Therapeutic Community Curriculum

PARTICIPANT'S MANUAL

THERAPEUTIC COMMUNITY CURRICULUM

Participant's Manual

Contents

Participant Orientation

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.[1] 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[2] 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."[3]

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!

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

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

[3] 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

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

Slides	Notes
Module 1 Introduction to the TCC **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #1 –1	
Small-Group Formation • 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? OH #1 –2	
"Acting as If" • When an individual **acts** in a certain way long enough, the **thoughts** and **feelings** that support the behavior will strengthen. • Feelings, insights, and altered self-perceptions often **follow** behavior change rather than precede it. OH #1 –3	

Slides	Notes
Journal Writing and Wrapup • 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? OH #1–4	
Prework for Module 2 • Read Resource Sheet #2-1: 14 Basic Components of a TC • Research the history of your TC OH #1–5	

Resource Sheet #1-1: TC Recovery Maxims

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

The following competencies are from the TCA Web site (www.therapeuticcommunitiesof america.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 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

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.

Review of Module 1

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

- State 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 understanding this concept?

Module 2: The History and Evolution of the Therapeutic Community

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

Slides	Notes
Module 2 The History and Evolution of the Therapeutic Community **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #2–1	
What Is a Therapeutic Community? A TC is a structured method and environment for changing human behavior in the context of community life and responsibility. OH #2–2	
Indicators of the TC Model's Evolution Into Mainstream Human Services • A mix of professionals • Evaluation research • Program and staff competence standards • Professional associations • Common components • Adaptations to new settings and special populations OH #2–3	

Slides	Notes
Special Services in a TC • 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 and have developed a sense of belonging within the peer community and understand the TC approach OH #2–4	
Journal Writing and Wrapup • 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	
Prework for Module 3 • Read Resource Sheet # 3-1: Case Study of Ray—Disorder of the Whole Person OH #2–6	

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

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

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.

Review of Module 2

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

- Recite the definition of a TC?

- Identify at least three contributions made by forerunners to today's TC?

- State at least three indicators of the TC model's evolution into the mainstream of human services?

- State at least 7 of the 14 basic components of a TC?

Module 3: Treatment and Recovery—The TC View

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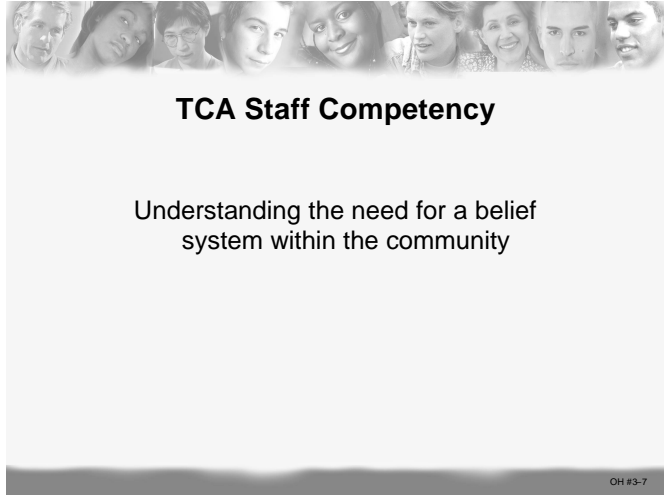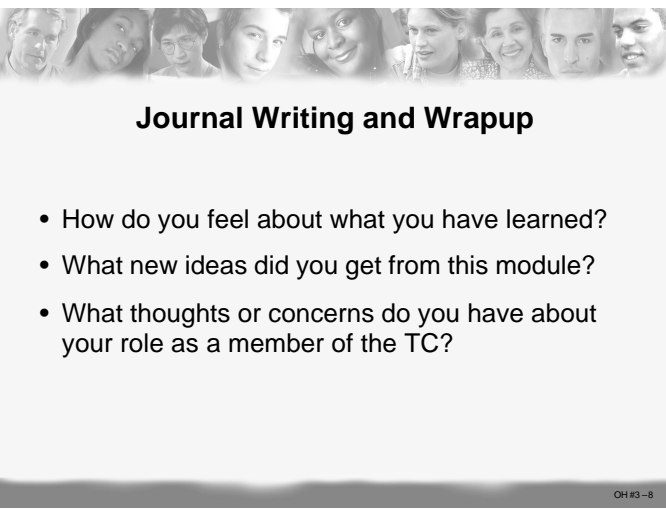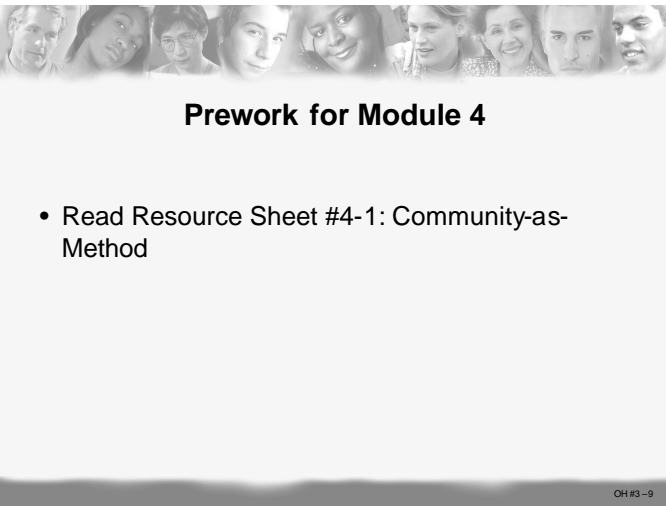
- Describe three distinctive features of the TC: TC language, community-as-method, and rational authority
- Give an example of the TC views of the disorder, the person, recovery, and right living
- State at least three assumptions of the TC belief system
- Explain one way staff members can demonstrate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

Slides	Notes
Module 3 Treatment and Recovery— The TC View **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #3–1	
Distinctive Features of TCs • TC lingo or language • Community-as-method • Rational authority • TC views of the disorder, the person, recovery, and right living OH #3–2	
TC Views **View of the Disorder** • Disorder of the whole person • Virtually every aspect of a person's life is affected **View of the Person** • TC residents are able to change their behavior and become productive members of society OH #3–3	

Slides	Notes
Exercise: Case Study of Ray What are examples of Ray's • Cognitive and behavioral issues? • Perceptual issues? • Emotional issues? • Social issues? OH #3 –4	
TC View of Recovery • Gradual building or rebuilding of a new life • Changes in thinking, feeling, values, behavior, and self-identity OH #3 –5	
TC View of Right Living • Honesty in word and deed • Responsible concern for others • Work ethic • Active and continuous learning OH #3-6	

Slides	Notes
TCA Staff Competency Understanding the need for a belief system within the community OH #3–7	
Journal Writing and Wrapup • 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? OH #3 –8	
Prework for Module 4 • Read Resource Sheet #4-1: Community-as-Method OH #3 –9	

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

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

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

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

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

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

Slides	Notes
Module 4 The Community-as-Method Approach **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #4-1	
Exercise: Social Learning • Recall a situation in which you learned a valuable life lesson from peers, family members, or coworkers. • What did you experience as you listened to each person share? OH #4-2	
TCA Staff Competency **Social Learning** • Identifying with others • Learning and changing behavior through participation, observation, and interaction with others **Didactic Learning** • Formal instruction • One-way presentation of new information from an "expert" to a "student" OH #4−3	

Slides	Notes
Eight Basic Concepts of Community-as-Method • How is each concept implemented in your facility? • How can you, as a staff member, promote each concept? OH #4-4	
Exercise: Role Play of Community-as-Method • Christina, an experienced TC staff member • Michael, a new staff member • Sarah, a new resident • Observers Staff members will explain community-as-method and give examples to the new resident. OH #4-5	
TCA Staff Competency Understanding and promoting self-help and mutual help **Self-Help** • Residents are responsible for participating and contributing to the TC process to change their behavior **Mutual Help** • Residents assume responsibility for helping their peers • Mutual self-help reinforces one's recovery process OH #4-6	

Slides	Notes
Journal Writing and Wrapup • 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? OH #4 – 7	

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

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

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: The TC Crossword Puzzle
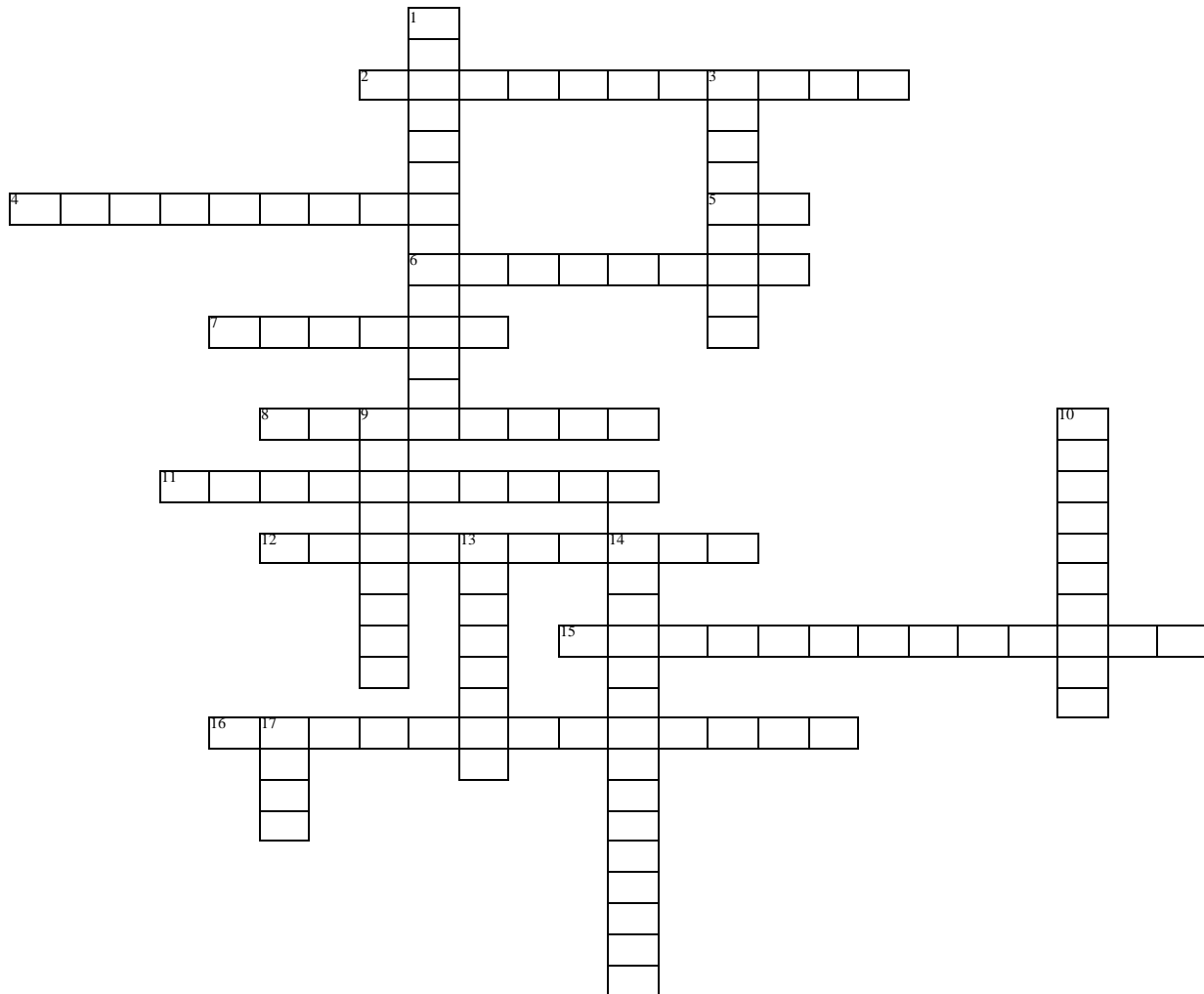
Across

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

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 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

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

Module 5 Goals and Objectives
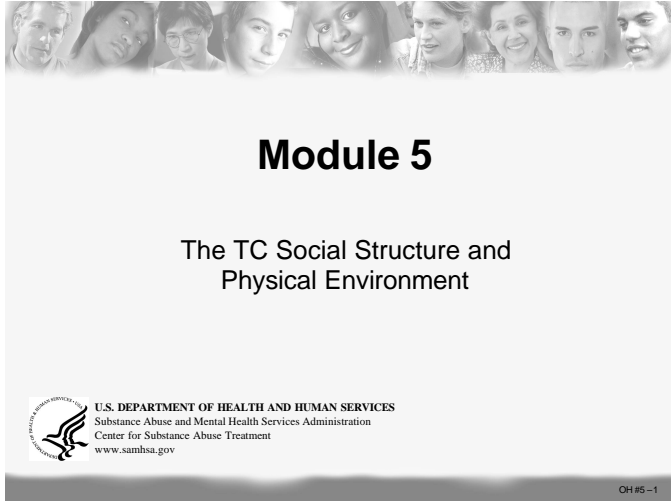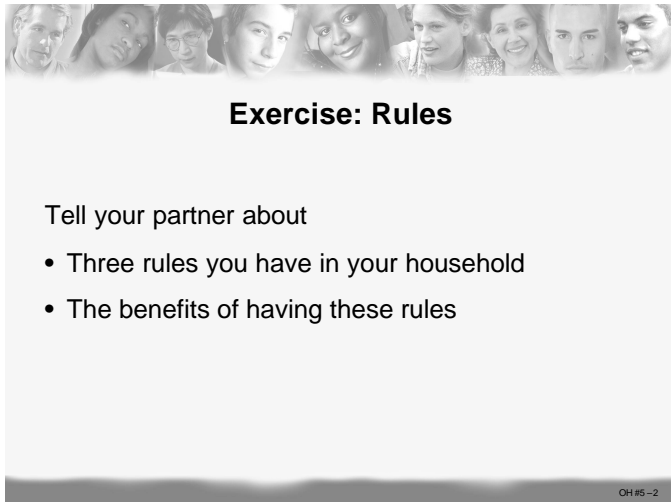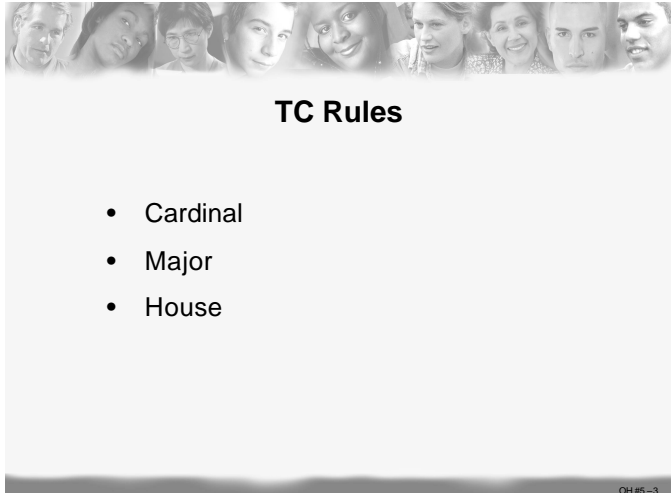
Goals: To understand how the TC social structure and the physical environment promote residents' return to a healthier lifestyle in mainstream society and to understand that rules, structure, work, meetings, and other components of the daily routine, as well as features of the physical facility, are 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

Slides	Notes
Module 5 The TC Social Structure and Physical Environment **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #5 –1	
Exercise: Rules Tell your partner about • Three rules you have in your household • The benefits of having these rules OH #5 –2	
TC Rules • Cardinal • Major • House OH #5 –3	

Slides	Notes
Structured Socialization Structured socialization is the step-by-step process through which residents learn prosocial behavior and attitudes that allow them to become productive members of mainstream society. OH #5 – 4	
TC Social Organization • Structure • Systems • Communication • Daily regimen of scheduled activities OH #5 – 5	
Resident Meetings Resident meetings are used to • Enhance sense of community • Provide structure • Resolve issues • Communicate to all members of the TC • Assess individual and collective moods of the TC OH #5 – 6	

Slides	Notes
Morning Meetings • Are intended to be uplifting • Engage residents who may be withdrawn • Motivate residents • Start the day in a positive way • Enhance residents' sense of community OH #5–7	
House (or General) Meetings • Address issues and problems that pose a physical or psychological threat to the community • Discuss community concerns and ways to correct community problems OH #5–8	
Closing Meetings • Conduct community business in a structured fashion • Provide closure to the day's activities • Make announcements • Assess mood OH #5–9	

Slides	Notes
The Physical Environment The physical setting of the TC allows residents to • Disengage from previous lifestyle • Attain positive affiliation • Achieve self-discipline • Reinforce recovery principles and right living OH #5-10	
Access and Security TCs are not locked facilities but restrict access to provide security for residents and promote recovery. OH #5-11	
Journal Writing and Wrapup • 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? OH #5-12	

Resource Sheet #5-1: Morning Meeting Simulation

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

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

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

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
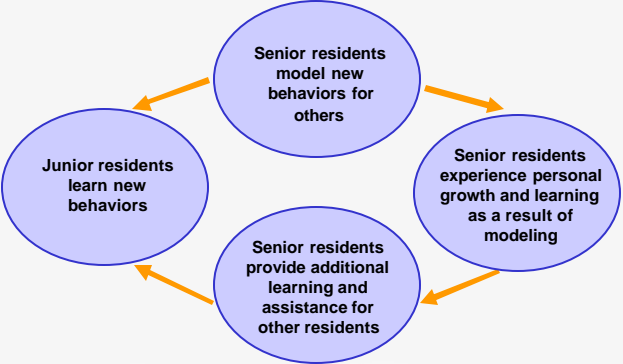
- Identify three goals for changes in residents' relationships with peers, family, and authority figures
- Define at least three ways staff members can help residents learn and experience healthy relationships
- Define the concept of "role model" and identify at least three behaviors role models are 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
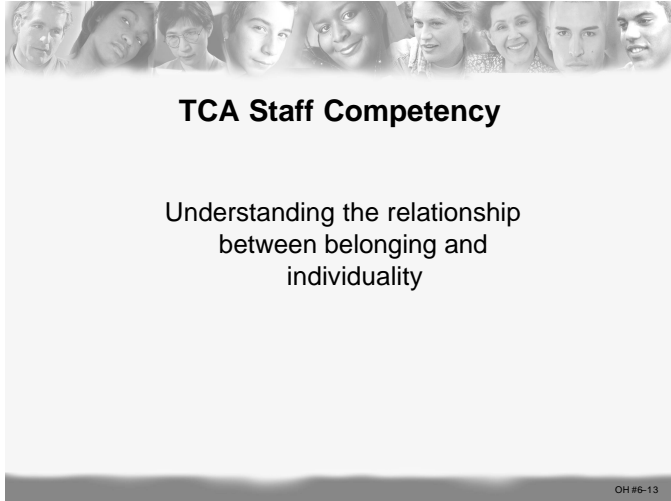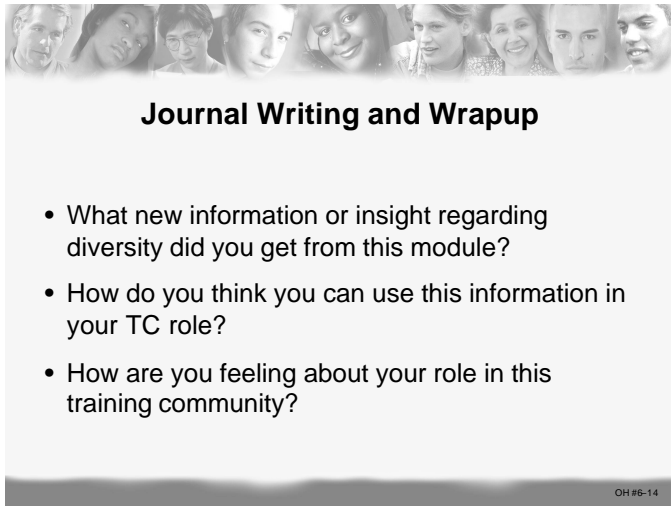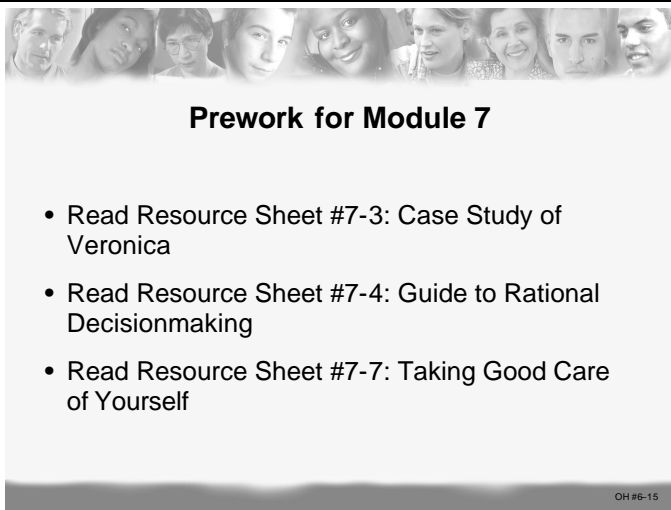
Introduction	20 minutes
Exercise: Healthy Relationships	30 minutes
Presentation: Promoting Healthy Relationships	45 minutes
Break	15 minutes
Presentation: Being a Role Model	30 minutes
Exercise: What Does Being a Role Model Look Like?	35 minutes
Presentation: Diversity	40 minutes
Presentation: Gender 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

Slides	Notes
Module 6 Peer Interpersonal Relationships **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #6 – 1	
Exercise: Healthy Relationships Think and write about • Positive, healthy relationships you have had with family, friends, coworkers, and authority figures • Benefits of having healthy relationships • Ways to initiate and maintain healthy relationships OH #6 – 2	
Promoting Healthy Relationships Staff members are expected to understand • Residents' relationship-related issues • How the TC recovery process addresses these issues • Treatment goals related to developing healthy relationships OH #6 – 3	

Slides	Notes
Promoting Healthy Relationships Staff members are expected to encourage mutual self-help by • Promoting familylike relationships among peers • Promoting healthy peer friendships • Encouraging residents to become role models and leaders • Helping residents use the community to develop relationship skills OH #6–4	
Promoting Healthy Relationships Think of a specific resident • Think of 3 possible goals related to changes in that person's relationships • Identify 3 ways you will try to help the resident meet these goals OH #6–5	
Being a Role Model A role model • Behaves according to TC expectations of recovery and right living • Sets a positive example for other residents to follow OH #6–6	

Slides	Notes
Senior Residents as Role Models Senior residents model new behaviors for others Junior residents learn new behaviors Senior residents experience personal growth and learning as a result of modeling Senior residents provide additional learning and assistance for other residents OH #6 –7	
Role Models • "Act as if" when necessary • Show responsible concern for others • Seek and assume responsibility OH #6 –8	
Benefits to Residents of Being a Role Model • Personal growth and self-learning • Increased status in the peer community • Leadership skills • Identity change • Increased self-esteem OH #6 –9	

Slides	Notes
Living in a TC with people of all backgrounds promotes recovery and right living. OH #6-10	
What Do Residents Gain From Living in a Diverse Community? • Self-knowledge • Decreased fear of difference • Self-acceptance • Knowledge of how common issues can outweigh differences • Mutual self-help OH #6-11	
Gender Competency TC staff members must • Be sensitive to gender-related issues • Not discriminate or show favoritism • Be aware of and prevent discrimination in the community • Offer special group sessions • Serve as role models OH #6-12	

Slides	Notes
TCA Staff Competency Understanding the relationship between belonging and individuality OH #6-13	
Journal Writing and Wrapup • 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 your role in this training community? OH #6-14	
Prework for Module 7 • Read Resource Sheet #7-3: Case Study of Veronica • Read Resource Sheet #7-4: Guide to Rational Decisionmaking • Read Resource Sheet #7-7: Taking Good Care of Yourself OH #6-15	

Summary of Module 6

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 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

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

Module 7 Goal and Objectives
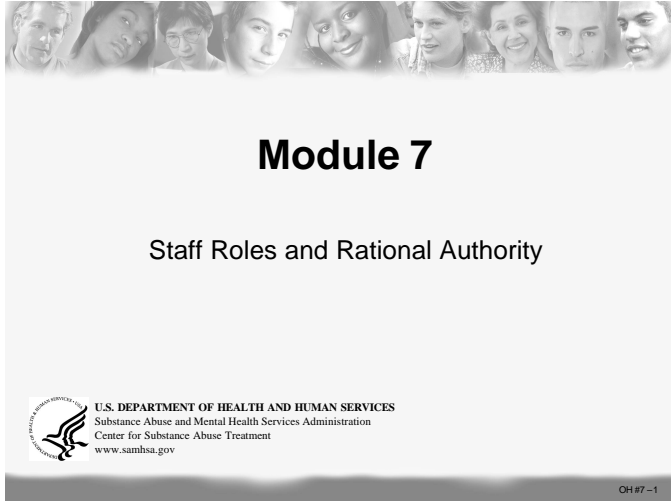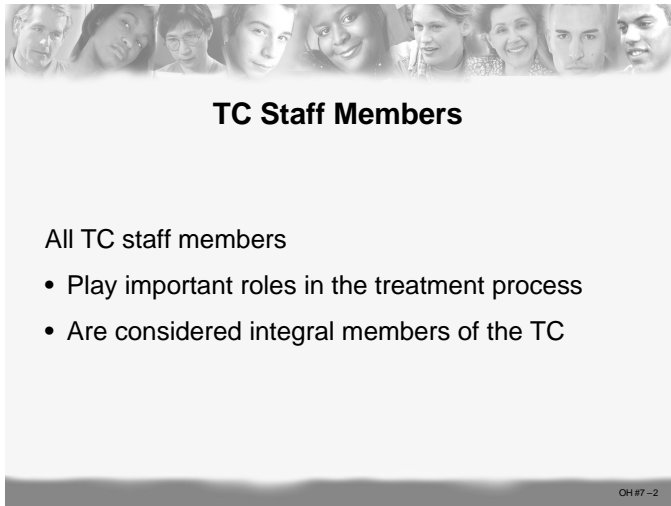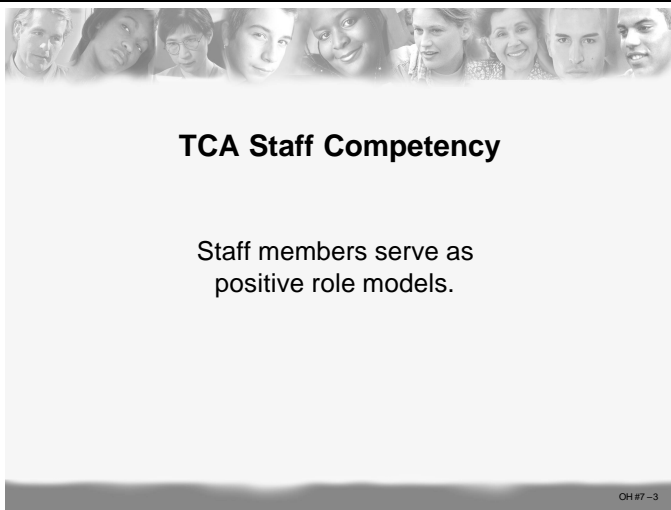
Goal: To understand the expectations and roles of TC staff members and the importance of being consistent and trustworthy rational authorities.

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
Total Time	7 hours, 45 minutes

Slides	Notes
Module 7 Staff Roles and Rational Authority **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #7 –1	
TC Staff Members All TC staff members • Play important roles in the treatment process • Are considered integral members of the TC OH #7 –2	
TCA Staff Competency Staff members serve as positive role models. OH #7 –3	

Slides	Notes
Exercise: Authority Figures in Your Life Think about • Someone who was a positive authority figure in your life • What you learned from this person • The characteristics that describe this person OH #7 –4	
Staff Members as Rational Authorities **Program Management Staff** Make decisions related to • Resident status • Discipline • Promotions • Transfers and discharges • Furloughs • Treatment planning **Program Support Staff** • Make decisions related to their area of expertise • Support the clinical decisions of the program management staff OH #7 –5	
Staff Members as Rational Authorities Staff members establish themselves as rational authorities by the way they make, communicate, and follow up on decisions. OH #7 –6	

Slides	Notes
TCA Staff Competency Understanding and discouraging the concept of the we–they dichotomy • Adhere to community rules • Participate in meals and activities • Demonstrate respect for residents • Be open to confrontation from residents • Be willing to listen and learn OH #7 –7	
Journal Writing and Wrapup • 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? OH #7 –8	
Prework for Module 8 • Resource Sheet #8-1: Community Tools • Resource Sheet #8-4: Group Process Tools • Resource Sheet #8-6: Mock Encounter Group OH #7 –9	

Resource Sheet #7-1:
WFTC's Standards for Residential Treatment Services
A Model Staff Code of Ethics

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

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

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

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 decisonmaking, 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

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

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

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

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

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

Module 8 Goal and Objectives

Goal: To learn about TC treatment methods designed to encourage prosocial and psychological change in residents.
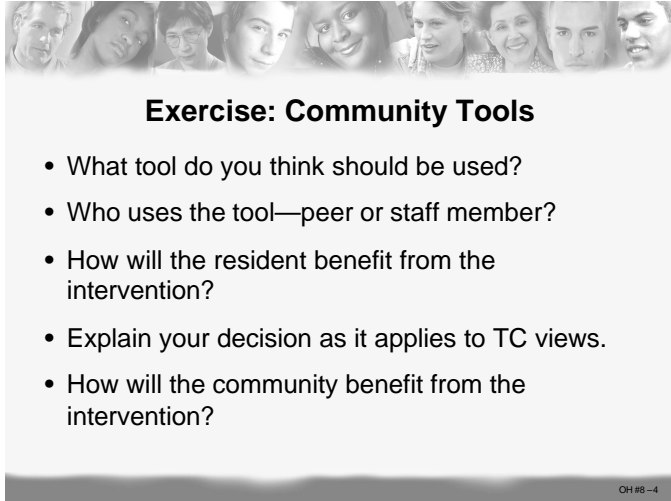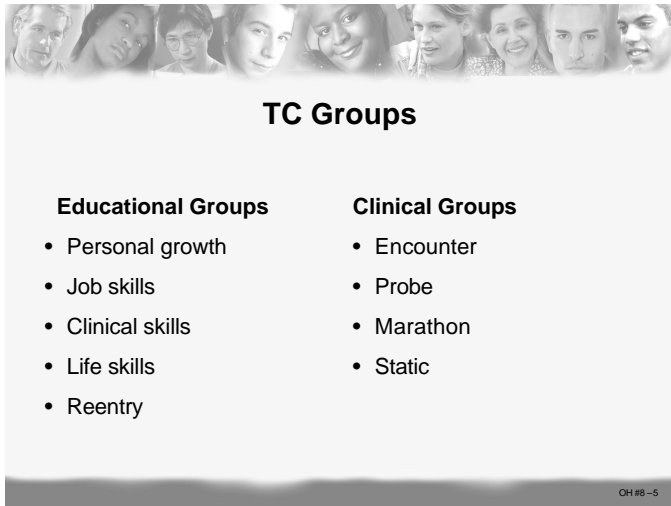
Objectives: Participants who complete Module 8 will be able to

* 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

Slides	Notes
Module 8 TC Treatment Methods **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #8 –1	
Review • Community-as-method • Self-help and mutual self-help • TC social structure and systems OH #8 –2	
Community Tools **Reinforcers** **Sanctions** • Affirmations • Verbal correctives • Pushups • Interventions • Privileges OH #8 –3	

Slides	Notes
Exercise: 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 as it applies to TC views. • How will the community benefit from the intervention? OH #8–4	
TC Groups **Educational Groups** • Personal growth • Job skills • Clinical skills • Life skills • Reentry **Clinical Groups** • Encounter • Probe • Marathon • Static OH #8–5	
Group Process Tools **Provocative** • Used to challenge and confront **Evocative** • Used to support and encourage OH #8–6	

Slides	Notes
Encounter Groups Residents learn to • Show compassion and responsible concern • Confront reality • Be honest • Seek self-awareness • Resolve issues and concerns OH #8–7	
Encounter Group Phases • Confrontation • Conversation • Closure OH #8–8	
TCA Staff Competency Understanding and facilitating group process OH #8–9	

Slides	Notes
Journal Writing and Wrapup • What new information or insight regarding TC treatment methods did you get from this module? • How do you think you can implement this new information in your TC role? • How are you feeling about your role in this training community? OH #8–10	
Prework for Module 9 • Review Resource Sheet #3-1: Case Study of Ray—Disorder of the Whole Person • Read and complete – Resource Sheet #9-1: Case Study of Ray at Work – Resource Sheet #9-2: Structure Board OH #8–11	

Resource Sheet #8-1: Community Tools

Community Tools	Notes & Examples

Reinforcers
 	
Affirmations and Pushups
 	
Affirmations are oral encouragements offered spontaneously by peers to acknowledge one another and their efforts to change.
 	
Pushups are similar to affirmations but are used to encourage and reinforce any sign of progress in a resident who is having trouble.
 	
Privileges
 	
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.
 	
Sanctions
 	
Oral or Written Correctives
 	
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.
 	
Oral correctives are primarily peer (but sometimes staff member) reactions to behavior that may not violate TC rules but is still unacceptable.
 	
Oral pullups
 	
• Are statements from one or more peers to remind a resident of a lapse in expected behavior or attitude
• Require the person receiving the pullup to
 	
   – Listen without comment
   – Immediately display the correct behavior	

Community Tools	Notes & Examples
– Express thanks for the feedback. *Bookings* • 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 • Also are called "written pullups." *Talking-tos* • Are stern oral correctives delivered by a peer under staff supervision • Point out the inappropriate behavior and how it affects the resident and the community • Generally occur after pullups and bookings have failed to change behavior. *Reprimands* • Are sometimes called "oral haircuts" • Are the most severe oral correctives • Are given by staff only and are delivered in a critical tone with punitive intent • 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. **Interventions** Interventions are consequences decided by staff members for the violation of a rule or when a resident consistently fails to meet TC expectations. ***Interventions for minor infractions*** *Learning experiences* $ Are special assignments tailored to the resident to help him or her achieve a specific behavior or attitude.	

Community Tools	Notes & Examples
Demotions $ Are changes to a lower status in work hierarchy, usually the result of negative attitudes $ May be a transfer from a double room back to a dorm room for a violation of a minor rule. *Speaking bans* $ Are used to interrupt negative communication $ 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 in the program $ Are effective only if the resident *cares* about the privilege. **Interventions for major infractions or serious problems in the community** *Losses of phase status* $ Are also called being "shot down" $ Move the resident back one or more phases in the program. *House changes* $ Involve transferring a resident to another facility $ May be appropriate when the behavior problem seems specific to a particular facility $ Are more strategic than punitive $ May be combined with other disciplinary action. *Administrative discharges* $ From the program occur for violating a cardinal rule, repeatedly violating other rules, or posing a threat to the safety of community residents $ May include referral to another TC or to a different treatment modality.	

Community Tools	Notes & Examples

House bans
 	
$ Take away all privileges from all facility residents for a period
$ Are used when negative attitudes are pervasive in the facility
$ Make all residents suffer for the misbehavior of a few
$ Remind every resident of his or her responsibility for maintaining the TC's therapeutic atmosphere.
 	
Bench
 	
$ Typically signifies that a resident is being separated from the community and may be asked to leave
$ Is used when
 	
      – A resident has violated a serious rule
      – A resident wants to leave the TC to
 	
          o   Give him or her a chance to think about his or her decision
          o   Separate him or her from the community at a time when he or she may have a negative effect on others
 	
      – A resident seems dangerously angry or agitated, as a timeout
      – A resident needs to be separated from the community for his or her or others' safety for any reason.
 	
Relating booth
 	
$ Is a desk with two chairs in a TC common area
$ 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
$ May require an "intercessor" or mediator to ensure that the communication is open and healthy
$ Also is used to train residents in positive interpersonal skills.	

Resource Sheet #8-2: Sample Intervention Form

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

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
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.	*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. *Affirmation:* Words and gestures of support, encouragement, and approval to acknowledge residents' efforts to learn and change.

Provocative and Evocative Group Process Tools
Projection: Observing and interpreting behavior based on one's thoughts and feelings. *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. *Lugs:* Mildly criticizing to raise awareness without causing a resident to become defensive.

Resource Sheet #8-5: Role Play of Identification, Empathy, and Compassion

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

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 expediter. 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

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

Slides	Notes
Module 9 Work as Therapy and Education **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #9 –1	
Primary Purpose of Work in a TC The primary purpose of work in a TC is to reveal and address residents' attitudes, values, and emotional growth issues. OH #9 –2	
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 OH #9 –3	

Slides	Notes
Role of Staff Member • Make thoughtful work assignments • Encourage self-help • Act as a role model • Educate and explain • Promote community-as-method and mutual self-help • Help residents be role models OH #9–4	

Peer Work Structure and Hierarchy
 	
• Crewmember
 	
• Crew leader
 	
• Advanced peer leadership
  – Expediter
  – Department head
  – Coordinator
 	
• Junior staff trainee candidate
 	
OH #9–5	

Exercise: Case Study of Ray at Work How would you • Encourage self-help? • Be a role model? • Educate and explain? • Promote community-as-method and mutual self-help? OH #9–6	

Slides	Notes
Decisionmaking • Job assignments/promotions carefully consider a resident's needs for growth and learning. • Progression or regression in the work hierarchy depends on a resident's work behavior and attitude. OH #9 –7	
Journal Writing and Wrapup • 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? OH #9 –8	
Prework for Module 10 • Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages OH #9 –9	

Resource Sheet #9-1: Case Study of Ray at Work

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 expediters, 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

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.

```
                           ┌─────────────────────┐
                           │ Senior Coordinator  │
                           └─────────────────────┘
         ┌──────────────┐    ┌────────────────┐    ┌──────────────┐
         │ Coordinator  │    │ Chief Expediter│    │ Coordinator  │
         └──────────────┘    └────────────────┘    └──────────────┘

              ┌────────────┐    ┌────────────┐        ┌────────────┐
              │ Department │    │ Department │        │ Department │
              │   Head     │    │   Head     │        │   Head     │
              └────────────┘    └────────────┘        └────────────┘
```

Department Head	Department Head	Administration	Department Head	Department Head
Crew Leader	Crew Leader	Maintenance	Crew Leader	Crew Leader
Crew-member	Crew-member		Crew-member	Crew-member
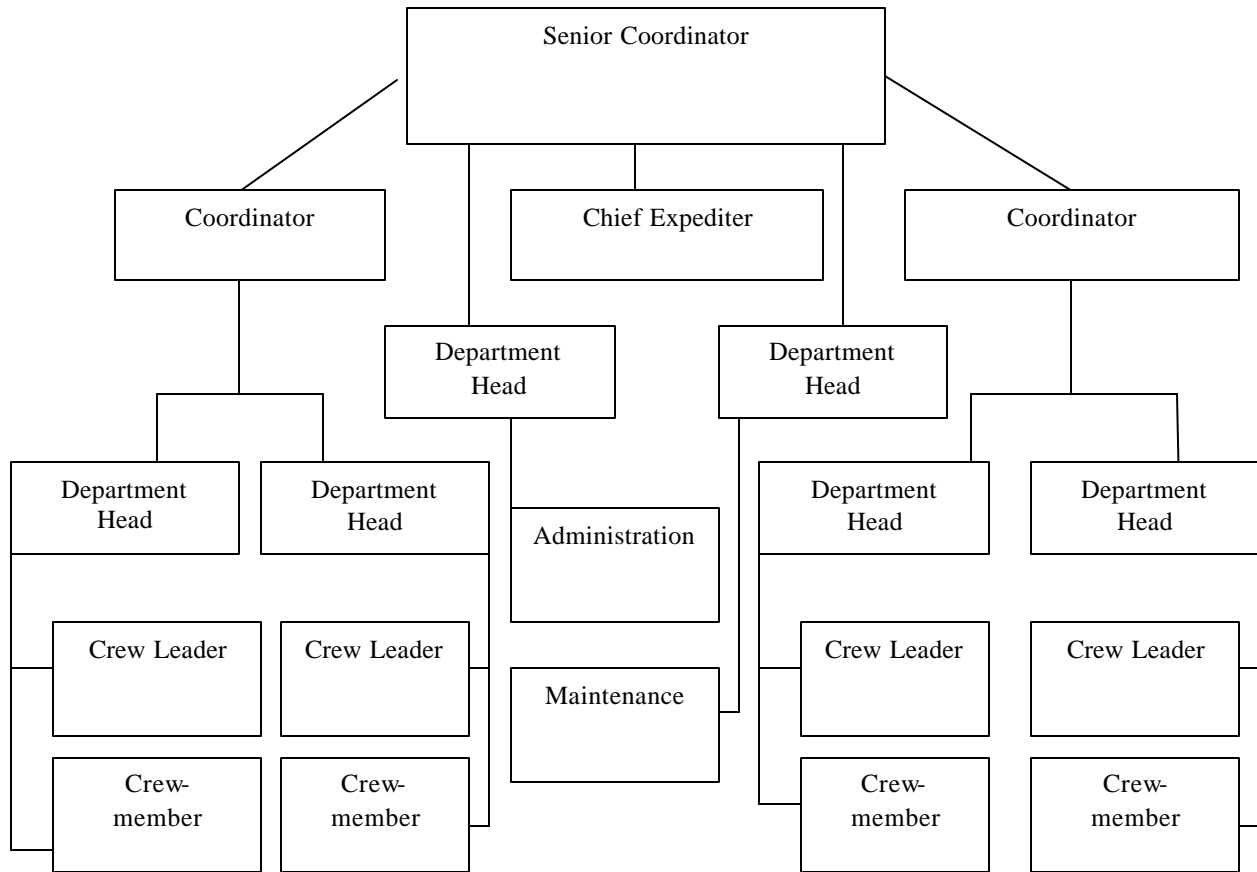
Summary of Module 9

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 expediter, 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.

Review of Module 9

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

$ State the primary purpose of work in a TC?

$ State at least three 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?

Module 10: Stages of the TC Program and the Phases of Treatment

Module 10 Goal and Objectives
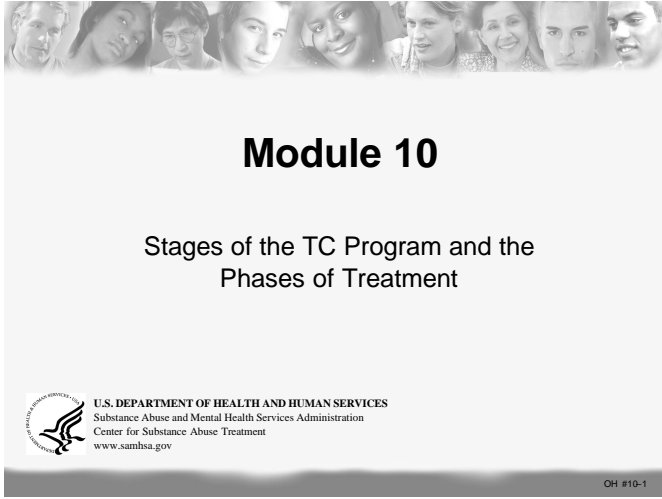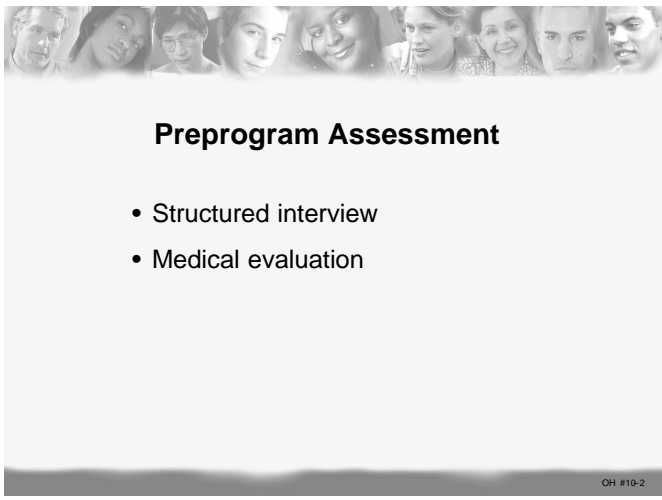
Goal: To understand what residents are expected to achieve to complete each stage of the TC program successfully.

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

Slides	Notes
Module 10 Stages of the TC Program and the Phases of Treatment **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #10-1	
Preprogram Assessment • Structured interview • Medical evaluation OH #10-2	
Staged Approach to Treatment Allows time for residents to • Practice prosocial behaviors and attitudes • Experience success or failure through a trial-and-error learning process • Be supported and guided by the community • Internalize new behaviors and attitudes and become accustomed to living them on a daily basis OH #10-3	

Slides	Notes
Stages of the TC Program • Stage I—Orientation/Induction • Stage II—Primary Treatment 　　　(Phase 1, Phase 2, Phase 3) • Stage III—Reentry 　　　(early phase, middle phase, late phase) OH #10–4	
Program Graduates • Have remained alcohol and drug free • Are employed or are in school or a training program • Have resolved legal problems • Have resolved most of their practical problems • 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 or NA meetings regularly • Have a firm commitment to continued abstinence OH #10-5	
TCA Staff Competency Understanding and promoting upward mobility and the privilege system OH #10-6	

Slides	Notes
TCA Staff Competency Maintaining accurate records • What are examples of good recordkeeping? • What are examples of poor recordkeeping? OH #10-7	
Journal Writing and Wrapup • How comfortable am I making decisions about a resident's advancement or regression from stage to stage and phase to phase? • How competent am I at recordkeeping? In what ways could I improve? OH #10-8	
Prework for Module 11 • 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 OH #10-9	

Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages

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 expediter 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

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

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

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
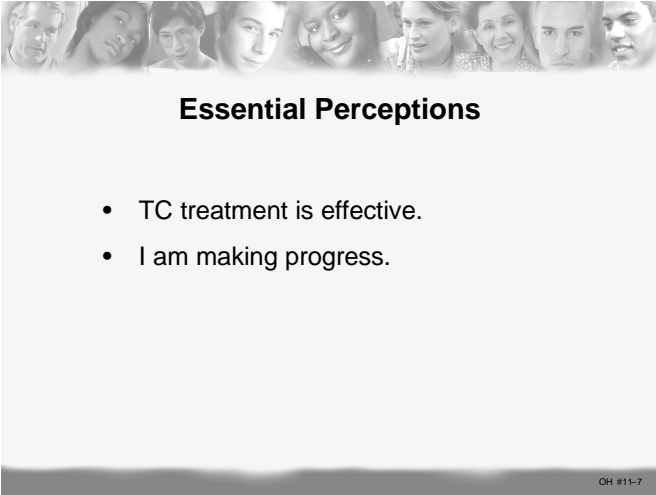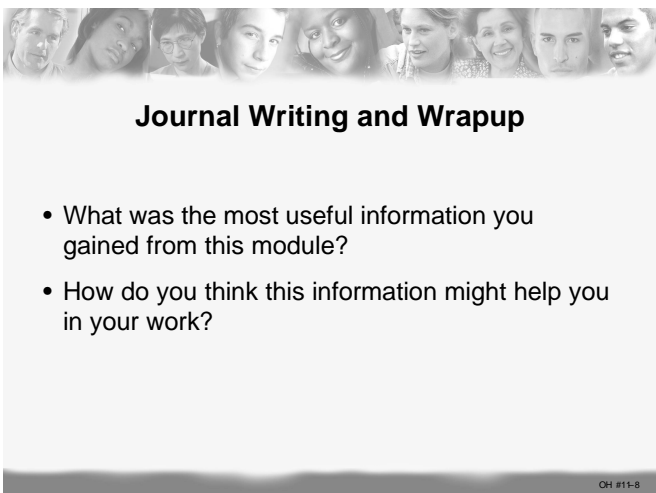
- Identify at least four types of self-change expected of TC residents
- Describe the positive change in self-identity expected from the TC program
- Define the internalization of behavior change and provide at least three examples of evidence that internalization is occurring
- Describe at least three 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

Slides	Notes
Module 11 How Residents Change in a TC **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #11–1	
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. OH #11–2	
Self-Identity • How individuals perceive themselves • How individuals believe they differ from others • Individuals' perceived degree of self-worth and sense of purpose OH #11–3	

Slides	Notes
Internalization The process of accepting, practicing, and applying what has been learned in the TC to new situations inside and outside the program OH #11–4	
Internalization • Essential experiences • Essential perceptions • Active participation and involvement in the TC OH #11–5	
Essential Experiences • Emotional healing • Social relatedness and caring • Subjective learning of self-efficacy and self-esteem OH #11–6	

Slides	Notes
Essential Perceptions • TC treatment is effective. • I am making progress. OH #11–7	
Journal Writing and Wrapup • What was the most useful information you gained from this module? • How do you think this information might help you in your work? OH #11–8	

Resource Sheet #11-1: The Process of Self-Change and Internalization

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

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 expediters.
- 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

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

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:
TCC Expert Panel

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Appendix B:
TCC Contributors

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

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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.