

## Module 8: TC Treatment Methods

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### Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 8, including Resource Sheets, Summary of Module 8, and Review of Module 8.
- Review the following recommended reference:
  - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapters 14, 17, and 18.
- In addition to the materials listed in Getting Started, assemble the following for Module 8:
  - Refreshments to serve after the mock encounter group exercise.

## Module 8 Goal and Objectives

**Goal:** To learn about TC treatment methods designed to encourage prosocial and psychological change in residents.

**Objectives:** Participants who complete Module 8 will be able to

- Define “affirmations,” “pushups,” and “privileges”
- Define “sanctions” and explain their purpose
- Define “verbal correctives” and name at least three types
- Define “interventions” and name at least five types
- Name and describe at least three types of educational groups
- Name and describe at least four types of clinical groups
- Give at least five examples of provocative and evocative group process tools
- Explain the three major phases of the encounter group process
- Describe at least one way staff members can facilitate group process.

## Content and Timeline

Introduction	20 minutes
Presentation: Overview of TC Treatment Methods	5 minutes
Presentation: Community Tools	60 minutes
Exercise: Community Tools	45 minutes
Break	15 minutes
Presentation: TC Groups	30 minutes
Presentation: Group Process Tools	30 minutes
Exercise: Role Play of Identification, Empathy, and Compassion	45 minutes
Lunch Break	45 minutes
Presentation: Encounter Group	30 minutes
Exercise: Mock Encounter Group	90 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding and Facilitating the Group Process	10 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	8 hours

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20 minutes



OH #8-1

## Introduction

Distribute and review the Module 8 agenda.

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*If you are conducting Module 8 as a stand-alone session or if you have just completed presenting Module 7, skip the following Module 7 review.*

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## Review

Ask participants what they remember from Module 7. Ensure that the following topics are reviewed:

- Expectations of all TC staff members
- Staff members as role models
- Rational authority
- Decisionmaking
- The we–they dichotomy
- Ways to take care of ourselves.

Ask participants whether they have any questions or have had any thoughts about Module 7.

## Module 8 Goal and Objectives

Ask participants to turn to page PM 8-1 of their Participant’s Manuals.

Present the goal and objectives of Module 8.

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5 minutes



OH #8-2

**Presentation: Overview of TC Treatment Methods**

Review the following concepts that were presented in earlier modules:

- *Community-as-method*: In a TC, the whole community is the therapeutic agent. The use of the community as the primary tool for social and individual change distinguishes the TC from other treatment approaches.
- *Self-help and mutual self-help*: Recovery occurs primarily through interactions with peers. Residents show responsible concern, provide feedback, and facilitate change in one another.
- *TC social structure and systems*: The social structure, systems, formal and informal communications, daily schedule, physical environment, and work hierarchy are parts of therapy and support prosocial behavior change.

Provide an overview of expectations of staff members and peers, as follows:

- Staff members and peers are expected to point out the positive and negative effects of residents' behavior on themselves and others.
- Staff members and peers are expected to address residents' behavior and attitudes immediately and consistently.
- Staff members and peers are expected to promote the community-as-method approach and the self-help and mutual self-help learning processes.

Note that TC treatment *methods* consist of

- Community tools
- Group process tools.



60 minutes



OH #8-3

**Presentation: Community Tools**

Refer participants to page PM 8-6, Resource Sheet #8-1: Community Tools.

Explain that community tools are specific techniques that include

- *Reinforcers* to encourage prosocial behaviors
- *Sanctions* to discourage rule-breaking behavior.

**Reinforcers**

Explain that reinforcers include

- Affirmations



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- Pushups
- Privileges.

### ***Affirmations and pushups***

Explain that *affirmations* are

- Oral encouragements offered spontaneously by peers to acknowledge one another and their efforts to change (“You are doing great!” “Nice job!”)
- Expressed with affection, friendship, and caring.

Explain that *pushups* are

- Similar to affirmations but are used to encourage and reinforce specific signs of progress (“I want to push you up for . . .”)
- Used by peers to acknowledge positive behavior
- Either oral or written.

Ask participants to give one another an affirmation or pushup. Ensure that participants are corrected if they are not making a distinction between an affirmation and a pushup.

Emphasize that affirmations and pushups are important because they not only encourage change in the person *receiving* the feedback but also serve as a self-reinforcer to the resident *giving* the affirmation or pushup.

### ***Privileges***

Explain that *privileges*

- Are explicit rewards given by staff members to acknowledge positive changes in behavior and attitudes or overall progress in the program
- Are symbols of status and success
- Teach residents that rewards are *earned*; they are not *entitlements*.

Ask participants to provide examples of privileges, such as

- Permission to keep personal property at the TC
- Crew change or promotion
- Permission to leave the facility without an escort
- Permission to use the phone
- A separate sleeping room
- An overnight pass
- Tickets to attend an offsite event.

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Emphasize that

- Changing behavior to seek privileges is the first step of a process that leads to internalized change.
- Tangible privileges act as incentives for residents to try new behaviors.
- Once a resident engages in a new behavior
  - He or she is likely to find it reinforcing socially and emotionally.
  - The behavior then becomes personally relevant and valuable and can be internalized.

**Sanctions**

*Sanction* is a general term used to include serious consequences for rule-breaking and negative attitudes.

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*Some TCs consider the term "sanction" too negative; if the participants' TC uses a different term, explain that you are substituting their term for sanction.*

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Emphasize that

- Sanctions provide the opportunity for a resident to learn from mistakes.
- The entire community is made aware of sanctions that are delivered, providing vicarious learning for residents and strengthening community cohesiveness.
- Peers are expected to detect, confront, and report violations of rules and self-defeating behaviors and attitudes. This is critical to the self-help and mutual self-help learning process.

Explain that sanctions include *oral or written correctives* and *interventions*.

***Oral or written correctives***

Emphasize that oral or written correctives

- Are instructions or statements designed to facilitate learning when residents do not meet TC expectations for recovery and right living
- Provide feedback in a positive, unemotional way about a resident's unacceptable behavior and provide information about the acceptable way to behave.

Explain that oral or written correctives include

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- Pullups
- Bookings
- Talking-tos
- Reprimands.

Explain that *pullups* are oral statements from one or more peers or staff members that inform a resident of a lapse in expected behavior or attitude. The resident receiving the pullup is expected to

- Listen without comment
- Immediately display the correct behavior
- Express thanks for the feedback.

Ask participants for examples of situations they think would warrant a pullup (e.g., a resident leaves his or her bed unmade, a resident is late to group).

Explain that *bookings* (sometimes also called *written pullups*) are

- Written reports of rule-breaking submitted by peers or staff members through the proper channels of communication
- Designed to raise the community's awareness of a resident's negative behavior or attitude
- Used generally when a resident has received a number of oral pullups for the same behavior or when the behavior is serious.

Ask participants for examples of situations they think would warrant a booking (e.g., a resident continues to take food from the kitchen without permission even after an oral pullup, the resident who gave the oral feedback can now put it in writing).

Explain that *talking-tos*

- Are stern oral correctives delivered by a peer under staff supervision
- Point out the inappropriate behavior and how the behavior is affecting the resident and the community
- Generally occur after pullups and bookings have failed to change behavior
- Are delivered in a strong but supportive manner.

Ask participants for examples of situations they think would warrant a talking-to (e.g., after both oral and written pullups, a resident continues to take food out of the kitchen without permission).

Explain that *reprimands* (sometimes called *oral haircuts*) are

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- The most severe oral correctives
- Instructive and include suggestions for positive alternative behavior
- Given by staff members only and are delivered in a critical tone with punitive intent
- Given as the resident stands quietly in front of the staff member and several senior peers (selected by staff members), listens respectfully, and makes eye contact
- Given in the presence of peers, selected by staff members, which is important because it
  - Reinforces the gravity and credibility of the reprimand
  - Offers a vicarious social learning experience for other residents.

Ask participants for examples of situations they think would warrant a reprimand.

***Interventions***

Discuss interventions, pointing out that interventions are consequences decided by staff members for the violation of a rule or when a resident consistently fails to meet TC expectations.

Explain that

- Interventions vary in severity depending on the TC rule that has been violated.
- The staff member's objective is to use the least severe consequence necessary to maximize learning.
- Interventions are not punitive. They are part of the learning process.
- The desired outcome, usually a behavior change, must be clear. If the intervention does not result in a change of behavior, another community tool must be used.
- Staff members are expected to explain the rationale for their decisions in terms of the TC views of the disorder, the person, recovery, and right living.

Emphasize that interventions must be documented in the resident's record and must be justified clinically. The documentation should contain the following:

- Behavior to be changed
- Description of the intervention
- Rationale for the clinical or therapeutic value
- Outcome (what happened)
- The resident's comments on the reason for the intervention and the outcome.

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Refer participants to PM 8-10, Resource Sheet #8-2: Sample Intervention Form.

*Interventions for minor infractions*

Identify and discuss the following interventions for minor infractions:

- Learning experiences
  - Are special assignments tailored to the resident to help him or her achieve a specific behavior or attitude
  - Include
    - Having a resident write an essay about a rule that he or she broke and explaining one of the concepts of right living
    - Having one resident closely monitor another who is having problems (a “glue contract”).
- \$ Demotions
  - Are changes to a lower status in living arrangements or in the work hierarchy (e.g., transferring a resident from a double room to a dorm room)
  - Are usually the result of a negative attitude.
- \$ Speaking bans
  - Are used to interrupt negative communication among residents
  - Require one or more residents to refrain from speaking to certain others for a given period.
- \$ Losses of privileges
  - Are commensurate with the severity of the offense and the resident’s stage and phase in the program
  - Are effective only if the resident cares about the privilege.

*Interventions for major infractions*

Identify and discuss interventions for *major infractions* by explaining that major infractions include the violation of a cardinal rule or repeated infractions of other rules.

- \$ Losses of phase status
  - Demote the resident one or more phases in the program

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- Often are called being “shot down.”

**\$ House change**

- Involves transferring a resident to another facility
- May be appropriate when the behavior problem seems specific to a particular facility
- Is more a strategic than a punitive step and may be combined with other interventions.

**\$ Administrative discharges**

- From the program may occur when a resident
  - o Violates a cardinal rule
  - o Repeatedly violates other rules
  - o Poses a threat to the safety of community residents
- May include referral to another TC or to a different treatment modality.

**\$ House bans**

- Take away all privileges from all facility residents for a time
- Are used when negative attitudes are pervasive in the TC
- Make every resident experience consequences for the misbehavior of a few to remind residents of their responsibility for maintaining the TC's therapeutic atmosphere.

**\$ Bench**

- Is a designated spot in a TC common area, away from the activities of the community
- Is a serious intervention because it typically signifies that a resident is being separated from the community and may be asked to leave the TC
- Is used when
  - o A resident has violated a serious rule
  - o A resident seems dangerously angry or agitated, as a timeout
  - o A resident needs to be separated from the community for his or her or others' safety for any reason
  - o A resident wants to leave the TC to give him or her a chance to think about his or her decision or to separate him or her from the community at a time when he or she may have a negative effect on others.

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- \$ Relating (or confrontation) booth
- Is a desk with two chairs in a TC common area
  - Is used when staff members think a resident’s problem is the result of (at least in part) social and emotional isolation
  - Is used with the goal of helping a resident
    - Look at the emotional underpinnings of his or her behavior
    - Develop emotionally supportive relationships with peers
    - Learn positive interpersonal skills
  - Operates as follows:
    - The resident who has committed the infraction sits in one chair for a period
    - Residents who are assigned to talk with him or her sit in the other chair and review the person’s behavior or attitudes
    - The peers remind the person of the concepts of recovery and right living
    - At times, an “intercessor” or mediator is appointed to ensure that the communication is open and healthy.



45 minutes



OH #8-4



### Exercise: Community Tools

Introduce the exercise by explaining that

- The purpose of the exercise is to allow participants to practice selecting community tools and to discuss the rationale for choices.
- Participants will meet in their small groups to discuss one or more scenarios.

Refer participants to page PM 8-11, Resource Sheet #8-3: Exercise—Community Tools.

Allow 5 minutes for participants to review the instructions and the six scenarios on the Resource Sheet.

Ask participants to move to their small groups to discuss the scenarios.

Instruct each group to select

- A facilitator to keep track of time and encourage participation in the discussion



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- A reporter to take notes and present a summary of the group's discussion
- An observer to observe the small-group dynamics and comment on it.

Assign one or more of the six scenarios to each small group.

Allow 15 minutes for participants to answer the five questions on the Resource Sheet.

Ask reporters to present summaries of their groups' discussions.

Ask the observers to comment on what they noticed.

Summarize the exercise as follows:

- Staff members and peers are expected to point out the positive and negative effects of residents' behavior on themselves and others in the community.
- Staff members and peers are expected to address residents' behavior and attitudes immediately and consistently.
- The community is the primary tool for social and individual change and distinguishes the TC method from other treatment approaches.

Thank participants for sharing.



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

- Which interventions am I *most* comfortable using? Why?
- Which interventions am I *least* comfortable using? Why?
- How do I see community-as-method at work in my small group?



30 minutes



**Presentation: TC Groups**

Ask participants what the word "group" makes them think about.

Write their responses on newsprint.

Ask participants to identify the types of groups that meet in their TC.

Write their responses on newsprint.

Explain that TC groups can be classified as *educational* or *clinical*.



OH #8-5

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### **Educational Groups**

Explain that educational groups encourage personal growth, provide work-related skills training, and teach the group process.

Explain that personal growth groups

- Are informal sessions, led by staff members, with up to 20 residents in a group
- Typically last 4 to 6 hours
- Cover recovery-related topics
- Are intended to teach residents how to explore concepts in an intellectual or conversational format
- Are followed up by staff members informally over subsequent days or weeks to learn how residents perceived the discussion and how they may have changed their thinking as a result.

Explain that job skills groups

- Are led by staff members and senior residents
- Teach residents about specific jobs required in the TC and the proper way to perform these jobs.

Explain that clinical skills groups

- Are led by staff members
- Teach new residents how to use group process tools via simulated or mock encounter groups.

Explain that life skills groups

- Are generally led by outside experts
- Focus on specific skills that residents need to succeed in mainstream society, such as
  - Budgeting
  - Parenting
  - Resume writing
  - Interviewing for jobs.

Explain that reentry phase groups

- Prepare residents to move back into the greater community.

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**Clinical Groups**

Note that all TC clinical groups provide residents with the opportunity to

- \$ Express intense emotions
- Gain insight into their behavior and that of other residents
- Relate to other residents' experiences and situations
- Receive healing affirmations from peers and staff
- Model appropriate group behavior
- Exhibit leadership.

Discuss the fact that a set of rules applies to all TC clinical groups to protect the psychological and physical well-being of residents. These rules prohibit

- Physical violence
- Oral threats or gestures of violence
- Cultural stereotyping
- Disclosure of information outside the TC.

Emphasize that adherence to these rules builds and maintains trust and intimacy and promotes the conditions that facilitate the healing process.

Explain that clinical groups include

- Encounter groups (encounter groups are discussed and demonstrated later in the session)
- Probe groups
- Marathon groups
- Static groups.

Explain that probe groups

- Are intended to obtain information from residents about critical events that have occurred in their lives
- Use techniques such as role playing and psychodrama to reduce defensiveness, resistance, and fear of strong emotional memories
- Vary in size from 13 to 20 people
- Consist of participants who usually have something in common, such as a traumatic experience
- Are considered successful if a resident acknowledges a particular event and is able to talk clearly and less emotionally about the event over time.

Explain that residents typically experience at least three probes:

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- The initial probe is held for 2 to 3 hours and is intended to establish trust and identification with others.
- Later probes are longer, lasting 6 to 12 hours, and are designed to facilitate self-disclosure, awareness, and emotional release.

Emphasize that staff members must prepare for probes by reviewing residents' backgrounds and establishing objectives for each resident.

Explain that marathon groups

- Are held for 12 to 36 hours
- Enhance residents' motivation to address critical issues in their lives
- Begin the process of resolving past experiences that have impeded residents' growth and development
- Use techniques such as elements of psychodrama, primal therapy, and theater.

Explain that residents typically experience at least two marathons in the TC.

Explain that static groups

- Include the same peers and leader that meet steadily over long periods throughout treatment
- Support a small group of people on a specific issue and monitor members' change over time.

Ask participants what other types of clinical groups are used in their TC. Give examples, such as men's and women's groups or family counseling groups.



30 minutes



### **Presentation: Group Process Tools**

Refer participants to page PM 8-13, Resource Sheet #8-4: Group Process Tools.

Explain that group process tools are verbal and nonverbal strategies to facilitate individual change in group settings.

Explain that group process tools are used to

- Stimulate emotional reactions and self-disclosure
- Break down denial
- Increase self-awareness
- Promote participation in the group process

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- Teach residents to demonstrate and practice responsible concern for themselves and others.

Identify the two types of group process tools as

- *Provocative* tools challenge and confront residents
- *Evocative* tools support and encourage residents.



OH #8-6

Note that *provocative* tools include

- *Controlled hostility or anger*: Expressing angry feelings to intensify awareness
- *Engrossment*: Exaggerating behavior to penetrate denial
- *Humor or mild ridicule*: Promoting laughter so residents recognize their false social images, prejudices, and stereotypes.

Note that *evocative* group process tools include

- *Identification*: A feeling of relatedness between two people who have had a common experience and share similar feelings. Identification is demonstrated when residents express that they understand the feelings of another resident because they have had a similar experience.
- *Compassion*: A feeling of concern for a person who is suffering. Compassion is demonstrated when a resident comforts another who is experiencing painful emotions.
- *Empathy*: The ability to put oneself in another's shoes and convey an understanding of his or her feelings.

Explain that some group process tools are *both* provocative and evocative and include

- *Projection*: Observing and interpreting behavior based on a person's own thoughts and feelings (e.g., "You look as if you want to quit" when that is the person's own thought).
- *Pretend gossip*: Talking about a resident as if he or she were not present to provide feedback without direct confrontation.
- *Carom shot*: Speaking to another resident who has a similar problem with a third resident to avoid direct confrontation with the third resident (e.g., saying to John, "Are you thinking of quitting?" when the person actually is concerned about Dan).
- *Lugs*: Mildly criticizing to raise awareness without causing a resident to become defensive.

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45 minutes



## Exercise: Role Play of Identification, Empathy, and Compassion

Refer participants to page PM 8-14, Resource Sheet #8-5: Role Play of Identification, Empathy, and Compassion.

Introduce the exercise by explaining that

- The purpose of the exercise is to observe and practice identification, empathy, and compassion.
- There are two role plays. Each is conducted with five participants in the front of the room while the other participants observe.

Instruct participants to read Scenario 1.

Ask for volunteers to play the roles identified for Scenario 1.

Allow 5 minutes for volunteers to read the role play and prepare their parts.

Conduct the role play for 5 minutes. Discuss the role play by asking the following questions:

- *To Jennifer:* What did you experience?
- *To Freda:* What did you experience? How did you encourage the residents to express identification, empathy, and compassion?
- *To residents 1, 2, and 3:* What did you experience?
- *To all participants:* What did you observe?

Ask for volunteers to play the roles identified for Scenario 2.

Allow 5 minutes for volunteers to read the role play and prepare their parts.

Conduct the role play for 5 minutes.

Discuss the role play by asking the same questions as above.

Discuss the exercise by asking the following questions:

- How did Jennifer and Mario benefit from the group session?
- How did the other residents benefit from this intervention?
- Did the staff members express identification, empathy, or compassion?
- How did the staff members encourage the peer residents to express identification, empathy, and compassion?

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Discuss the following benefits of identification, empathy, and compassion:

- *Balance:* Residents experience social relatedness and caring, which balance the challenging and instructional methods of treatment.
- *Accept challenges:* Residents accept the challenges of treatment if they also feel the concern and compassion of the community and perceive themselves as understood and accepted by others.
- *Prosocial network:* Feeling part of a group of people who care about one another is essential to establishing a prosocial network of friends when residents leave the TC.
- *Replace antisocial behavior:* As residents identify and bond with one another and learn to relate with empathy and compassion, they replace antisocial behaviors with an approach that creates real connections to other people.
- *Self-awareness:* As residents learn to become more empathetic and compassionate, they are better able to understand themselves and the effect their behaviors and attitudes have on others.
- *Connection with others:* When a resident exhibits identification, empathy, and compassion, it shows that he or she is sensitive to the feelings of others and is trying to connect with others.

Emphasize that the importance of learning to walk in another person's shoes cannot be overestimated in its effect on the change process.

Discuss the importance of staff members expressing identification, empathy, and compassion as follows:

- Staff members who express identification, empathy, and compassion establish themselves as caring, trustworthy rational authorities.
- Staff members are responsible for observing, acknowledging, and appreciating residents' concern for one another.
- Staff members who demonstrate compassion, empathy, and identification can engage residents in the treatment process more effectively.
- Staff members enhance their own growth by developing social relatedness and caring skills.

Allow 5 minutes for two participants to share their thoughts and feelings by answering the following questions:

- \$ How did you feel during the exercise?
- \$ What did you notice about yourself during the exercise?

Thank participants for sharing.

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30 minutes



OH #8-7

## Presentation: Encounter Group

Explain that the purpose of encounter groups is to raise self-awareness of self-defeating behaviors and attitudes by teaching residents to

- \$ Show compassion and responsible concern for one another
- Confront the reality of their substance use problems and negative behavior
- Be honest about their feelings and the commitment to change their behavior
- Seek self-awareness as the first step to behavior change
- Resolve interpersonal issues or concerns they may have with one another or with staff members.

### Encounter Group Rules

Explain that a primary guideline for encounter groups is to confront behaviors and attitudes, not people.

Emphasize that this guideline provides group members with psychological safety and enables residents to foster a positive sense of self.

Residents are allowed to express both positive and negative feelings about one another to raise self-awareness, while following certain rules that prohibit

- Explicit or implicit threats
- Deliberate or spontaneous group oral attacks on one person (e.g., “rat packing”)
- Deliberately derogatory comments
- Interrupting the encounter group by coming to the aid of a confronted group resident (e.g., “red crossing”)
- Name-calling, labeling, or making stereotypic references to race, ethnicity, gender, a disability, or family members
- Walking around or changing seats during the session
- Irrelevant or side conversations.

Emphasize that repeated breaking of the rules of the encounter group can lead to sanctions, such as ejection from the group or expulsion from the program, depending on the severity of the violation.

### Encounter Group Process Format

Explain that encounter groups

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- Are scheduled regularly
- Respond to written concerns (a “slip”) about a resident submitted by one or more other residents
- Consist of a least one resident being challenged about his or her behaviors and receiving feedback from other residents
- Often are led by the most senior residents (with staff members present)
- Are balanced to include residents of various ages, lengths of stay, and ethnicities, as well as both genders.



**OH #8-8**

Explain that the encounter group has three phases: confrontation, conversation, and closure.

Explain that in the confrontation phase

- The facilitator asks the residents who wrote a slip regarding a resident to state their observations and reactions to the resident’s behavior.
- Other group members may provide additional observations.
- Group and staff members use provocative group tools to focus attention on the issues and to evoke the feelings of the person being confronted.
- The resident being confronted is expected to listen and respond to his or her peers’ comments.
- The confrontation phase is over when the resident acknowledges and accepts the group’s reaction to his or her behavior.

Explain that in the conversation phase

- The group encourages the resident to focus on the identified behavior or attitude and talk about his or her feelings.
- Group and staff members use evocative tools to deepen the resident’s understanding of the problem and to discuss reasons for his or her rationale and defenses.
- The conversation phase is over when the resident
  - Demonstrates an understanding of the confrontation
  - Can label his or her feelings
  - Can state his or her self-defeating pattern of behavior or attitude
  - Can ask for help in making personal changes.

Explain that in the closure phase

- Group members provide positive encouragement, feedback, suggestions, and support to the resident being confronted.
- Group members make suggestions to help the resident learn how to make positive changes.

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- Group members speak with warmth, support, and affirmation to balance the first two phases.
- The closure phase is over when the resident makes a commitment to change and states what he or she will do differently.

Emphasize that after an encounter group session it is important that

- The entire TC membership participate in 30 minutes of socializing (snacks are provided) to continue the closure phase of supporting, affirming, and encouraging residents to change their behaviors and attitudes.
- Senior peers reach out to residents who may be upset about their encounter experience.

### Staff Roles

Explain that the role of staff members during encounter groups is to

- Supervise the preparation and selection of residents to participate in an encounter group
- Facilitate the process (if this is the TC's practice)
- Observe the process and residents' reactions and behaviors
- Obtain feedback from others if the staff member had to be absent from the group
- Decide whether and when emergency intervention is required.



90 minutes



### Exercise: Mock Encounter Group

Explain that this exercise provides the opportunity for participants to experience an encounter group.

Note that the exercise is followed by time for participants to reflect on their thoughts and feelings about the exercise, the TC, the topic of the session, and their roles as TC members.

Explain that

- The intent of the exercise is to become familiar with the format of the encounter group process—confrontation, conversation, and closure—using provocative and evocative group tools.
- Trainers and experienced TC staff members will demonstrate the mock encounter group, followed by an opportunity for participants to practice the encounter group process.

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Refer participants to PM 8-16, Resource Sheet #8-6: Mock Encounter Group.

**Scenario 1: Demonstration**

Ask participants to read through the Resource Sheet to review the elements of encounter groups and then read Scenario 1: Demonstration.

Arrange the chairs for the mock encounter group following the instructions on the Resource Sheet.

Ask for volunteers to play Lou and Joe.

Arrange participants according to their roles and the seating assignments on the Resource Sheet, explaining what you are doing.

Acting as the facilitator, conduct the mock encounter for 10 minutes, and demonstrate confrontation, conversation, and closure.

Discuss the mock encounter group by asking the following questions:

\$ *To Joe:* What did you experience as the person doing the confronting?

\$ *To Lou:* What did you experience as the person being confronted?

\$ *To other participants:*

- What did you notice about the encounter group process?
- Did you observe confrontation, conversation, and closure?
- What provocative and evocative tools did you observe being used?

Share your experience as the facilitator.

Ask participants whether they have any questions about the encounter group process.

**Scenario 2: Tanya and Maria**

Instruct participants to read Scenario 2: Tanya and Marie. Ask for volunteers to play the roles of

\$ *Tanya:* The resident being confronted

\$ *Marie:* The resident doing the confronting

\$ *Peer facilitator*

\$ *Remaining participants to play:*

- Residents representing peer strength (role models, residents with seniority in the community)

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- Junior residents.

Encourage other participants to join the encounter group process.

Remind participants to use provocative and evocative tools and to follow the encounter group format of confrontation, conversation, and closure.

Conduct the exercise for 10 minutes and observe carefully.

Discuss the role play by asking the following questions:

- \$ *To the facilitator:* What did you experience as the facilitator of the encounter group?
- \$ *To Marie:* What did you experience as the person doing the confronting?
- \$ *To Tanya:* What did you experience as the person being confronted?
- \$ *To participants who spoke during the encounter:* What did you experience when you participated in the encounter group process?
- \$ *To other participants:*
  - What did you notice about the encounter group process?
  - Did you observe confrontation, conversation, and closure?
  - What provocative and evocative tools did you observe being used?

Share your observations of the role play.

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*If you have time and it seems appropriate, use a real issue that has developed in the group and conduct a mini-encounter group. Do this only if the issue concerns **you**; for example, if you have been confronted at any time for being late, not following the agenda, not explaining the rules of an exercise, not allowing time for participants to give feedback on their experience, or so on. Be certain to process the experience thoroughly.*

---

Summarize the mock encounter group exercise by emphasizing the importance of honesty, compassion, and responsible concern as key elements that allow behavior change to occur.

Discuss the role of staff members before, during, and after the encounter group.

Remind participants that the purpose of encounter groups is to raise self-awareness of self-defeating behaviors and attitudes.

Allow 10 minutes for participants to share their thoughts and feelings, and ask two participants to answer the following questions:

- How did you feel during the exercise?

**TCC MODULE 8**



- What did you notice about yourself during the exercise?

Thank participants for sharing.

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

- The exercise and any thoughts or feelings that arose
- Their thoughts about the role of encounter groups in the TC treatment process.

Provide refreshments, and allow 10 minutes for participants to socialize as they would after a real encounter group session.

Encourage participants to support, affirm, and acknowledge the mock encounter group participants during this time.



10 minutes



OH #8-9

**Presentation: TCA Staff Competency—Understanding and Facilitating the Group Process**

Review the following main concepts underlying group process:

- Groups in the TC play a significant part in the change process.
- The peer encounter group is the main therapeutic group format, although other group formats are used.
- In groups, residents learn about themselves and the recovery process by identifying and coping with feelings about people and life situations.
- The TC group process addresses the underlying issues and the wide range of psychological and educational needs of residents that arise during work and when living in a community.
- Groups focus on peer interaction that reinforces the self-help and mutual self-help processes. Feedback from other residents is an essential part of the group process for fostering change.
- Staff members and senior residents serve as facilitators of the process.

Describe the following ways staff members can facilitate the group process:

- \$ Keep the group on track to prevent it from taking a negative direction.
- \$ Ensure the psychological and physical safety of group members by monitoring and enforcing group rules.
- \$ Engage inactive residents in the group process.
- \$ Allow residents to do most of the “work” in a therapy or process group; facilitator input should be minimal.

## TCC MODULE 8



20 minutes



## Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 8-19, Summary of Module 8.

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

Refer participants to page PM 8-23, Review of Module 8.

Instruct participants to work with their small groups to answer the questions on Review of Module 8. Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

Ask participants

\$ What did you learn in this session?

\$ When did you observe community-as-method during this session?



20 minutes



OH #8-10

## Journal Writing and Wrapup

### Journals

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

- What new information or insight regarding TC treatment methods did you get from this module?
- How do you think you might be able to implement this new information in your TC role?
- How are you feeling about the training community process at this point?

### Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 8 or the training in general. Note that participants may say anything on their minds.

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Allow time for participants to respond.

Conduct one of the following completion activities:

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



**OH #11**

**Pework for Module 9: Work as Therapy and Education**

Ask participants to review

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

Ask participants to read and complete

- Resource Sheet #9-1: Case Study of Ray at Work
- Resource Sheet #9-2: Structure Board.

## Resource Sheet #8-1: Community Tools

Community Tools	Notes & Examples
<p><b>Reinforcers</b></p> <p><b>Affirmations and Pushups</b></p> <p>Affirmations are oral encouragements offered spontaneously by peers to acknowledge one another and their efforts to change.</p> <p>Pushups are similar to affirmations but are used to encourage and reinforce any sign of progress in a resident who is having trouble.</p> <p><b>Privileges</b></p> <p>Privileges are explicit rewards given by staff members to acknowledge positive changes in behavior and attitudes as well as for overall progress in the program.</p> <p><b>Sanctions</b></p> <p><b>Oral or Written Correctives</b></p> <p>Oral correctives are instructions or statements delivered by both peer and staff members to facilitate learning when residents do not meet TC expectations for recovery and right living.</p> <p>Oral correctives are primarily peer (but sometimes staff member) reactions to behavior that may not violate TC rules but is still unacceptable.</p> <p><i>Oral pullups</i></p> <ul style="list-style-type: none"> <li>• Are statements from one or more peers to remind a resident of a lapse in expected behavior or attitude</li> <li>• Require the person receiving the pullup to <ul style="list-style-type: none"> <li>– Listen without comment</li> <li>– Immediately display the correct behavior</li> </ul> </li> </ul>	

Community Tools	Notes & Examples
<p>– Express thanks for the feedback.</p> <p><i>Bookings</i></p> <ul style="list-style-type: none"> <li>• Are written notes, submitted by peers or staff through the proper chain of communication, that raise the community's awareness of a resident's negative behavior or attitude</li> <li>• Also are called "written pullups."</li> </ul> <p><i>Talking-tos</i></p> <ul style="list-style-type: none"> <li>• Are stern oral correctives delivered by a peer under staff supervision</li> <li>• Point out the inappropriate behavior and how it affects the resident and the community</li> <li>• Generally occur after pullups and bookings have failed to change behavior.</li> </ul> <p><i>Reprimands</i></p> <ul style="list-style-type: none"> <li>• Are sometimes called "oral haircuts"</li> <li>• Are the most severe oral correctives</li> <li>• Are given by staff only and are delivered in a critical tone with punitive intent</li> <li>• Require the resident to stand quietly in front of the staff member and several peers, picked by staff members, and listen respectfully while making eye contact.</li> </ul> <p><b>Interventions</b></p> <p>Interventions are consequences decided by staff members for the violation of a rule or when a resident consistently fails to meet TC expectations.</p> <p><b><i>Interventions for minor infractions</i></b></p> <p><i>Learning experiences</i></p> <p><b>\$</b> Are special assignments tailored to the resident to help him or her achieve a specific behavior or attitude.</p>	

Community Tools	Notes & Examples
<p><i>Demotions</i></p> <ul style="list-style-type: none"> <li>\$ Are changes to a lower status in work hierarchy, usually the result of negative attitudes</li> <li>\$ May be a transfer from a double room back to a dorm room for a violation of a minor rule.</li> </ul> <p><i>Speaking bans</i></p> <ul style="list-style-type: none"> <li>\$ Are used to interrupt negative communication</li> <li>\$ Require one or more residents to refrain from speaking to certain others for a given period.</li> </ul> <p><i>Losses of privileges</i></p> <ul style="list-style-type: none"> <li>\$ Are commensurate with the severity of the offense and the resident's stage in the program</li> <li>\$ Are effective only if the resident <i>cares</i> about the privilege.</li> </ul> <p><b><i>Interventions for major infractions or serious problems in the community</i></b></p> <p><i>Losses of phase status</i></p> <ul style="list-style-type: none"> <li>\$ Are also called being "shot down"</li> <li>\$ Move the resident back one or more phases in the program.</li> </ul> <p><i>House changes</i></p> <ul style="list-style-type: none"> <li>\$ Involve transferring a resident to another facility</li> <li>\$ May be appropriate when the behavior problem seems specific to a particular facility</li> <li>\$ Are more strategic than punitive</li> <li>\$ May be combined with other disciplinary action.</li> </ul> <p><i>Administrative discharges</i></p> <ul style="list-style-type: none"> <li>\$ From the program occur for violating a cardinal rule, repeatedly violating other rules, or posing a threat to the safety of community residents</li> <li>\$ May include referral to another TC or to a different treatment modality.</li> </ul>	

Community Tools	Notes & Examples
<p><i>House bans</i></p> <ul style="list-style-type: none"> <li>\$ Take away all privileges from all facility residents for a period</li> <li>\$ Are used when negative attitudes are pervasive in the facility</li> <li>\$ Make all residents suffer for the misbehavior of a few</li> <li>\$ Remind every resident of his or her responsibility for maintaining the TC's therapeutic atmosphere.</li> </ul> <p><i>Bench</i></p> <ul style="list-style-type: none"> <li>\$ Typically signifies that a resident is being separated from the community and may be asked to leave</li> <li>\$ Is used when               <ul style="list-style-type: none"> <li>– A resident has violated a serious rule</li> <li>– A resident wants to leave the TC to                   <ul style="list-style-type: none"> <li>o Give him or her a chance to think about his or her decision</li> <li>o Separate him or her from the community at a time when he or she may have a negative effect on others</li> </ul> </li> <li>– A resident seems dangerously angry or agitated, as a timeout</li> <li>– A resident needs to be separated from the community for his or her or others' safety for any reason.</li> </ul> </li> </ul> <p><i>Relating booth</i></p> <ul style="list-style-type: none"> <li>\$ Is a desk with two chairs in a TC common area</li> <li>\$ Requires a resident who has committed an infraction to sit in one chair for a period and talk to another resident who reviews the person's behavior or attitudes and reminds the person of the concepts of recovery and right living</li> <li>\$ May require an "intercessor" or mediator to ensure that the communication is open and healthy</li> <li>\$ Also is used to train residents in positive interpersonal skills.</li> </ul>	

**Resource Sheet #8-2: Sample Intervention Form**

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Name of the resident	
Date	
Behavior to be changed	
Description of the intervention	
Rationale: Clinical/therapeutic value	
Outcome: What happened	
Resident's comments about the reason for the intervention and the outcome	

## Resource Sheet #8-3: Exercise—Community Tools

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### Instructions

Discuss the following questions for each scenario. Refer to Resource Sheet #8-1 for a review of community tools.

- What tool do you think should be used?
- Who uses the tool—peer or staff member?
- How will the resident benefit from the intervention?
- Explain your decision in terms of the TC views of the disorder, the person, recovery, and right living.
- How will the community benefit from the intervention?

### Scenarios

#### Scenario 1

Ron has been in the program for 3 weeks. He has kitchen cleanup duty, and he has not put the cookware away correctly. Sam is a staff member and sees what Ron has done. What should Sam do?

#### Scenario 2

Andrea, a staff member, sees Rae, a resident, sleeping during a group meeting. What should Andrea do?

The next day Andrea again sees Rae sleeping in a group meeting. What should Andrea do?

On the third day, Rae answers Andrea in a hostile manner after Andrea asks her a simple question. What should Andrea do?

#### Scenario 3

Linda has been in treatment for 2 months. She has difficulty waking up on time and is typically late for breakfast. Her peers have spoken to her and have challenged her in encounter group. She says she wants to get up on time but is just too tired. She says she is “not a morning person.” What would you, as her counselor, do?

#### Scenario 4

Linda continues to oversleep almost every morning. She has been given both oral and written pullups, but she has not changed her behavior. In addition, she is increasingly late to seminars and meetings. Her counselor is frustrated and comes to you, her supervisor, for advice. What would you do?

**Scenario 5**

Samantha was given oral pullups about her continued unwillingness to perform her commissary job functions. She blames others for her problem. The other residents of the commissary have submitted written pullups about Samantha's performance. As her counselor, what would you do?

**Scenario 6**

Daniel has been in treatment for 9 months. He accompanied a junior resident out on a pass and allowed him to deviate from the conditions of the pass. Daniel did not report this deviation on returning to the program. The junior resident reported the deviation 3 days later out of feelings of guilt. Once confronted, Daniel acknowledged the deviation. You are the director of the TC. What would you do?

## Resource Sheet #8-4: Group Process Tools

Group process tools are used to

- Stimulate emotional reactions and self-disclosure
- Break down denial and increase self-awareness
- Promote participation in the group process
- Demonstrate and practice responsible concern for self and others.

Provocative Tools	Evocative Tools
<p><i>Controlled hostility or anger:</i> Expressing angry feelings to intensify awareness.</p> <p><i>Engrossment:</i> Exaggerating behavior to penetrate denial.</p> <p><i>Humor or mild ridicule:</i> Promoting laughter so residents recognize their false social images, prejudices, and stereotypes.</p>	<p><i>Identification:</i> A feeling of relatedness between two people who have had a common experience and share similar feelings. Identification is demonstrated when residents express that they understand the feelings of another resident because they have had a similar experience.</p> <p><i>Compassion:</i> A feeling of concern for a person who is suffering. Compassion is demonstrated when a resident comforts another who is experiencing painful emotions.</p> <p><i>Empathy:</i> The ability to put oneself in another's shoes and convey an understanding of his or her feelings.</p> <p><i>Affirmation:</i> Words and gestures of support, encouragement, and approval to acknowledge residents' efforts to learn and change.</p>
Provocative and Evocative Group Process Tools	
<p><i>Projection:</i> Observing and interpreting behavior based on one's thoughts and feelings.</p> <p><i>Pretend gossip:</i> Talking about a resident as if he or she were not present to provide feedback without direct confrontation.</p> <p><i>Carom shot:</i> Speaking to another resident who has a similar problem with a third resident to avoid direct confrontation with the third resident.</p> <p><i>Lugs:</i> Mildly criticizing to raise awareness without causing a resident to become defensive.</p>	

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

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### Scenario 1

#### Jennifer

Jennifer has been in Phase 1 of Stage II for 3 months and expects to advance to Phase 2. However, she has not followed program rules and has not spoken in encounter groups. Staff members decide to hold her in Phase 1 and provide her with specific behavioral goals to achieve before advancing to the next phase of treatment.

When Jennifer became aware she was being held back, she ran out of the room and told Freda, her counselor, that she wanted to leave. She went to her room to pack her things.

#### Freda

Freda went to Jennifer's room, found her angrily gathering her belongings, and attempted to calm her. Freda explained the decision in terms of the TC views of the disorder, the person, recovery, and right living. To help Jennifer understand the benefits of the decision, Freda scheduled a group meeting with three other residents who also have experienced being held back.

#### Residents

Resident #1 is a new TC resident and expresses compassion.

Resident #2 is a peer and expresses identification.

Resident #3 is a senior resident and expresses empathy.

#### Observer

One participant serves as observer to provide feedback on what went well and what could be changed during the role play.

Begin the role play with Freda explaining the reasons why Jennifer will not advance to Phase 2 of treatment.

## **Scenario 2**

### **Mario**

Mario has been in the TC for 12 months and has been seeking employment actively for 5 weeks. He has submitted numerous applications throughout the city.

Mario interviewed for a position as a front-desk attendant in a hotel and was optimistic that he would get the position. He contacted the hotel after 1 week and found out that he had not been chosen.

### **Ken**

Ken is Mario's counselor. He noticed Mario was upset and asked him what happened. Mario shared his disappointment and frustration with Ken. Ken asked him to share what happened with three other residents who also are looking for work.

### **Residents**

Resident #1 expresses compassion.

Resident #2 expresses identification.

Resident #3 expresses empathy.

### **Observer**

One participant serves as observer to provide feedback on what went well and what could be changed during the role play.

Begin the role play with Mario expressing his disappointment and frustration.

## Resource Sheet #8-6: Mock Encounter Group

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*See Resource Sheet #8-4 to review group process tools.  
Use these tools in the mock encounter group.*

### Mock Encounter Group Seating

- Arrange the chairs in a circle (with no empty seats).
- The person to be confronted sits opposite the person who will confront him or her.
- Residents representing peer strength and residents who have been in the TC for more than 6 months sit next to the person being confronted.
- The facilitator sits in a chair that is equidistant from the confronter and the person being confronted.

### Rules of the Mock Encounter Group

- Do not threaten, verbally attack, or call anyone names.
- Do not help the person being confronted.
- Do not leave the room or engage in side conversations.
- Use language that expresses your true feelings.
- Be completely honest and show responsible concern for all members of the group.

### Mock Encounter Group Phases

#### Confrontation

- The facilitator asks the resident who wrote a slip to state his or her observations and reactions to the resident's behavior (a slip is a written concern a resident has about another resident).
- Encounter group members may provide additional observations.
- Provocative tools are used to focus on the issues and to evoke the feelings of the person being confronted.
- The resident being confronted is expected to listen and respond to his or her peers' comments.
- The confrontation phase is over when the resident acknowledges and accepts the group's reaction to his or her behavior.

#### Conversation

- Encounter group members encourage the resident being confronted to focus on the behavior or attitude being discussed.
- Encounter group members encourage the resident to talk about his or her feelings.
- Encounter group members use evocative tools to deepen the resident's understanding of the problem.

- The conversation phase is over when the resident displays an understanding of the confrontation. He or she will
  - Label his or her feelings
  - State his or her self-defeating pattern of behavior or attitude
  - Ask for help in making personal changes.

### **Closure**

- Encounter group members provide positive encouragement, feedback, suggestions, and support to the resident being confronted.
- Suggestions are given to help the resident learn how to enact positive changes.
- Encounter group members speak with warmth, support, and affirmation to balance the first two phases.
- The closure phase is over when the resident makes a commitment to change and states what he or she will do differently.

### **Role of the Staff Person**

- Supervise the preparation and selection of residents.
- Facilitate the process (if this is the practice in your TC).
- Observe the process and residents' reactions and behaviors.
- Obtain feedback from other staff members and/or senior residents if you had to be absent from the group.
- Decide whether and when emergency intervention is required.

### **After an Encounter Group Session**

- It is important for the entire TC to participate in 30 minutes of socializing (snacks are provided) to continue the closure phase of supporting, affirming, and encouraging residents to change their behaviors and attitudes.
- Senior peer role models reach out to residents who may be upset about their experience.

### **Scenarios**

#### **Scenario 1: Demonstration**

Lou is 22 years old and has been a TC resident for 2 months. He is assigned to the kitchen crew. For the past 2 weeks, Joe has pulled him up on a daily basis for sitting down during kitchen cleanup. His behavior has not changed, and Joe has written a slip about Lou that Joe reads at the beginning of the encounter group.

The role play begins when Joe says to Lou: “Lou, I am concerned about you. I have asked you every day to help with kitchen cleanup, but you ignore me. I am worried about you because you don't seem to be participating. You are sitting down when everyone else is still working.”

Other crewmembers state their observations, explain their frustration because Lou is not doing his work, and express their concern for him.

Participants who are experienced TC staff members play Lou and Joe. They demonstrate the encounter group process of confrontation, conversation, and closure.

The facilitator, played by the trainer

- Arranges the seating
- Begins the mock encounter group by reviewing the rules
- Asks Joe to speak directly to Lou about his behavior
- Leads the group encounter process through the three phases: confrontation, conversation, and closure, using group process tools.

Other participants may participate and use the group process tools listed in Resource Sheet #8-4.

### **Scenario 2: Tanya and Marie**

Tanya is 38 years old. She has been a resident of the TC for 5 months and is assigned to be an expeditor. This is the second TC she has been in. She dropped out of the first program 4 years ago, relapsed within 6 weeks, and started using crack cocaine again. Marie also has been in the TC for 5 months and is the head of the kitchen department.

The role play begins when Marie says to Tanya: “Tanya, you have been dropping hints that you don’t think you need to complete the program and that it is time to leave. I am concerned about you and worried that you will start using drugs again. When you say you are going to leave, I feel that you don’t care about us and that you are thinking only about yourself.”

Other residents state their observations, explain how Marie’s comments and behavior are affecting them, and express their concern for her.

Participants who are new staff members play Tanya and Maria.

The facilitator

- Arranges the seating
- Begins the mock encounter group by reviewing the rules
- Asks Marie to speak directly to Tanya about her behavior
- Leads the group encounter process through the three phases: confrontation, conversation, and closure, using group process tools.

Other participants may participate and use the group process tools listed in Resource Sheet #8-4.

## Summary of Module 8

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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**

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

\$ 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?