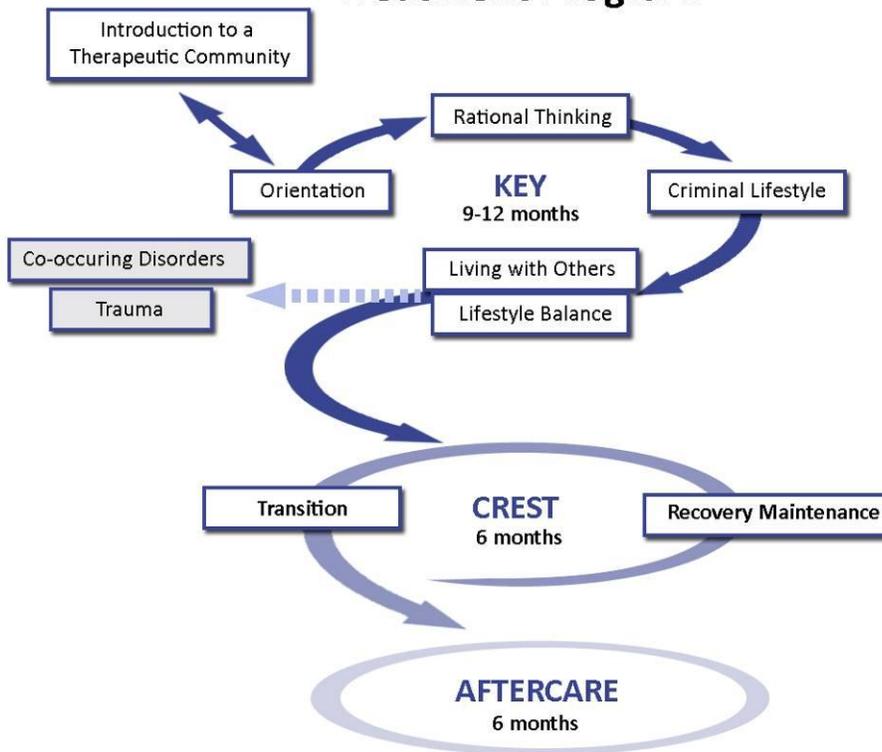|	
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Program Manual
Strategic Solutions for Public Safety, Inc.

Robert M. Hooper
Gwen Empson

Substance Abuse Treatment Program

Introduction to a Therapeutic Community

Orientation

Rational Thinking

KEY
9-12 months

Criminal Lifestyle

Co-occuring Disorders

Trauma

Living with Others

Lifestyle Balance

Transition

CREST
6 months

Recovery Maintenance

AFTERCARE
6 months

▪ Change is possible ▪ All real change is self-change	▪ Change is possible ▪ All real change is self-change

Table of Contents

Mission Statement

Provide a safe environment in which offenders are given the opportunity to learn pro-social cognitive patterns and associated behavioral patterns to return to society and remain crime and substance free.

Creed

(By Program please learn yours.)

What is a therapeutic community?

The therapeutic community (TC) for the treatment of drug abuse and addiction has existed for more than 50 years. In general, TCs are drug-free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills.

TCs differ from other treatment approaches principally in their use of the community, comprising treatment staff and those in recovery, as key agents of change. This approach is often referred to as "community as method." TC members interact in structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use.

Many individuals admitted to TCs have a history of social functioning, education/vocational skills, and positive community and family ties that have been eroded by their substance abuse. For them, recovery involves *rehabilitation* -- relearning or re-establishing healthy functioning, skills, and values as well as regaining physical and emotional health. Other TC residents have never acquired functional life-styles. For these people, the TC is usually their first exposure to orderly living. Recovery for them involves *habilitation* -- learning for the first time the behavioral skills, attitudes, and values associated with pro-social living.

In addition to the importance of the community as a primary agent of change, a second fundamental TC principle is "self-help." Self-help implies that the individuals in treatment are the main contributors to the change process. "Mutual self-help" means that individuals also assume partial responsibility for the recovery of their peers -- an important aspect of an individual's own treatment.

How beneficial are therapeutic communities
in treating drug addiction?

For three decades, NIDA **(National Institute on Drug Abuse)** has conducted several large studies to advance scientific knowledge of the outcomes of drug abuse treatment as typically delivered in the United States. These studies collected baseline data from over 65,000 individuals admitted to publicly funded treatment agencies. They included a sample of TC programs and other types of programs (i.e., methadone maintenance, out-patient drug-free, short-term inpatient, and detoxification programs). Data were collected at admission, during treatment, and in a series of follow-ups that focused on outcomes that occurred 12 months and longer after treatment.

These studies found that participation in a TC was associated with several positive outcomes. For example, the Drug Abuse Treatment Outcome Study (DATOS), the most recent long-term study of drug treatment outcomes, showed that those who successfully completed treatment in a TC had lower levels of cocaine, heroin, and alcohol use; criminal behavior; unemployment; and indicators of depression than they had before treatment.

Who receives treatment
in a therapeutic community?

TCs treat people with a range of substance abuse problems. Those treated often have other severe problems, such as multiple drug addictions, involvement with the criminal justice system, lack of positive social support, and mental health problems (e.g., depression, anxiety, posttraumatic stress disorder, and antisocial and other personality disorders).

What is the typical length of treatment in a therapeutic community?

In general, individuals progress through drug addiction treatment at varying speeds, so there is no predetermined length of treatment. Those who complete treatment achieve the best outcomes, but even those who drop out may receive some benefit.

Good outcomes from TC treatment are strongly related to treatment duration, which likely reflects benefits derived from the underlying treatment process. Still, treatment duration is a convenient, robust predictor of good outcomes. Individuals who complete at least 90 days of treatment in a TC have significantly better outcomes on average than those who stay for shorter periods.

Traditionally, stays in the TC Continuum are from 18 to 24 months.

For individuals with many serious problems (e.g., multiple drug addictions, criminal involvement, mental health disorders, and low employment), research again suggests that outcomes were better for those who received TC treatment for 90 days or more. In a DATOS study, treatment outcomes were compared for cocaine addicts with six or seven categories of problems and who remained in treatment at least 90 days. In the year following treatment, only 15 percent of those with over 90 days in TC treatment had returned to weekly cocaine use, compared to 29 percent of those who received over 90 days of outpatient drug-free treatment and 38 percent of those receiving over 3 weeks of inpatient treatment.

External factors related to retention include level of association with family or friends who use drugs or are involved in crime, and legal pressures to enroll in treatment. Inducements -- sanctions or enticements by the family, employment requirements, or criminal justice system pressure -- can improve treatment entry and retention and may increase the individual's internal motivation to change with the help of treatment.

In the TC, the level of treatment engagement and participation is related to retention and outcomes. Treatment factors associated with increased retention include having a good relationship with one's counselor, being satisfied with the treatment, and attending education classes. One study tested a strategy to enhance motivation by increasing new residents' exposure to experienced staff, in contrast to the more traditional approach of largely relying on junior staff as role models. The senior staff provided seminars for new residents based on their own experiences with retention-related topics. This strategy appeared to increase the 30-day retention rate and was particularly effective for those whose pretreatment motivation was the weakest.

Important attributes linked to treatment retention include self-esteem, attitudes and beliefs about oneself and one's future, and readiness and motivation for treatment. Retention can be improved through interventions to address these areas. One approach focuses on teaching cognitive strategies to improve self-esteem, develop "road maps" for positive personal change, improve understanding of how to benefit from drug abuse treatment, and develop appropriate expectations for treatment and recovery. This approach was particularly effective for individuals with lower educational levels.

Your length of participation in the programs will depend upon type of the program, individual treatment needs, and time left before release to the community. It should be noted that the average length of the Key Programs is twelve months, the average length of the CREST program is six months, and the average length of Aftercare is six months. The program will be structured in phases incorporating an orientation/education phase, a primary treatment phase, and a transition phase. The Key Programs should consist of the following phases with the approximate time frames:

Treatment Phase   Duration
Phase I: Orientation for Key (Complete in first 90 days) and for Crest (Complete in first 60 days)
- The Entry
- Evaluation
- Orientation

Phase I of Treatment: Orientation

The topics covered in the *Orientation* Manual are as follows:

- Looking At Me
- Preparing for Treatment
- Keys for Change
- My Drug Use

During the course of *consciousness raising*, you will have the opportunity to accomplish the following:

- Explore the Choices You Have Made
- Look at Your Current Situation
- Understand the Expectation of the Treatment Program
- Recognize Self-Defeating thoughts that are roadblocks to change
- Explore positive attitudes for successful treatment and learn how to do an Attitude Check
- Learn Essential skills needed in order to make positive lifestyle changes
- Look at the damaging consequences of one's drug use behavior
- Prepare a Readiness Statement as the starting point for lifestyle change

There are two themes utilized throughout the curriculum: Attitude Check and Rational Self- Analysis (RSA), discussed in Phase II. You will be taught about the importance of the following attitudes critical to the process of change:

- Gratitude
- Objectivity
- Caring
- Humility
- Open-Mindedness
- Willingness
- Responsibility
- Honesty

In the Orientation Manual, you are asked five questions about these attitudes:

1. Select one of the eight attitudes and describe a recent situation in which you found yourself struggling with that attitude.
2. Which attitude were you struggling with?
3. Describe a recent situation in which you demonstrated a positive change in your attitude and behavior.
4. Which attitude were you demonstrating?
5. Describe the benefits you will experience if you continue to work on these positive attitudes.

The Attitude Checks provide the opportunity for *consciousness raising*, and help you begin to develop self-efficacy when describing a positive episode and the likely outcomes if one continues to demonstrate the positive attitude. Attitude Check Pads will be provided to you so that during the course of treatment, multiple Attitude Checks can be completed and discussed in both group and individual settings and can serve as a basis for self-reflection. The use of Attitude Checks continues throughout the program. When you finish this *Orientation Journal* you must write a Readiness Statement which includes the following questions:

1. A description of what drugs you used and how they damaged your life and the lives of those close to you.
2. Your need for the help of your group and this treatment program to change your life.

The content of the Readiness Statement will be shared with the staff and community alike. The statements are to be kept by you so that they can be reviewed on an "as needed" basis.

In order to move to Phase II treatment you must accomplish the following:

- Know and demonstrate adherence to the cardinal rules
- Define the job functions listed on the structure board
- Be Successfully completing one's assigned job functions
- Know the 8 Attitudes for Change and be able to complete Attitude Checks
- Complete and share one's Readiness Statement

Phase II: Main Treatment for the Key (210 days) and for the Crest (60 days)
- Community involvement (Morning meeting, work, group therapy, confrontation of other clients who are not motivated toward their own recovery and the nurturing of the newer clients in the program.
- Role modeling and overseeing the activities of the community on a daily basis with support and supervision of the Counselors/ Clinical Staff.

Phase II of Treatment: Primary Treatment

In Phase II of Treatment, *consciousness raising* continues with the goal of moving you through the *Phases of Change* to Contemplation and possibly Preparation and Action to change certain targeted behaviors. Three Modules are covered in Phase II:

1. Rational Thinking
2. Criminal Lifestyles
3. Living with Others

Each of these topics is covered in detail in an interactive journal, which includes facilitator instructions for the classroom aspect of treatment. Work that is completed in the classroom setting is then followed-up with assignments that are expected to be completed in the living unit and/or become a focus for group and individual counseling sessions.

The second sequence in *Rational Thinking* will focus on identifying the thinking errors listed below:

- Absolutes
- I Can't
- Rhetorical Questions
- Awful zing
- Statement of Fact
- Should
- Have To, Need To, Must
- Loaded Words
- Blaming
- He, She, It Statements

The next section of the interactive journal reviews the "Five Rules for Rational Thinking":

1. Are your thoughts based on objective reality/facts?
2. Are your thoughts helping you protect your life and health?
3. Are your thoughts helping you achieve your short-and long-term goals?

4. Are your thoughts helping to keep you out of conflict with others?
5. Are your thoughts leading you to feel the way you want to feel without the use of alcohol and other drugs?

Counselors will help you work through a set of exercises that include doing self-application. Upon competing *Rational Thinking,* you will begin the interactive journal, *Criminal Lifestyles* once the following objectives are met:

- Know the steps for RSA and be able to complete an RSA as directed.
- Be able to list and apply the 10 Thinking Errors
- Be able to list and apply the 5 Rules for Rationale Thinking

Criminal Lifestyles: The goals with this interactive journal are as follows:

- Examine the costs and payoffs of your criminal behavior
- Explore the 3 C's-Conditions, Cognitions, and Choices; and learn how they apply to you
- Understand how criminal thinking errors support a criminal lifestyle
- Apply RSA to your criminal thinking
- Learn about the harmful attitudes of manipulation and grandiosity
- Explore the ripple effect of criminal behavior on others
- Examine your history of social rule-breaking
- Develop your "Statement of Commitment."

Once again, *consciousness raising* is utilized in an attempt to get you to assess the dynamics of criminal thinking and what the application is to self. Content from the previous interactive journal is built upon with the application of RSA toward criminal thinking dynamics. To accomplish the goals listed above four major topics are addressed:

1. Criminal Thinking and Behavior
2. Criminal Thinking Errors
3. Applying Rational Self Analysis
4. Foundation for Change

As a first exercise, numerous examples of payoffs associated with criminal behavior will be given to you with direction to additional payoffs. Despite the payoffs, the end result is prison. This graphic example encourages you to think and visualize where life will lead with one's current perceptions of the world. You have numerous exercises to do on identifying Criminal Thinking Patterns, concluding with an application to self to determine which Criminal Thinking Patterns apply.

The next section of the interactive journal will teach you how to do an RSA on Criminal Thinking. In these exercises, the goal is to (at a minimum) move you to Contemplation in terms of how one's criminal thinking may not be compatible with desired outcomes. You are then moved toward assessing what impact your criminal behavior has had on others as well as introducing the notion of *Empathy*. Prior to moving to the next interactive journal you must complete the following objectives:

- Describe the costs and payoffs of one's criminal actions
- Describe and apply the 3 C's: Conditions, Cognitions, and Choices
- Describe the 8 Criminal Thinking Patterns
- Identify and Describe your Criminal Thinking Patterns

- Apply an RSA to one's Criminal Thinking Patterns
- Complete and Share "My Statement of Commitment"

In the next interactive journal *Living with Others*, four major areas are reviewed:

1. Exploring Relationships
2. Effective Communication
3. Anger Management
4. Road Blocks to Positive Attitudes

Being able and willing to live responsibly with others is typically not done well by the incarcerated. The *Living with Others* interactive journal focuses on the nature of the relationships you have experienced and what might be done differently going forward. The goals of the interactive journal are as follows:

- Explore the components of healthy and unhealthy relationships
- Learn proven ways to communicate effectively with others
- Learn to recognize your personal anger cues and the impact anger has on you
- Explore strategies to help you manage your anger and develop a personalized anger management plan
- Examine three roadblocks to positive attitudes: resentment, self-pity, and grandiosity

You are directed through the material on relationships, numerous Attitude Checks will be completed. Once again, the positive attitudes for change are coupled with the dynamics of relationships, and you are pushed to be honest with self and others as you explore the history of your relationships and what is desired in future functional relationships.

There is a targeted section in *Living with Others* on understanding and managing one's anger. You will be taught to recognize your anger cues and how to manage that emotion through rational thinking. You are directed to review episodes when you became angry both in the community and while in incarceration and what the consequence was. Five different strategies are reviewed and practiced to manage one's anger:

1. Examining your thinking
2. Seeking compromise
3. Taking a time out
4. Checking your attitude
5. Keeping your options open

Based on these strategies, you are directed to identify your "hot spots" and then develop a management plan for each. Once again, an Attitude Check is completed at the end of the segment in relationship to anger management.

In the last section, *Living with Others*, roadblocks to positive attitudes are explored.

- Resentment
- Self-Pity
- Grandiosity

Your applications on how each of these potential roadblocks can be perceived in an irrational way or as a rational challenge. For example, when dealing with letting go of resentments, the implications of holding onto resentments are reviewed as well as what could be healthy about letting go of resentments.

For you to move to Phase III of treatment, the following objectives must be met upon completion of *Living with Others*:

- Define the four positive attitudes for healthy relationships.
- Describe the three negative relationship patterns
- Describe and apply four styles of communication
- Describe and apply five strategies for managing one's anger
- Write and share "My Anger Plan"
- Describe and apply three road blocks to positive attitudes

It should be noted that you must follow the rules and routines of the therapeutic community during the entire course of treatment including performing your assigned job functions and becoming a role model for the treatment community. In Phase III, you will be heavily involved in your job functions and will have additional responsibility; thus, the amount of program content will not be as great as in Phase I and Phase II.

Phase III: Reentry for Key and Crest (60 days).
- Reentry into society on a part-time basis. (Community Based   Treatment).
- Reentry into society on a full-time basis.

Phase III of Treatment: Transition

Lifestyle Balance is explored in Phase III. Often you have learned very little (or nothing) about balancing one's lifestyle. Life in the so-called "fast lane" goes from drugging to unhealthy relationships to avoiding arrest. One's lifestyle is often a complete illustration of irresponsibility. Thus, the last focus in Level V treatment is *Lifestyle Balance* to help prepare you for the Level IV CREST Programs during which *Recovery Maintenance* and *Transition* will be the central focus. There are six areas of focus in *Lifestyle Balance*:

1. Reviewing the Concept of Balance
2. Physical Health Spoke
3. Emotional Health Spoke
4. Healthy Relationships
5. Examining Job Satisfaction
6. Community Involvement Spoke

Staff will present information on balanced lifestyle concepts to help you make successful adjustment when transitioning back into the community. You are directed to describe what "in balance" and "out of balance" means to you and then to describe the main reasons they are in or out of balance. To complete this interactive journal you must: While working through these six different areas you will have the opportunity to achieve the following:

- Evaluate whether or not your life is in balance and learn how to make positive adjustments in important areas
- Learn the elements of physical health

- Evaluate your emotional well-being
- Examine your relationships
- Look at the role job satisfaction plays in a balanced lifestyle
- Learn about the importance of positive community involvement
- Describe the five spokes of a balanced lifestyle
- Identify the one spoke likely to break
- Explain the reasons the spoke was selected
- Explain skills to be developed so the spoke is less likely to break

Completion of all curriculum, consistently following the rules of the therapeutic community, and time are a number of factors considered for transition to the CREST program.

Crest Completion Criteria

Completion of the residential program and advancement to Aftercare is based on the following factors:

- Active participation in Crest for a minimum of six months.
    Demonstration of applying the treatment tools to real world situations.
- Establish a checking or savings account.
- Minimum of 10 hours of treatment services per week if employed full-time. Attendance to mandatory groups and meetings: Self-Discovery, Encounter, Morning/Evening meeting, Peer Seminar. Must be a Big Brother/Big Sister Mentor.
- Employment, verification of attending an educational or a vocational training program. Community Service or Volunteer Work.
- Completion of established goals on current treatment plan.
- Approval of the Program staff during clinical case review and recommendation for completion by the Program Director.
- Established link to a sober support network/or a sober mentor
- Staff approved discharge plan.
- Verification appointment with Aftercare.
- Referral to mental health/medical services when applicable.
- Enrollment in Medicaid when applicable.
- Acquire legal identification.
- Satisfied DOC financial obligations i.e. medical costs, fines, room and board.
- Secured appropriate housing.
- Recent negative urine drug screen.

The Department of Correction Institutional Rules & Regulations Apply At All Times and may have other stipulations for release.

Strategic Solutions
for Public Safety

Rules and Regulations

I. **Cardinal Rules**

    A. **NO physical violence or threats of physical violence**

    B. **NO drugs, chemicals or alcoholic beverages.**

    C. **NO stealing.**

    D. **Escape or Abscond – this includes possession of contraband intended to be used in attempting to escape (escape means unauthorized departure from custody or failure to return to custody after temporary leave for a specific purpose or limited purpose.)**

    E. **Any act defined as a felony by the laws of the State or the United States; specific references should be made in the charging instrument to the statue in question.**

    F. **NO sexual misconduct.**

II. **House Rules**

    A. **No leaving groups without permission.**

    B. **No gambling of any kind whatsoever.**

    C. **Shirts must be tucked in pants when leaving the sleeping area.**

III. **Basic Rules**

    A. **ACCEPTANCE of authority – Listening and respecting.**

    B. **PUNCTUALITY – Always being on time.**

    C. **APPEARANCE – Always be well groomed and look neat.**

    D. **NO IMPULSIVE BEHAVIOR – Not acting off your feelings (*Thin k before you act*).**

    E. **MANNERS – Learn to behave at all times in a polite and considerate manner.**

    F. **ADHERENCE – To all rules (to follow and stick to same).**

    G. **NO RECEIVING OF GIFTS- Without permission from Staff**

NOTE: There may be additional rules depending on the Institution.

IV. **General Rules**

    A. **Beds must be properly made up with hospital corners.**

    B. **Shoes must be placed neatly in line under the beds.**

    C. **No clothes should be lying on the desks or stools.**

    D. **Nothing hanging in, or sitting on, the window sill.**

    E. **Garbage bags must be emptied daily.**

    F. **Window sills, desks, sinks and toilets must be cleaned daily.**

NOTE: The expeditor will use their own discretion when issuing "pull-ups" and/or "tickets". The residents' sleeping areas will be checked daily. All rules and regulations are subject to change.

Program Activities

Morning Meeting

Volunteers are asked to tell jokes, sing songs or give a "thought for the day" to start the day out on a positive note.

Interactive Journaling

Interactive journaling as a central means to present information to those involved in the treatment process. This structured journaling experience provides a venue in which thoughts and feelings can be written about in an organized fashion. The behavior of writing can be seen as the first step of taking on a specific target of change. Concepts from cognitive behavior restructuring (rational thinking), motivational interviewing, and the *Phases of Change* are utilized in the construction of interactive journals. Interactive journaling can create an immediate hook to engage you through its focus on the individuals writing about themselves and their unique experiences. There are no "right" or "wrong" answers; but rather, the goal is to get you to begin processing information about a given targeted behavior.

Caseload/Feelings Group

A specialized dynamics session where ten or more of the same residents meet bi-weekly to share feelings, thoughts and attitudes – both in the past and the present. Here, a resident shares everything on an in-depth, personal level (his innermost feelings), and forms a bond of trust, identification and understanding with his peers. This is not a confrontational group but one that develops cohesiveness among the residents and is often ended with residents hugging one another showing a genuine feeling of care and concern.

Encounter Group

An opportunity given to confront and, in turn, be confronted by other residents (one at a time) concerning issues that relate to one's feelings, changes in behaviors and attitudes. It is also a fertile ground for residents to share on an in-depth, personal level. Residents are first required to drop slips (with their name and the name of the other individual resident they wish to confront) indicating the behavior which needs to be addressed.

Individual Counseling

Additionally, individual counseling sessions are provided to residents on an ongoing basis to give you an opportunity to deal with issues that may be difficult to address in a group setting.

Seminars

Have a number of components:

- Individual talks by residents, staff or visitors.

- Video and Audio modules

- The separation of family member into a group which involves a reading, writing and sharing of segment.

12 Steps

Included in our holistic approach to treatment, is the utilization of Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Sex and Love Addicts Anonymous (SLAA). The inclusion of this 12-step program provides a spiritual infrastructure essential to strengthen the process of recovery against addiction.

Alcoholics Anonymous/Narcotics Anonymous

A fellowship where we share with each other our experiences, strength and hopes that we stay sober at all times and, at the same time, help others to achieve sobriety.

Table	*Main Community-Wide Meetings*			
	Morning	**Seminar**	**House**	**General**
Purpose	Initiate positive outlook. Motivate participation	Teach concepts of the TC perspective. Train conceptual and communication skills.	Manage community business. Disseminate information.	Adress community-wide problems. Affirm community cohesion
Meeting Frequency	Daily	Daily	Daily	As needed
Duration	30-45 minutes	60-90 minutes	45-60 minutes	Open-ended
Composition	All peers and select staff	All peers and select staff	All peers and all staff	All peers and all staff
Staff Role	Preparation with peers; Voluntary participation.	Preparation; Oversight; Selective implementation	Preparation; Oversight; Selective implementation	Preparation; Oversight; Implementation
Peer Role	Preparation; Implementation by peer teams	Preparation; Implementation by select peers	Preparation; Implementation; Highest ranking peer	Senior peers assist staff

Encounter Procedures

<u>What is an Encounter</u>

An "Encounter", or "Game" as some people call it, is a group exercise where eight to twelve residents are required to sit (preferably in a circle) and confront one another about their negative, destructive past and present attitudes and behaviors relating to themselves and others. It makes an ideal setting where one can:

    A. Tell about oneself (self-disclosure).
- Establish empathy and identification with others.
- Look exactly as you are, without any pretenses or facades.
- Concede to telling the truth BELOW AWARENESS.
- Sell oneself to the others as you really are, as well as accept it yourself from others.
- Break down personal and inter-personal communication such as images, fears, prejudices, etc.
- Demonstrate equality – not your status, seniority, physical size, etc.
- Observe what a person wishes to say, as well as observe his actions

<u>How to Conduct Yourself in an Encounter</u>

Feel free to express your opinion and share your feelings. Be quite receptive and don't let your image get involved. Listen to what people want to tell you. It is your life—think of it as the most valuable thing you possess. Without it, you have nothing. Everything that is said to you is important.

Of course, everything isn't going to apply to you. What does not apply to you can be passed to someone else. Use the "Encounter" for yourself. Also, help others in order to help yourself. Don't get hung-up on how people are going to look at you or think about you. You are important, and you are here at the KEY to make a new start in your life.

If you get indicted and the indictment does not particularly set right, do not indict someone else immediately. By ventilating the feeling, you don't get the chance to think about what was said to you. Wait until the group continues for a while; then, if you still have those feelings towards the person, and not his indictment, play the game accordingly.

Encounter Tools

The tools used in "Encounter," and the techniques by which they are applied, are varied and can be enumerated as follows:

1. HOSTILITY

    This tool requires technique, but is considered to be a "gut-level response" of a feeling to strike out, to hurt and to destroy. Often, if this feelings is not given ventilation, it can turn inward on oneself or on others in a violent and or/ destructive way. In the beginning, groups often run purely on the steam of hostility.

2. EMPATHY

    This tool involves identifying with responding emotionally to others' feelings. One can EMPATHIZE without necessarily identifying with a specific situation or problem.

3. KAROM SHOT

    This is an indirect confrontation. If a person in a group is overly defensive when confronted directly, the indirect approach is often effective and cannot be defended.

4. LUG

    Generally used as the last resort in an Encounter situation. It is a kind of quickie "Karom Shot" or a throw-away line, such as: "Joe speaks too much," when, in reality, Joe hasn't said a word. Such a "**lug**" may evoke a response **THIS TOOL CAN BE VERY DESTRUCTIVE IF NOT PROPERLY USED.**

5.   ENGROSSMENT

    This tool is used to exaggerate to magnify a situation to show a person the reality in it. This tool is used by overstating the incident the resident is indicting the other resident for so that it can be clearly seen beyond the curtain of one's rationalizations. When used properly, it can instill guilt and effect changes in one's attitude related towards small compromises in negative behavior.

6. RIDICULE

    Ridicule is an image-bursting tool which cannot be defeated. Also, the right amount of humor properly and timely applied servers as a soothing balm for wounds inflicted during the Encounter.

7. IDENTIFICATION

    This tool, one of the most significant, eliminates the difference between a "DOCTOR" and a "PATIENT"; and most of it can be identified factually as well as emotionally. A person who can find someone to identify with, realizes that he is not unique or alone, and thus is more able to change the things he can, or otherwise accept the things from Joe and get him to participate in the Encounter.

8. PROJECTION

    This tool is a valid tool. It is the unconscious act or process of ascribing to another persons ones own ideas or impulses that are considered undesirable. It is based on the premise that the evil we see in ourselves, we are quick to detect in others.

9. COMPASSION

    It is the responsible concern and care that sublimates and modifies even the harshest of words. When compassion is absent from an "ENCOUNTER," as is sometimes the case, other tools are used randomly and indiscriminately.
    It is essential to have internal awareness and sensitivity toward the member of the group, always remembering that we are not out to destroy people, but to destroy the negative attitudes and behaviors that people display.

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Do's and Dont's of an Encounter Group

DO's

1. **ALWAYS GIVE** a person **FEEDBACK** after indicting them and patch them up.
2. Give **HONEST** feedback when indicting, and sit away from the person you are indicting.
3. Sit back and **LISTEN CLOSELY** to what is being said to you.
4. **DON'T HESITATE; ASK QUESTIONS** if you do not understand something.
5. **FIND SOMEONE** in the Encounter Group that you feel comfortable with and rap to them.
6. **PATCH UP!**

DON'Ts

1. **RAT PACKING-** To gang up on a person all at once in Encounter.
2. **RED-CROSSING-** To defend someone who is being indicted.
3. **RE-INDICTMENT-** They take the trend off Encounters.
4. **STAND UP-** from your seat when you are being indicted or when you are indicting someone.
5. **INTERRUPT-** anyone while they are indicting someone.

Stages of Change Model
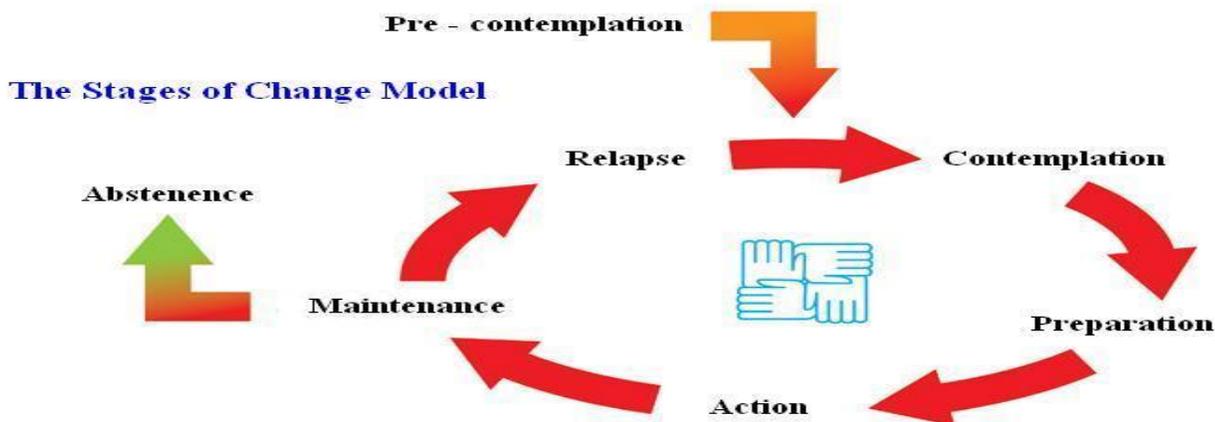
Connors, Gerard Joseph, Dennis M. Donovan, Carlo C. DiClemente. (2001) *Substance abuse treatment and the stages of change: selecting and planning interventions.* New York: Guilford Press

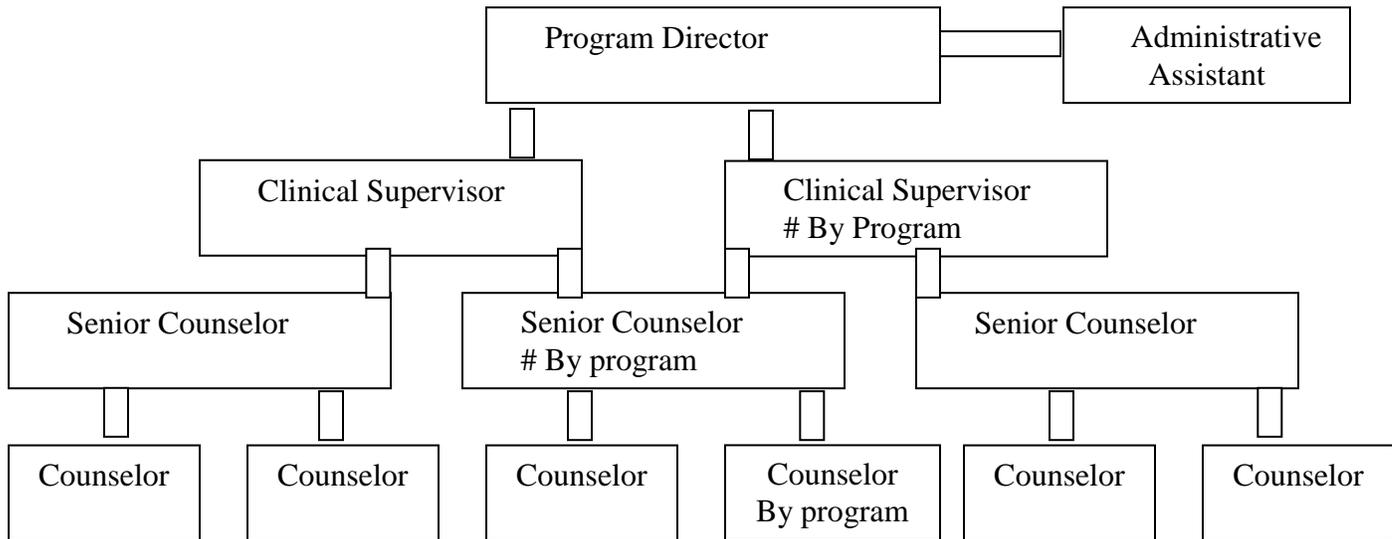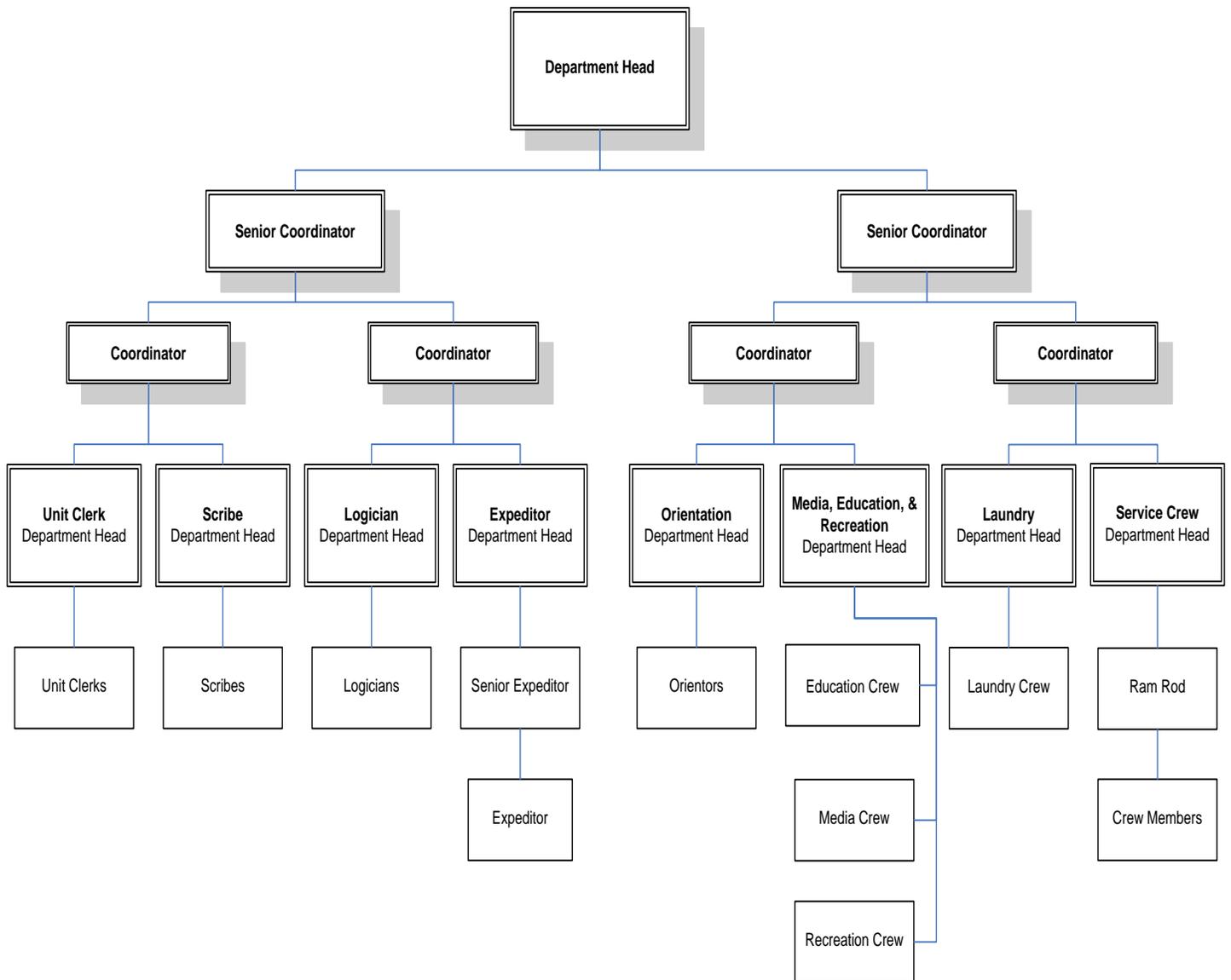| Stages	Pre-contemplation	Contemplation	Preparation	Action	Mainternance (Recovery Stage)	Drop back
How we change	• Not thinking about changing use of alcohol and other drugs or in denial and do not think there is a problem.	• Starting to think about negative consequences that alcohol and other drugs have had on your life.	• Making a plan and taking steps toward changing the use of alcohol and other drugs.	• Has made the decision to live a sober life, and are doing it.	• Has been sober for more than six months and are leading a healthier, more responsible life.	• Stage back
Change requires work.	Strategies that will assist you in this stage are: • Learning the facts about the problem behavior. • Taking advantage of support groups. Being open to the advice of caring family and friends.	Strategies that will assist you in this stage are: Applying the facts learned to life. Thinking about what the future will be like if change is made. Thinking about what the future will be like if no change is made. • Evaluating pros and cons of changing the present situation.	• Getting information for treatment; • Following through on the action option they choose.	• Taking action; • Formulating a treatment plan.	• Selecting healthy activities; • Evaluating trigger for relapse; • Leaving early relapse intervention technique.	• Paying effort and strength gathering motivation enhancement to restart from 'falling down'.

Unit Job Functions

Job Functions

Job functions are central to the functioning of the therapeutic community. You are taught legitimate job skills that are essential for the community to run well. The job functions create an opportunity for you to participate in pro-social behavior and thus develop self-efficacy. You are expected to learn the job functions during the first month of treatment. As you show more responsibility in a given job function, you are then assigned to job functions with greater responsibility. The *Therapy Community Structure Board for each of Staff and Community,* provided in the charts below, set the structure and expectations for you. This is followed by a table which highlights job functions by Department/Position, Functional Purpose, and Therapeutic Purpose.

Staff Structure Board

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                    ┌────────────────────────┐        ┌────────────────────┐
                    │   Program Director      │────────│   Administrative   │
                    │                         │        │     Assistant      │
                    └────────────────────────┘        └────────────────────┘
                       │                │
          ┌────────────────────┐   ┌────────────────────────┐
          │ Clinical Supervisor │   │  Clinical Supervisor   │
          │                     │   │     # By Program       │
          └────────────────────┘   └────────────────────────┘
            │            │            │              │
   ┌──────────────┐ ┌──────────────────┐ ┌──────────────────┐
   │   Senior     │ │     Senior       │ │     Senior       │
   │  Counselor   │ │   Counselor      │ │   Counselor      │
   │              │ │   # By program   │ │                  │
   └──────────────┘ └──────────────────┘ └──────────────────┘
     │        │        │          │          │          │
 ┌────────┐┌────────┐┌────────┐┌────────┐┌────────┐┌────────┐
 │Counselor││Counselor││Counselor││Counselor││Counselor││Counselor│
 │        ││        ││        ││By program││       ││        │
 └────────┘└────────┘└────────┘└────────┘└────────┘└────────┘
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Community Structure Board

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                              ┌──────────────────┐
                              │  Department Head  │
                              └──────────────────┘
                    ┌──────────────────┴──────────────────┐
          ┌──────────────────┐                   ┌──────────────────┐
          │ Senior Coordinator │                   │ Senior Coordinator │
          └──────────────────┘                   └──────────────────┘
          ┌────────┴────────┐                  ┌────────┴────────┐
    ┌───────────┐   ┌───────────┐        ┌───────────┐   ┌───────────┐
    │ Coordinator │   │ Coordinator │        │ Coordinator │   │ Coordinator │
    └───────────┘   └───────────┘        └───────────┘   └───────────┘
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Unit Clerk Department Head	Scribe Department Head	Logician Department Head	Expeditor Department Head	Orientation Department Head	Media, Education, & Recreation Department Head	Laundry Department Head	Service Crew Department Head
Unit Clerks	Scribes	Logicians	Senior Expeditor	Orientors	Education Crew	Laundry Crew	Ram Rod
			Expeditor		Media Crew		Crew Members
					Recreation Crew		

SENIOR RESIDENT:

- **Must have ten to twelve months in the program.**
- **Must have met all the qualifications for**

Job Functions by Functional and Therapeutic Purpose		
Job Function	**Functional Purpose**	**Therapeutic Purpose**
Coordination Department ▪ Senior Coordinator ▪ Coordinators The Coordinator is one of the highest positions that can be obtained by a participant. Coordinators supervise all community functions. The Community Mentor is a former Senior Coordinator in the Re-entry Phase who supports the new Senior Coordinator.	Responsible for the coordination of all scheduled program activities. The Coordinator must communicate and work closely with program staff. The Coordinator submits weekly reports from all departments to the staff and collaborates with staff and institutional personnel to promote the health, safety, morale, and behavioral growth of all participants.	Coordinator positions enhance: ▪ Appropriate use of authority ▪ Accountability ▪ Supervisory abilities ▪ Organizational abilities ▪ Confidence ▪ Delegation ▪ Speaking/Communication ▪ Effective interactions with program and institutional staff
Unit Clerk	Responsible for the cleaning and maintenance of all offices. The Unit Clerk maintains all Structure Boards, serves refreshments to staff and guests, and organizes the information compiled by Scribes.	Participants may be assigned to the position of Unit Clerk to facilitate time management abilities; organizational, communication, and supervisory skills; and following directions. Attention to detail, management of stress, and acceptance of authority are all skills promoted by this positions.
Service Crew: ▪ Department Head ▪ Ram Rod ▪ Crew Members Ram Rod ensures work is completed and reports directly to the Department Head.	Responsible for cleaning hallways and community areas daily; taking out trash/cleaning garbage cans daily; and cleaning floors, corners, bathrooms, lounges, woodwork, windows, doors, etc.	The purpose of this department is to teach residents to work together cohesively and with responsibility, and to follow given directions and instructions. Residents may be assigned to the Service Crew to promote responsibility, teamwork, accountability, and acceptance of authority and humility.
Scribe: ▪ Department Head ▪ Scribes	Responsible for documenting all program operations and accurately recording all activities and incidents that take place in the therapeutic community.	The position of Scribe fosters attention to detail as well as the need for accuracy, accountability, and responsibility. The position affords the opportunity to learn all the job functions in the therapeutic community and is a stepping-stone to a more responsible position.

Logician: ▪ Department Head ▪ Logicians The Department Head is one of the top positions and reports to the Senior Coordinator.	Responsible for collecting Encounter Slips the day before Encounter Group. Logicians are responsible for recording the attendance of all residents at all functions. This department provides a caring and humanistic "go-between" for residents and the Department Heads and to see that Encounter Group Slips are honored and dealt with appropriately.	Residents are assigned to the Logician Department to promote compassion, listening skills, and empathy. The ability to provide assistance in a supportive, direct, and fair manner is fostered along with honesty and honor; attention to detail; and attention to fellow participants.
Media, Education & Recreation ▪ Department Head ▪ Media Crew ▪ Education Crew ▪ Recreation Crew	<u>Media:</u> Responsible for compiling information from magazines, periodicals, newspapers, and other written material pertaining to rehabilitation and treatment. <u>Education:</u> Responsible for coordinating G.E.D., vocational training, and other specialized educational services; and facilitates all seminars. <u>Recreation:</u> Responsible for implementing approved recreational activities for the house.	Assignment to the Media, Education & Recreation Department facilitates creativity, time management skills, problem-solving skills, and organizational abilities. Communication skills and the ability to follow directions are enhanced through participation in this department.
Laundry: ▪ Department Head ▪ Laundry crew	Responsible for the scheduled washing and drying of the house laundry.	The Laundry Department allows participants to practice organizational and time management skills and to have the opportunity to work with Institutional staff.
Orientation: ▪ Department Head ▪ Orientors	Responsible for providing an orientation to the community for all new participants. Orientors help new members learn about the program, the structure and the hierarchy of the community, and ensure that each individual is fully prepared to pass the Orientation Test at the completion of the phase.	Assignment to the Orientation Department facilitates listening, communication, teaching, and parenting skills. Participants may be assigned to foster responsibility, their ability to assess needs, and to design and implement plans.

Expediters:
- Department Head
- Senior Expediters
- Expediters

The Department Head carries the title of Chief Expediter. This position is responsible for ensuring that the chain of command is utilized properly and the Department Heads are kept advised of all information to be distributed each day.

Responsible for investigating and keeping records of incidents in the community; setting the tone and motivating the community; directing community members to various community functions/groups; and keeping the community informed of any activities.

Expediter are role models for the community and serve as the "eyes and ears" of the program by constantly monitoring and observing the membership. This is a position of trust that sets the model for the rest of the community. Residents may be assigned as an Expediter to promote self-assurance, following directions, and delegation skills. Awareness of one's environment and the behaviors of others is essential to this position, as is the ability to give clear directions to both large and small groups of participants.

HANDING OVER & TAKING OVER OF ALLOCATED JOB FUNCTIONS

All resident job functions are to be clearly defined. For that purpose it is essential that job functions are clearly written down step by step on a "HANDING OVER/TAKING OVER" sheet which shall be passed on to the resident who is assigned to take over that job function. All essential paperwork and materials involved must also be recorded when job changes occur. This means that the person handing over will be required to explain that particular job function to the person who is now assigned to take over that job function; similarly, it will be the duty of the person taking over that function to ensure that he understands those duties and that he is handed over and has received all the relevant paperwork and materials that were previously held by the resident who was assigned the job function.

Terminology and Definitions Used Within the Therapeutic Community

ACT AS IF
Doing something that you don't want to do, but acting like you do.

CONTRACTING
When two or more residents come together and discuss negative concepts.

CURVE
An indirect way of getting what you want.

DEUCE
Two (2) hours of extra work given to a resident for not following the rules' or for displaying negative behavior. The "deuce" must be performed during the resident's free time.

DIALOGUE
When someone is confronted with an incident and is being allowed to tell his side of the story.

DROPPING SLIPS
When you want to confront someone has created feelings in you.

ENCOUNTER GROUP (E.G.)
Confrontational groups where residents make each other aware of their negative behaviors.

FEEDBACK
Positive information given to a resident concerning his behavior in a specific situation. "Negative Feedback" occurs when the information given is vindictive, personalized or of a similar nature.

FEET ON THE FLOOR
Verbal order for all residents to wake up, wash up and start cleaning their rooms in the morning.

FLAGGING
Not fully concentrating; forgetting

FREE TIME (F.T.)
Residents allowed to use this time to iron clothes, take showers, make personal phone calls, watch TV, play cards, boar games, etc.

HAIRCUT (H.C.)
A verbal reprimand given to a resident by KEY staff, senior residents, and/ or the Top of the House for displaying negative behaviors.

HANG UP
A problem area someone is having trouble

IMAGE

A facade, a shield

JAILING
Holding on to negative patterns (street code)

LAYING BACK IN THE WOODWORK
Not getting involved

LEAKING
Displaying negative attitude or behaviors on the floor. It is also a form of negative verbal feedback.

LEARNING EXPERIENCE (L.E.)
Is given to a resident for exhibiting negative behavior, and/or to heighten the resident's awareness. the **l.e.** can be assigned by the key staff.

LISTEN UP (L.U.)
When a resident is required stand up in front of all family members, make them aware of his negative behavior, and ask for help to change it. Listen to information that is being given. The L.U. also includes receiving positive information (feedback) from other KEY residents on how to change the negative behavior.

LUG DROPPING
A form of ridicule.

MORNING MEETING (M.M.)
Time used for generating good feelings and setting a "positive tone" in the House for the day. Resident are asked to tell jokes, sing songs, give "thoughts for the day", play charades, etc.

NEGATIVE CONTRACTS
Two or more people tipping up.

PERSONALIZING
Taking anything that someone says in general as a personal remark.

PLAYING IT SAFE
Doing just enough to get by

PROJECTION
To tell someone about themselves, and at the same time, you see it n yourself (the Mirror Image)

PULL-UP
Making someone aware of his negative behavior(s)

REACTING
A negative response to given directions, information or feedback either verbal or non-verbal. A verbal or facial expression

SENSE OF ENTITLEMENT (S.O.E)
Feeling above

SPARE PARTS (S.P.)
A learning experience (L.E.) given for displaying negative behavior. The resident is required to work constantly in the House during his free time. The resident on S.P. may also be asked to work on assignments for other residents.

STERN CONCERN (S.C.)
A verbal reprimand given by the senior residents, Top of the House (Senior Coordinator, Coordinator, Expeditor)

STROKE
A pat on the back.

STUFFING FEELINGS
Keeping all feelings inside; never openly expressing feelings. This can be very detrimental because you can "explode" if you don't ventilate in encounters or "use" the people around you to "dump on". Not REACTING

TAKING A TRIP
Purposely evading a question.

TALKING TO (T.T.)
When a resident is given information in a positive manner after displaying negative behavior.

TICKET
A written pull- up