# THERAPEUTIC COMMUNITY TREATMENT METHODOLOGY

# TREATING CHEMICALLY DEPENDENT CRIMINAL OFFENDERS IN CORRECTIONS

**TC 101** 

Center for Drug and Alcohol Studies, University of Delaware

#### BIRDS EYE VIEW

Pro-social Values	Synergistic Practices	Learning Community	Cybernetic Features	Goal-Directed Activities
New Concepts	Enlighten	Teaching Moments	Interdependent	Goal-Directed Terminology
Positive Images	Exchange	Social Impact	Interrelated	Personal Goal Setting
Role-Modeling	Personal Insight	Internalizing	Self-Promoting	Community Goals
Right Living Principles	Energy	Individual	Life	Personnel's Goals

#### Therapeutic Community

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 groups processes is used to help individuals learn and assimilate social norms and develop more social skills.

#### TC PERSPECTIVE

The treatment perspective is that drug abuse is a disorder of the whole person; that the problem is the person and not the drug; that addiction is a symptom and not the essence of the disorder; and that the primary goal is to change the negative patterns of behavior, thinking, and feeling that predispose drug use

# Cultural Design & Approach

- TCs are by nature designed to encourage integration of all community members in terms of gender age, ethnicity, and social class
- TCs utilize diversity to promote messages of recovery, growth, and right living
- Dissolving stereotypes about self and others is a precursor to rehabilitation/habilitation.

#### Cultural Dynamics

- TC personnel include recovering addicts with prior prison experience and professionals
- TC community members take on community and mentoring roles
- TC process of group work and confronting problems brings dynamics of drug abuse/ use lifestyles to light.

#### GUIDING PRINCIPLE PERSPECTIVE

The TC treatment approach is grounded in an open perspective:

- DISORDER OF THE PERSON
- DRUG USE DISORDER
- RECOVERY
- RIGHT LIVING

George DeLeon Ph. D., The Therapeutic Community Theory, Model, and Method, 2000, Springer Publishing Company

#### PSYCHOSOCIAL THEORY OF HUMAN DEVELOPMENT

Each developmental stage builds on the outcome of the earlier stage ... What age(s) did your treatment population start using?

- Late Adulthood: 70's Integrity and Despair
- Late Middle Age: 35-60's Generativity and stagnation
- Early Adulthood: 20-35 Intimacy and isolation
- Adolescence: 12-20 Identity and identify confusion
- Middle childhood: 6-12 Industry and inferiority
- Preschool: 3-6 Initiative and guilt
- Early Childhood: 1-3 Self-reliance and self-doubt
- Infancy: 0-1 Trust and mistrust

#### Tenets of Social learning

- ➤ Behavioral changes result from interaction between the person, the environment and relevant others work to change the environment, if warranted
- Beliefs are based on what we learn by observing others. Point out others experiences, identify role models to emulate.
- Build confidence in one's ability to take appropriate action; point out strengths; use encouragement; approach behavior changes in small steps.
- Outcomes reinforce a person's behavior and increases or decreases the chances of recurrence

# Criminal Thinking vs Maladaptive Lifestyles

■ Where did we learn our values?

Right and wrong, versus acceptable behaviors

Adjusting to the environment to survive

Me versus them – the system

#### TC's Gotta Have it!

Research spanning more than 30 years has identified key concepts, beliefs, clinical and educational practices, and program components common to most TC programs. These elements reflect the two principles that drive TC operations:

- > The community as change agent
- > The efficacy of self-help

# The Creation of TC's in Correctional Settings . . . a positive influence

- Community member Accountability
- Visual Accountability
- Decreased Incidents
- Daily Assignments
- Highly Structured environment

# The Creation of TC's in correctional settings have a positive influence

- Hiring TC Graduates as Staff
- Respect for Correctional Rules
- Respect for Correctional Personnel
- Safety Issues

### View of Right Living

Truth - Honesty Here and Now Personal Responsibility for Destiny Moral Code Right / Wrong Behavior Work Ethic Learning to Learn Community Involvement Good Citizenry

#### Some Basic Components

#### "Community As Method"

- Community Separateness
- Community Environment
- Structured Day- Equafinality
- Awareness Training <u>Teaching Moments</u>
- TC Concepts & Terminology

# "WHAT GOES IN- MUST COME OUT" A Systems Model Perspective

"PRISON"

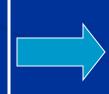
**INPUT** 

THROUGHPUT

OUTPUT

Fear
Frustration
Anger
Drugs

Manipulation
Intimidation
Hostility



Maladaptive
Behaviors
"Legal Eagle"

Doing Time

# "WHAT GOES IN- MUST COME OUT" A systems Model Perspective

"TC"

**INPUT** 

**THROUGHPUT** 

OUTPUT

Pro-Social
Values
Safety
Therapeutic
Environment

Groups &
Individual
Counseling
Teaching
Environment
Peer- Directed

Drug, Crime & Alcohol Free
Enhanced SelfAwareness
Responsibility

#### **AWARENESS TRAINING**

"All therapeutic and educational interventions involve raising the individual's consciousness of the impact of their conduct/attitudes on themselves and the social environment; and conversely the impact of the behaviors and attitudes of others on themselves and the social environment." Teaching Moments ...

(George DeLeon Ph. D., The Therapeutic Community Theory, Model, and Method, Springer Publishing Company 2000).

#### **AWARENESS TRAINING**

Verbal and Written Pull- Ups Learning Experiences Seminars Work Therapy Encounter Groups Peer Groups Verbal "Haircuts" Spare Parts Job Demotions

#### Argot Use

The words and phrases we choose to express our feelings and to describe actions reflect our attitude, goals, and commitments.

# "Argot Use In a Therapeutic Community TC Terminology"

Reflects and supports the goals of the community

Designated behavioral expectations

Provides an identity

Amie L. Nelson Ph.D., Frank R. Scarpitti Ph.D., University of Delaware, Center for Drug and Alcohol Studies

#### Generic TC Terminology

1. Pull up

 Making someone aware of their negative behavior

2. Hang up

 A problem area someone is having trouble resolving

3. "Act as if"

 Doing something that you don't want to do, and acting like you do

4. Reacting

- A verbal, facial or behavior expression
- 5. Playing it safe
- Doing just enough to get by

#### Generic TC Terminology

6. Stuffing feelings

Keeping all your feelings inside, never expressing them. This can be very detrimental because you can explode if you do not ventilate in encounters or use the people around you to dump on. Not reacting

- 7. Flagging
- 8. Taking a trip
- Not Concentrating
- Evading a question

# Community Activities

■ Work Therapy

Morning Meeting

Seminars

Team Meetings

# Work Therapy

# Work therapy is useful in developing personal growth and socialization skills;

- Identifies the community members' behaviors, attitudes and emotional problem areas
- Tests the community members' newly acquired changes concerning stability
- Challenges individuals to continue to confront difficult demands and expectations

### Morning Meeting

Activity utilized to generate good feelings and to set a positive tone in the environment. Community members may recite a poem, tell a joke, sing a song, relay positive feedback.

#### Morning Meeting

Morning meetings are absolutely positive and exclude serious issues. As well, staff members present may be included in playful humorous remarks

#### **Sample Components**

Songs

Skits

Word for the day

Concept of the day

### Seminar Descriptions

#### Social Integration

■ Guest speaker seminars: e.g., employment specialist, professional businesses, etc.

■ Where permitted, field trips are utilized to expose the community members to various sober and drug- free - social and recreational activities

### Seminar Descriptions

#### **Intellectual Stimulation**

- Concept based topics that relate to the TC process and further perpetuate personal application
- Pro and con presentations that are issue-oriented and presented in a debate format concerning various topics (e.g., drunk driving laws)
- Didactic presentations regarding educational topics (e.g., addiction)

### Seminar Descriptions

#### Personal Involvement

- Fun and game- grab bag seminars require that community members talk about various topics randomly picked from a bag that contains several diverse topics
- Personal exposure presentations require that the community member share his or her personal life experiences with the community

### Mock Speaking

Mock speaking - simulated speaking exercises are designed to assist the community member regarding:

- Intellectual stimulation
- Preparation for employment interviews
- Developing of self- esteem
- Acquisition of new information
- Facing new challenges

### Team/ Shift Brief Meetings



Team meetings and/or shift briefing meetings are very different from staff administration meetings, clinical meetings, and general house meetings.

### Team/ Shift Brief Meetings

The team meeting is comprised of clinical, administrative, and support staff, in addition to the "top of the pop" . . . or senior ranking community members. The extensively designed TC process and dynamics regarding a community member expedited in disclosing information concerning the tone of the house. It is inappropriate to discuss clinical issues in the presence of non-clinical staff members and/or community members

# Team/ Shift Brief Meetings

The intent of the team meeting is to assess the tone of the house, to process information with regard to the day's events and other scheduled activities, and to determine a strategy to address unresolved events.

#### Staff and Community Member's Roles

Peers as Community Members

Staff as Community Members

# Specialized tools/techniques

- Teaching Moments
- Push- ups/ Pull- ups
- Tickets
- Encounter Group
- Verbal Haircut
- Learning Experiences

## "Peers As Community Members"

Groups

Structured Day

Pull- ups

Work Therapy

Seminars

Tickets

Clinical Meeting

Peer teaching

Learning Experiences

House meeting

Verbal Haircuts

Mock Speaking

Awareness training

Morning meeting

Team meeting

Encounter Groups

# "Staff As Community Members"

Groups

House meeting

Verbal hair cuts

Mock speaking

Staff Experience

Clinical meeting

Teaching

Pull-ups

Learning experiences

Encounter group

Work therapy

Awareness training

Morning meeting

Team meeting

Structured Day

Tickets

Community member experiences

# TC Staff Competencies Philosophies and Skills

- Promoting Self-help
- Positive Role Meeting
- Earned privileges
- "Acting As If"
- Understanding the relationship of belonging and individuality

- Community belief system
- Accurate records
- Group process
- Confrontation
- Criminal thinking errors

## TC Peer Roles and Functions

### **Community Monitors**



It is an expectation that members of the community engage in behaviors that protect the integrity of the TC, and look for behavior and attitudes that threaten the community and immediately address these behaviors by way of pull-ups, teaching moments, etc.

# General Staff Roles and Functions

- Community members are not clients. The community member expedited system negates the traditional counselor - client relationship
- Staff members are expected to support the principles governing the TC environment.
- Staff members are expected to respect and to abide by the governing principles of the TC.

# General Staff Roles and Functions

- Staff members are expected to respect environment and community members as change agents
- Staff members function within the TC environment and not as secluded experts

# General Peer Roles and Functions

- Community members are expected to learn, and to support the governing principles of the TC environment
- Community members are expected to role model for other community members
- Community members are their brother's and/ or sister's keeper.
- Community members are expected to be mentors, teachers, and leaders.

<u>Tools</u>	Subsequent Process
Teaching Moments	Every negative attitude and/or behavior displayed by a community member should be viewed as an opportunity to provide insight into the specific observance
Push- ups	To make aware and acknowledge a positive behavior

Tools

#### Subsequent Process

Verbal Pull- up Another community and/of staff member makes community members aware of a specific negative behavior. The desired outcome is that the community member will respond by thanking the family member that has brought this behavior to their attention- and make adjustments accordingly.

Tools	Subsequent Process
Tickets	A written pull- up is a step beyond a verbal pull-up. Written pull- ups are presented and read before the entire community, and may have a sanction attached.
Encounter Group	An individual's behavior that does not support the values of the community is confronted for the purpose of assisting them to get rid of an undesirable behavior.

<u>Tools</u>	Subsequent Process
Verbal Hair- cut	A blatant verbal reprimand that is designed to expose an undesirable behavior. This is a serious step designed to serve as a productive Wake- up call.
Learning Experience	An assignment given to a community member that enables them to learn how to productively dissect and process an event, and their response to the initial event.

## Push-Ups

#### <u>Purpose</u>

To provide an awareness of a positive behavior

#### Goals

- To make the community aware of a positive contribution made by a community member
- To identify appropriate- wholesome behavior within the community that perpetuates team building
- To promote shared aims among the community members

# Pull- Ups

#### <u>Purpose</u>

To provide a verbal or written awareness of a negative behavior and/ or attitude

#### Goals

- To make an individual aware of their unacceptable behavior
- To bring an individual's negative behavior to the attention of the community

# Sample Ticket

Check One	W	ritten Pull-	up	
Group	Request for Encounter			
	H	aircut (Staff	only)	
Date of Incid	dent	Time	AM/PM	
Person Needing Ticket or Confrontation				
Written By:_		(Sta	ıff member)	
Issue(s) Describe the Behavior(s)				
Proposed Support/ Action to be Taken				

## Encounter Group

#### <u>Purpose</u>

■ To confront destructive past or present behaviors.

#### Goals

- To present concrete observations of negative attitudes and behaviors
- To bring about an awareness of specific behaviors, attitudes, and feelings that should be modified
- To make clear how a behavior is related to a destructive lifestyle

## Verbal Haircuts

#### <u>Purpose</u>

■ To address serious problems when other interventions have not been effective in confronting negative behavior. A verbal haircut provides an opportunity for the family member to face the fear of change by listening to feedback from other family members.

## Verbal Haircuts

#### Goals

- Family members serving as external sources of awareness
- Family members serving as catalyst for change
- Extinguish negative behaviors
- Raise awareness
- Assist the individual in breaking through the fear of change

## Learning Experiences

#### <u>Purpose</u>

■ To provide consequences to negative behaviors and attitudes, formulated in ways to provide opportunities to learn and to grow

#### Goals

- To modify behavior in positive ways
- To modify problematic personality characteristics
- To improve social skills and community concepts

# Use and Misuse of Therapeutic Tools

## "An Encounter Group Exercise"

"As with all groups in the TC, the general purpose of the encounter is to change negative patterns of behavior, thinking, and feeling. However the specific goal of each encounter is modest and limited- to heighten the individual's awareness of specific attitudes or behavior patterns that should be modified."



### Use and Misuse of Therapeutic Tools

# "An Encounter Group Exercise" (continued)

"Individuals may undergo powerful experiences which ultimately contribute significantly to personal change. However, any change in the right direction is an acceptable outcome in the encounter because it strengthens the likelihood that individuals will remain engaged in the process of change."

## <u>Planning</u>

The encounter groups is an essential tool within TC structures and, as such, should be utilized to further advance the established therapeutic system. It is imperative that the presenting community issues be viewed from a clinical perspective and that these issues be used to bring about a change for the good of the individual and that of the community.

# <u>Planning</u>

Slips and issue should be clinically assessed, and an appropriate therapeutic strategy adopted to address the community members' attitudes and behaviors. Encounter groups are not a hit or miss process.

## Confrontation

There are various tools utilized to energize the encounter. These same tools help to focus the attention of the group on the confrontation. The "confronter" confronts another community member regarding observable attitudes and behaviors that negatively impact the confronter and/ or the TC environment.

## Conversation

There is a huge difference between acknowledging the confrontation- and accepting the issues presented in the indictment. The goal of the conversation phase is to assist the individual to focus on the behavior addressed, and to genuinely review the attitude and behavior discussed.

## Closure

Closure necessitates the support of the group for the individual being confronted. The individual is supported in his or her attempt to make a commitment to change detrimental and self destructive behaviors. Peers are respected for their contribution to the change process even in the absence of an absolute resolution.

### The Encounter Format

Dropping a Slip Planning Group Assignment The Circle Confrontation Positions Rotating the Group

# Types of Confrontation Groups

Walk- in Encounters

Room Encounters

Peer Level Encounters

Mock Encounters

Hats- Off Encounters

### Encounter Rules

- Confronter must use responsible concern
- No rationalizing, justifying, or excuse
- No facial or physical gestures
- No violence, gestures, or threats of violence

## Community Readiness

### The Transition to the Outside Community

Drug & Alcohol Addiction

Post- Acute Withdraw

Psychosocial Stressors

Biochemical Factors

Environment Concerns

Family Issues

Employment Matters

Treatment Outcome

# BIO PSYCHOSOCIAL RELAPSE WALK: A SELF-ASSESSMENT

How would you rate yourself?

 $1 = Poor \dots 10 = Excellent$ 

Associates Physical Health

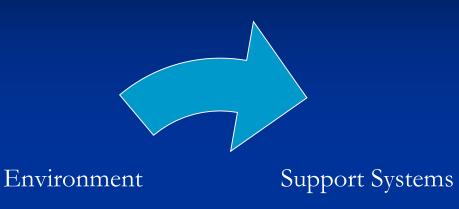
Support Systems Mental Health

Family Issues Environment

Employment Housing

Illegal Activity Mindset

# Relapse Walk





# What About Post Acute Withdrawal?



#### Physical Withdrawal Develops in 2 Phases:

1<sup>st</sup> Phase- Acute Withdrawal Withdrawal may last up to 2 weeks or so, depending on the drug

2<sup>nd</sup> Phase- Post Acute Withdrawal Long Term, lasting months, even years into sobriety

## Prison, Drug & Alcohol ...

- In 2003, nearly 6.9 million adults were involved with the criminal justice system, including 4.8 million who were under probation or parole supervision (Glaze & Palla, 2004).
- A 2002 survey of jails found that 52 percent of incarcerated women and 44 percent of men met the criteria for alcohol or drug dependence (Karberg & James, 2005).
- A survey of juvenile detainees in 2000 found that about 56 percent of the boys and 40 percent of the girls tested positive for drug use at the time of their arrest (National Institute of Justice, 2003).

## Drug & Alcohol Addiction

Approximately 2 out of 3 arrestees have drugs in their urine

Approximately 8 of 10 state prisoners admit having a history of drug use, but only 1 in 10 report being treated for drug use since admission

#### Addiction Contents

### Historical, Environmental, Physiological

Affect the way in which Drug Use interacts with the



- Brain Mechanism
  - Behavior
  - Environment
- Hospital Practice, A Special Report, April 1997

#### Life on Life Terms

Self is comprised of the forces that drive us, if you want to change self, you must change the forces

External Forces	Internal Forces
Employment	Frustration
Family	Stress
Environment	Anger
Social	Hopelessness
Recreational	Anxiety
Economic	Fear

Depression

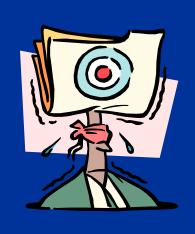
Education



# CURRENT KNOWLEDGE IMPLICATES ACTIVATION OF THE BRAIN'S REGULATIONS OF EMOTIONAL PATTERNS AND DRIVES TO

"DOPAMINE"

### Psychological, Physiological, Biochemical Transitional Alarms



Overwhelming Commitments

Expectations

Learned Helplessness

Lack of Social & Physical Stimulation

Mental Health Issues

### Psychological, Physiological, Biochemical Transitional Alarms



Employment & Financial Factors

Family Issues

Old Friends

Post- Acute Withdrawal

Previous Places of Activity

Deficient Support Systems

ETC., ETC., ETC.

### Family Issues

- Understand the impact on family members
- Encourage the family to become educated
- Involve the family in relapse prevention
- Encourage self- help attendance
- Establish new rituals in the family
- Stop destructive behaviors and patterns
- Make amends

### Recovery Issues for Families

- Acceptance of the problem
- Acceptance of the need for help
- Reducing enabling
- Setting limits
- Establishing safety controls
- Facilitating treatment entry
- Supporting the recovery person

## Bio-Psychosocial Relapse Walk A Self- Assessment of Support and Recovery Systems

How Would You Rate Yourself?

1= Poor to 10= Excellent... Let's Take a Walk

- Old Friends & Environmental Issues
  - Family Members & Expectations
    - Employment & Finances
      - Support Systems

### MAJOR THREATS TO RELAPSE

- Drug & Alcohol Paraphernalia
- Holidays, Weekends, Anniversaries, Club Scenes
- Guilt or Shame
- Unhealthy Relationships
- Self- Pity
- Overconfidence
- High Risk Situations
- Anger
- Routines
- Stress- Good or Bad
- Feeling Overwhelmed

### Employment & Finances

- Unemployment
- Under- Employment
- Means to Get High
- Long Distance Hustling
- Money Management
- Sucker Syndrome
- Expectations

- Means to Relocate
- Means to Establish Credit
- Means to Purchase a Car
- Means to Purchase a Home
- Means to Pay Fines\*
- Means to Pay Child Support\*

### The Most Effective Treatment Simultaneously Attends to



- Biological,
- Behavioral, and
- Social Contents



Although Science has tremendously advanced our understanding of addiction, a disconnect still exists between what we in the research field know and what other health professionals and the general public believe.

### Measuring the Impact of Drug Treatment Beyond Relapse and Recidivism

Groups with no treatment showed an expected negative effect on unemployment, while those who participated in treatment, unemployment was not associated with increased relapse and recidivism.

"Effect of Drug Treatment during Work Release on New Arrests and Incarcerations," Butzin, O'Connell, Martin, Inciardi, *Journal of Criminal Justice* 2006.

### Stages of Therapeutic Community Treatment for Drug- Involved Offenders in Delaware

Prison- Based TC

Work Release TC

Aftercare

#### Prison-Based TC

Segregated from general prison population

• 12-18 months prior to Work Release

• "Recovering Addict" role models

• 12 months duration

#### Work Release TC

 Segregated from general Work Release population

• Clinical regimen modified to address the correctional mandate of Work Release

• 6 months duration

#### Aftercare

- Outpatient counseling and group therapy on a weekly basis
- 1 day per month in facility
- 6 months duration
- Relapse Intervention Track
- Probation / Parole case- management