will move face to face with another participant to exchange answers. Continue for as long as you think is appropriate.

### **Who Can Answer This One?**

A small slip of paper with a question on it is given to each participant. Participants move around the room asking their question of others and answering the questions other people have on their slips of paper. The slips can ask insightful questions concerning the participant (such as, How did you become interested in working in a TC?) or general information that develops a relationship among participants (such as, Where were you born? What is your favorite form of exercise?).

## Choices

Explain to participants that they will be asked to move around the room and have brief conversations with as many individuals as possible to find something in common with the other participants. When two people have a similar characteristic (e.g., eye color, same home State, same brand of shoes, being an only child, having a large family), they should link arms and wait until everyone has found a partner.

Ask participants to unlink their arms and find someone else who shares a characteristic with whom they will link arms.

The purpose of this activity is not only to find people who share characteristics but also to show how often we walk away from or exclude individuals because we do not share an immediate or obvious characteristic.

*Variation:* After two people have linked arms, they can attempt to find another group or individual who has the same or similar characteristic.

*Variation:* Ask participants to converse with someone they do not know very well and continue to talk until they find something in common with each other.

## Appendix B: Positive Visualizations

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### Positive Words

*Select a word or words from the list below and ask participants to think about it, say it to themselves, or write about it in their journals for about 2 minutes as music plays.*

Abundant; accept; acceptance; affirm; alive; allow; amaze; appreciate; art; auspicious; awaken; aware; awe

Balance; bathed; beautiful; believe; bliss; blossom; blossoming; blue skies; bountiful; breath; breathe; bright; brilliance; brilliant; bubbles

Calm; centered; challenge; charged, cheerful; chirp; clarity; cleansing; clear; colorful; compassion; confidence; confident; conscious; courage; courageous; create; creative; crystalline

Dance; dazzle; decisive; delicious; delight; determination; dream; dynamic

Earnest; electric; embrace; empower; energetic; energy; enjoy; enthused; enthusiasm; equanimity; excite

Faith; fantastic; flow; flowers; fly; forgiveness; free; freedom; fresh; full; fun

Gentle; giggle; glorious; goodness; grace; grateful; groovy; growth

Happy; heal; healthy; humble; humility

Inhale; innocence; inspiration; inspire; intuitive; invigorate

Joy

Kindness; kinetic; kiss

Laugh; learn; liberate; light; listen; lively; love

Manifest; music

Natural; nature; new beginnings; nurture

Open; overflow

Passion; patience; play; playful; poise; positive; power; powerful; prosperity; pure; purpose

Radiant; realize, refresh; release; renew; richness

Savor; scintillate; serene; shine; sincere; simple; simplicity; sing; smile; soften; sparkle; special; stainless; strength; stretch; strong; success; suffused; sunshine; survive; sweeten

Taste; therapeutic; thrill; thunder; tickle; titillate; tranquil; transcend; transform; trust

Understanding; unfold; unperturbed; unshakeable; uplifting; useful

Valued; vibrancy; vibrant; voltage

Warmth; wellness; wholeness; wonder; wonderful; worthy

Youthful

Zest

## **Positive Images**

*Ask participants to choose an image from below (or one of their own) and to think of it on each inhalation as they breathe.*

Beautiful images such as jewels, landscapes, flowers, or angels

Colors such as white light or luminous pastel colors

## **Positive Affirmations**

*Choose or ask participants to choose an affirmation from the list below (or one of their own) and say it to themselves or write about it in their journals while music plays.*

I breathe in strength, confidence, and blue skies.

I sparkle and shine with all the vibrancy of self-confidence.

My thoughts tickle and delight me with gentleness and creativity.

My positive thoughts invigorate others and me.

Today is a great day.

I create future opportunities of goodness by building on today.

Every day has goodness within it.

The greatest joys in life are shared.

Patience is a virtue. Patience is strength.

What others say is important. I listen first, clarify second, and react last. Listening is the key to understanding.

There is always something to be happy about.

I am blessed with an abundance of energy.

I am healthy, wealthy, loved, and happy.

## Appendix C: TCC Expert Panel

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## Appendix D: TCC Contributors

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### Gaudenzia, Inc., TCC Pilot Test Coordinators and Participants

Gaudenzia, Inc., a large therapeutic community with more than 40 program sites in Pennsylvania and Delaware, organized and provided Master Trainers for a 5-day pilot test of the *Therapeutic Community Curriculum* (TCC). Ten Gaudenzia staff members participated in the pilot test as trainees. Input from the Gaudenzia trainers and participants was invaluable to the development of the TCC.

#### Pilot Test Coordinators and Trainers

Michael Harle, President/CEO  
James Sease, Training Coordinator  
Dave Stockton, Trainer  
Cecilia Velasquez, Trainer  
Donald Garnett, Monitor

#### Pilot Test Participants

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## *TRAINER'S MANUAL*

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### **Additional Contributors**

Allen Bernhardt, M.S.W., CSW, CSAC, provided substantial input to the TCC. We appreciate Mr. Bernhardt's knowledge, experience, and dedication to the therapeutic community model. The TCC was enriched by his contributions.

Sharon L. Gottovi, former Director of Clinical Operations for Second Genesis, Inc., graciously arranged for the authors to visit the Crownsville, Maryland, Second Genesis site on two occasions. Ray Brown, the Director of the site, and his staff members and residents provided valuable perspective and input.