

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

Preparation Checklist

- Review Getting Started (page 9) for preparation information.
- Review Module 10, including Resource Sheet, Summary of Module 10, and Review of Module 10.
- Review the following recommended references:
 - De Leon, George. *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company, Inc., 2000. Chapter 13.
 - Kressel, D.; De Leon, G.; Palij, M.; and Rubin, G. Measuring client clinical progress in therapeutic community treatment: The therapeutic community Client Assessment Inventory, Client Assessment Summary, and Staff Assessment Summary. *Journal of Substance Abuse Treatment* 19(3):267–272, 2000.
- If your TC uses resident assessment tools, bring copies of the tools and briefly discuss objective measures of resident progress.
- No additional materials are needed for Module 10.

Module 10 Goal and Objectives

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

Objectives: Participants who complete Module 10 will be able to

- List the three stages of the TC program and explain how residents progress through each stage
- Describe at least two goals of each stage and phase of the TC program
- Describe at least one benefit to residents of the staged approach to treatment
- Explain decisions to advance a resident through the stages and phases based on the TC views of the disorder, the person, recovery, and right living
- Explain the relationship between TC program stages and phases and the privilege system and state at least one way staff members demonstrate their understanding of this relationship
- Explain the importance of maintaining accurate records and state at least one way staff members fulfill this requirement.

Content and Timeline

Introduction	20 minutes
Presentation: Preprogram Assessment	15 minutes
Presentation: Stages of the TC Program—Overview	10 minutes
Presentation: Stage I, Orientation or Induction	20 minutes
Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage I, Role Play	25 minutes
Break	15 minutes
Presentation: Stage II, Primary Treatment	20 minutes
Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage II	25 minutes
Presentation: Stage III, Reentry	20 minutes
Break	15 minutes
Presentation: Program Completion	20 minutes
Presentation: TCA Staff Competency—Understanding and Promoting Upward Mobility and the Privilege System	10 minutes
Presentation: TCA Staff Competency—Maintaining Accurate Records	20 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 35 minutes

TCC MODULE 10



20 minutes



OH #10-1

Introduction

Distribute and review the Module 10 agenda.

If you are conducting Module 10 as a stand-alone session or if you have just completed presenting Module 9, skip the following Module 9 review.

Review

Ask participants what they remember from Module 9. Ensure that the following topics are reviewed:

- The primary purpose of work in a TC and how work in a TC benefits residents
- How staff members can promote the healing and learning process for residents through work
- The way residents progress through the peer work hierarchy
- The purpose of the structure board
- The rationale for work-related decisions.

Ask participants whether they have any questions or have had any thoughts about Module 9.

Module 10 Goal and Objectives

Ask participants to turn to page PM 10-1 of their Participant's Manuals.

Present the goal and objectives of Module 10.

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

Objectives: Participants who complete Module 10 will be able to

- List the three stages of the TC program and explain how residents progress through each stage
- Describe at least two goals of each stage and phase of the TC program
- Describe at least one benefit to residents of the staged approach to treatment
- Explain decisions to advance a resident through the stages and phases based on the TC views of the disorder, the person, recovery, and right living



TCC MODULE 10

- Explain the relationship between TC program stages and phases and the privilege system and state at least one way staff members demonstrate their understanding of this relationship
- Explain the importance of maintaining accurate records and state at least one way staff members fulfill this requirement.



15 minutes

Presentation: Preprogram Assessment

Explain that no “typical” TC resident exists, that people from all walks of life and all cultures come to TCs, but that in general

- More men than women receive TC treatment.
- The majority of TC residents have had some experience with the criminal justice system.
- Many residents have been referred to TCs as a condition of release from prison or as a result of a court order.
- Many residents have limited education and poor work histories.



OH #10-2

Explain that TCs conduct a preprogram assessment of potential residents, consisting of

- A structured interview, conducted by a clinical staff member
- A medical evaluation, conducted by a TC’s medical staff or a contract physician.

Explain that the structured interview and medical evaluation

- Identify factors that *may* make a person inappropriate for TC treatment, such as
 - Current suicidal thoughts or multiple suicide attempts
 - History of arson
 - Violent behavior
 - Mental disorders that would impede the person’s ability to participate in the TC program
 - Acute physical illness that must be treated before admission
- Identify the person’s need for ongoing psychiatric care, such as medication management
- Assess the person’s need for medically monitored or ambulatory detoxification
- Identify the person’s need for ongoing medical care

TCC MODULE 10

- Obtain information about the person's prior treatment experiences
- Obtain preliminary information about the person's alcohol and drug use
- Obtain preliminary information about a person's social history, including
 - Employment status and history
 - Family and relationship history and current status
 - Legal status
 - Education
- Prepare the person for long-term treatment.

Ask participants whether they know the criteria their TC uses for *not* accepting a person into the program. If they do not, assign finding out as homework.



Refer participants to page PM 10-5, Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages, Part I.

Tell participants that you will use Marcus as an example throughout this module, and ask them to take a few minutes to review the Background and Preprogram Assessment subsections of the case study.

Describe the preprogram assessment process for Marcus as follows:

- Marcus' probation officer ordered him to treatment.
- An appointment was scheduled with a TC intake worker.
- The intake worker gathered specific information to determine whether Marcus has any medical or mental disorders that would prevent him from actively participating in the TC treatment process.

Ask participants whether, according to the case study, any factors in Marcus' history could make him inappropriate for TC treatment. Continue to describe the process as follows:

- The intake worker determined that Marcus did not have exclusionary factors.
- The worker asked Marcus to sign appropriate admission paperwork and permissions for release of information.
- The supervisor of admissions reviewed the intake worker's assessment and authorized the final disposition.
- The supervisor wrote a clinical justification for Marcus' admission.

Ask participants whether the process in their TC differs and, if so, in what ways.

TCC MODULE 10



Invite participants to give their impressions of Marcus as a new TC resident.
Write the responses on newsprint.



10 minutes

Presentation: Stages of the TC Program—Overview

Provide an overview, explaining that

- Treatment in a TC may be divided into three distinct program stages.
- As a resident makes incremental changes in behavior and attitude, he or she progresses to the next program stage.
- A resident may be returned to an earlier stage based on his or her behavior.
- Each stage may have one or more phases.
- The information contained in this module is based on a generic TC with three stages and three phases in Stages II and III.



OH #10-3

Emphasize that the staged approach to treatment allows for gradual progress and change and is guided by the assumption that time must be allowed for residents to

- Practice prosocial behaviors and attitudes
- Experience success or failure through trial and error
- Be supported and guided by the community
- Internalize new behaviors and attitudes and become accustomed to living them on a daily basis.

Explain that a resident progresses through each stage and phase in the following ways:

- The community sets intermediate behavioral goals that are specific for each resident during each stage and phase of the TC program.
- The goals of one stage or phase must be met before a resident can advance to the next stage or phase.
- Residents may request movement to the next stage or phase when they believe the goals of their level have been achieved.
- Residents are expected to show commitment to the TC program and act as if while participating in TC activities.

Discuss decisionmaking and advancement through stages and phases as follows:

- The final decision to move a resident ahead or back is made by staff members, with significant input from the community.

TCC MODULE 10

- Residents may be returned to a previous stage or phase in a stage if their behavior deteriorates and they do not progress.
- Staff members are expected to explain their decisions in terms of the TC views of the disorder, the person, recovery, and right living.

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

Point out that a participant's TC may use different terms for stages and phases, but the underlying concepts should still apply.

If training participants are working in outpatient or very short-term TCs, consider adjusting the following descriptions of program stages and phases.

List the three stages of the TC program as

- Stage I, Orientation or Induction
- Stage II, Primary Treatment (divided into three phases: Phases 1, 2, and 3)
- Stage III, Reentry (divided into three phases: early, middle, and late phases).



OH #10-4



20 minutes

Presentation: Stage I, Orientation or Induction

Explain that Stage I

- Usually lasts 15 to 30 days
- Addresses new residents' initial fears of treatment and motivates them to engage in the treatment process
- Provides critical instruction and guided practice on the
 - Rules and philosophy of the TC
 - Dynamics of the group process
 - Terms used in TC practices.

Explain that in Stage I TC staff members and senior residents

- Role model desired behaviors
- Are available to guide and correct residents.

Explain that Stage I is particularly important in

- *Reducing anxiety and stress for new residents:* Many residents have not been drug or alcohol free for more than a few days at a time and find the

TCC MODULE 10

social and psychological structure and expectations of the program stressful.

- *Preventing dropout:*
 - The risk of residents dropping out of treatment is greatest during the first 15 to 30 days.
 - Although new residents receive much of their orientation from other residents, they have more direct contact with staff members during this stage than during the other two stages.

Identify the following components of Stage I:

- *Learning about program expectations:*
 - Residents learn the expectations of the TC and how they benefit from meeting those expectations.
 - They receive guidance about how to participate and function in the TC.
- *Treatment planning and goal setting:*
 - Staff members and each new resident establish treatment plans and goals.
 - Treatment plans are based on a thorough assessment of the new resident's health, vocational, educational, psychological, and biomedical needs.
- *Introducing the resident to the TC:*
 - Residents are introduced to peers in the facility and are assigned to their rooms.
 - Residents participate in all daily activities, including work, meetings, meals, and recreation, even if their input initially may be limited.
- *Limiting contact with family members:* The TC limits a resident's contact with people outside the facility for a period to avoid distractions or conflicts that could interfere with a resident's adjustment to the new environment and commitment to the TC treatment process.
- *Explaining rules, regulations, and norms:* Senior residents provide orientation to the facility and an explanation of TC rules and regulations.
- *Addressing immediate issues:* The TC addresses new residents' pressing legal, medical, or family support needs and gives immediate assistance to reduce the stress related to crises.

TCC MODULE 10

- *Supportive counseling:* Supportive counseling is provided by peers and staff to address new members' anxiety about the TC process and their roles in the community.

Note that in some TCs

- Residents in Stage I live in a separate facility.
- A resident must take and pass a test on TC rules and expectations before he or she advances to Stage II.

Explain that to meet Stage I goals successfully and to move to Stage II, a resident must demonstrate

- Understanding of TC policies, procedures, philosophy, and expectations
- Trusting relationships with at least some of his or her peers and TC staff members
- An initial understanding of his or her circumstances and the need for support and assistance in recovery
- An understanding of the TC view of substance use disorder as a disorder of the whole person
- A beginning understanding of what is needed for recovery
- A willingness to commit to the recovery process, including agreeing to remain in treatment
- Some self-discipline.

Ask participants how they see community-as-method working in Stage I.



25 minutes



Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage I, Role Play

Ask participants to gather in their small groups.

Suggest that they take their manuals with them.



Refer participants to page PM 10-6, Resource Sheet #10-1: Case Study of Marcus Advancing Through TC Program Stages, Part II. Inform them that they will be using this Resource Sheet again, and ask them to keep it accessible.

Introduce the exercise by explaining that participants will be conducting role-play exercises after discussion of each program stage and that the intent of these exercises is for participants to

TCC MODULE 10

- Practice assessing whether residents have achieved behavioral goals necessary to advance from Stage I to Stage II
- Practice explaining decisions related to advancement.

Ask participants to read the Stage I scenario and to decide who will play each role described on the Resource Sheet.

Instruct participants to conduct the role play according to the instructions on the Resource Sheet.

Allow 20 minutes for the role play.

Ask each “staff member” to

- Summarize the behavioral goals Marcus did or did not achieve
- Explain his or her decision to advance or not to advance Marcus.

Ask each Marcus to comment on his or her experience of the role play.

Ask observers to comment on what they observed.

Ask all participants to comment on how they felt during the exercise.

Thank participants for sharing.



20 minutes

Presentation: Stage II, Primary Treatment

Stage II, Overview

Explain that Stage II

- Lasts from 9 to 12 months (or more), although many TCs today have shorter lengths of stay
- Often is divided into three phases.

Explain that in Stage II

- Residents are expected to increase their participation in TC activities in each phase of treatment and are accountable for their actions by peers and staff members.
- Residents are assigned to increasingly complex jobs and are expected to establish a positive attitude toward work.
- The group process becomes increasingly intense.

TCC MODULE 10

- Seminars focus on an increasingly wider variety of topics and are related to accepting responsibility for behavior, adopting new behaviors, and right living.
- Staff members promote the community-as-method approach and facilitate the self-help and mutual self-help processes.

Note that Stage II clinical interventions, such as family therapy and counseling, may be limited so that they do not impede the community-as-method and self-help and mutual self-help focus of the TC approach.

Note that in some TCs, particularly those for adolescents or residents with co-occurring mental disorders, more clinical services (such as individual and family counseling throughout their stay) are offered.

Explain that in Stage II

- The TC encourages and often requires residents to participate in 12-Step program meetings or attend other support group meetings (such as Self Management and Recovery Training [SMART] or Women for Sobriety [WFS]).
- It is desirable for residents to be introduced to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings held in the TC.
- Participating in AA, NA, or other support group meetings outside the TC is especially important for residents who are in the last two phases of Stage II and may soon leave the TC.

Note that each phase of Stage II has specific goals that residents must achieve before they can advance to the next phase.

Stage II, Phase 1 Goals

Explain that, to meet Phase 1 goals successfully and to move to Phase 2, a resident usually is expected to

- Conform to the rules and procedures of the TC
- Participate consistently in daily activities
- Acknowledge orally the seriousness of his or her substance use and other problems
- Accept increasing responsibility in work assignments.

Stage II, Phase 2 Goals

Explain that, to meet Phase 2 goals successfully and to move to Phase 3, a resident usually is expected to

TCC MODULE 10

- Set a positive example for other residents
- Accept TC staff members as rational authorities
- Accept responsibility for his or her behavior, problems, and solutions
- Cofacilitate group sessions and meetings with senior residents
- Earn increasingly more privileges and hold increasingly responsible jobs in the community.

Stage II, Phase 3 Goals

Explain that, to meet Phase 3 goals successfully and to move to Stage III, a resident usually is expected to

- Be an active participant in group sessions and meetings and frequently cofacilitate groups with other senior residents
- Adopt self-management skills and develop the ability to handle privacy appropriately
- Become involved with school or vocational training
- Develop a positive social network of peers during furloughs
- Become an established role model and provide leadership in the community.



25 minutes



Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage II

Refer to page PM 10-6, Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages, Part II.



Assign each group a Stage II phase scenario, and ask groups to decide who will play each role.

Instruct participants to conduct the role play according to the instructions on the Resource Sheet.

Allow 20 minutes for the role play.

Ask each “staff member” to

- Identify which phase scenario he or she used
- Summarize the behavioral goals Marcus did or did not achieve
- Explain his or her decision to advance or not to advance Marcus to the next phase or stage.

TCC MODULE 10



Ask each Marcus to comment on his or her experience of the role play.

Ask observers to comment on what they observed.

Ask all participants to comment on how they felt during the exercise.

Thank participants for sharing.

Allow 5 minutes for participants to write in their journals. Things they could write about include

- The exercises
- Their thoughts about how a stage-and-phase system benefits residents in their TC.



20 minutes

Presentation: Stage III, Reentry

Note that in Stage III

- Residents are employed or attending school outside the TC.
- Residents prepare to separate from the TC and reenter the mainstream community.
- Residents remain in Stage III for as long as it takes them to complete reentry tasks.

Explain that Stage III can be divided into early, middle, and late reentry phases.

Early Reentry

Explain that in early reentry, residents

- Focus on strengthening their psychological and social skills to prevent relapse after they leave the TC
- Practice their skills under the guidance and protection of the TC
- Work with TC staff members and peers to plan for vocational and educational development
- Develop schedules for meeting specific goals to improve family relationships.

Note that by the end of the early phase of Stage III, residents are expected to have

- Identified and addressed work and relationship difficulties

TCC MODULE 10

- Developed a positive social network outside the TC.

Middle Reentry

Explain that in middle reentry, residents

- Are stable, are doing well outside the TC, and introduce topics to discuss in reentry groups
- Are given more privacy and time away from the facility
- Are more involved in making decisions about future plans and are allowed more flexibility regarding program demands
- Have a deeper understanding of the circumstances and situations that make them vulnerable to relapse
- Have established a supportive social network of family and peers in mainstream society.

Note that by the end of the middle phase of Stage III, residents are expected to be able to

- Manage recreation and leisure time
- Perform daily living skills, such as money management, parenting, and health maintenance.

Late Reentry

Explain that in late reentry (sometimes called continuing care) TC members

- Are living on their own, outside the TC facility, with peers who also are in reentry or with family members or significant others
- Have full-time employment or are going to school
- Are decreasing gradually their participation in the TC program as they continue to practice and use in the larger society what they have learned
- Are working with TC staff to make long-range plans.

Note that by the end of the late phase of Stage III, residents are expected to maintain abstinence outside the facility and cope with social situations and feelings that could trigger drug or alcohol use.



20 minutes

Presentation: Program Completion

Explain that residents who successfully complete all stages of the program are eligible for graduation. These TC members

TCC MODULE 10



OH #10-5

- Have remained alcohol and drug free
- Are employed or are in school or a training program
- Have resolved or are in good standing regarding their legal problems
- Have resolved most of their practical problems, like housing, health, and family estrangement
- Accept that they need to continue to work on particular problem areas and on themselves in general
- May have a regular therapist
- Are attending AA, NA, or other community support group meetings regularly
- Are committed firmly to continued abstinence.

Explain that the TC encourages those who complete the program to continue some sort of involvement with the TC that provides both

- Continuing support for the graduate
- Role modeling for new TC residents.

Emphasize that graduation ceremonies in TCs are important events that both mark the success of the graduate and offer hope for success to other TC residents.

Ask participants to talk about the graduation ceremonies they have attended, both as graduates and as attendees. Note that these ceremonies can be TC related or not. Ask them

- As a graduate, how did you feel about the ceremony?
- What were some of the important elements of the ceremony?
- What was it like to attend someone else's graduation ceremony?



Note some of the responses on newsprint.



Refer participants to page PM 10-10, Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages. Part III.

Suggest that participants read about Marcus in Stage III reentry at their leisure.



10 minutes

Presentation: TCA Staff Competency—Understanding and Promoting Upward Mobility and the Privilege System

Explain the relationship between upward movement through the TC program stages and the privilege system as follows:

TCC MODULE 10



OH #10-6

- Privileges are explicit rewards for residents who advance through the stages and the phases of treatment of the TC program.
- Advancing to the next stage or phase is perceived as a privilege in the TC.
- The privilege system teaches residents that rewards are based on earning, not entitlement.

List the following ways staff members can demonstrate their understanding of the relationship between the privilege system and program stages:

- Explain to residents the reason for the restriction or removal of a privilege as it relates to their stage and phase of treatment.
- Acknowledge earned rewards or privileges in house meetings where the whole community can share in the recognition of achievement.
- Use advancement to the next program stage or phase of treatment to give an appropriate reward for prosocial behavior and attitude change.

Ask participants for other ideas.



20 minutes



OH #10-7

Presentation: TCA Staff Competency—Maintaining Accurate Records

Point out the following recordkeeping requirements:

- Most States require TCs to have written goals and objectives that address residents' problems and strengths.
- Case records must contain relevant information from referral sources and other relevant stakeholders (with residents' written consent).
- Staff members must complete the necessary release of information forms and comply with Federal regulations for confidentiality.
- The treatment plan and progress notes must reflect the entire treatment process, from intake and assessment through discharge.
- The treatment plan must reflect accurately individualized treatment goals based on the assessment and the resident's input.
- Treatment plans must be updated on a regular basis.
- Progress notes must reflect accurately the resident's progress in achieving the treatment goals.
- Nonclinical staff members must provide feedback on residents' behaviors and attitudes. This feedback helps clinical staff members maintain accurate records.

Ask participants to provide examples of

TCC MODULE 10



- Good recordkeeping practices
- Poor recordkeeping practices.

Write on newsprint examples of good recordkeeping practices.



20 minutes



Summary and Review

Review the topics presented in this module.

Ask participants to gather in their small groups.

Refer participants to page PM 10-11, Summary of Module 10.

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

Refer participants to page PM 10-13, Review of Module 10.

Instruct participants to work with their small groups to answer the questions on Review of Module 10. Explain that this review is a way for participants to assess and consolidate their learning.

Allow 10 minutes for the small-group review.

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



20 minutes



OH #10-8



Journal Writing and Wrapup

Journals

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

- How comfortable am I making decisions about a resident's movement from stage to stage and phase to phase?
- How competent am I at recordkeeping? In what ways could I improve?

Wrapup

Wrap up the session by asking participants whether they have any questions or would like to share their thoughts and feelings about Module 10 or the training in general. Note that participants may say anything on their minds.

TCC MODULE 10

Allow time for participants to respond.

Conduct one of the following completion activities:

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



OH #10-9

Pework for Module 11: How Residents Change in a TC

Ask participants to

- Read and complete Resource Sheet #11-1: The Process of Self-Change and Internalization
- Read Resource Sheet #11-2: Case Study of Marcus as a Role Model.

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

Part I: Preprogram Assessment

Background

Marcus is a 38-year-old high school dropout. He has three children from two different women and has never married. He stays in contact with his oldest child, 20-year-old son, Jamal, but he never sees his two daughters, ages 18 and 16. Marcus grew up in a household with eight children and his mother, who constantly criticized him and his siblings.

Marcus has had menial jobs for a few months at a time, but he usually was fired for being late and verbally abusive to his supervisor. Taking drugs, selling drugs, and stealing have been his way of life since he was 17 years old and dropped out of school. Marcus has been arrested for drug-related activities eight times over the past 20 years. He is addicted to crack cocaine, uses sedative drugs to “come down,” and drinks heavily. Marcus has not been abstinent for longer than a few months at a time. He lives with several friends who also have substance use disorders.

In the last 7 years Marcus has entered TC residential treatment three times and dropped out each time. His pattern has been to leave treatment within the first 60 days and to relapse into old substance use and petty theft. Eight months ago, Marcus left an outpatient program before completing it because he was unwilling to comply with the rules of the program, a violation of his probation agreement. At an appointment with his probation officer (PO), the PO told Marcus that this time he must complete a TC program and stay abstinent or he will go to prison for 2 years.

Preprogram Assessment

Marcus' PO makes the formal referral to the TC but does not accompany him to the intake interview. When asked the first question, Marcus replies that he has given up on himself but will give treatment another shot to avoid prison. His defeatist attitude is evident. He has a negative view of TCs and recovery and displays a tough guy image during the intake interview. When the intake worker asks Marcus a question, his response is, “You have that information. My PO sent it to you in his report.”

Marcus eventually cooperates and gives the information required to determine his eligibility for the TC program and signs a release of information form allowing the TC to report to his PO. The intake worker's report is sent to the supervisor of admissions. The intake worker calls the PO to notify him of the disposition.

Are there any factors in Marcus' history that make him inappropriate for TC treatment?

Part II: Role Plays

Instructions for Role Plays

In your small group, choose participants to play each of the following roles. These roles will be used in *all* scenarios. Participants can switch roles for each scenario:

Marcus: Is requesting a move to the next program stage or phase of treatment. Marcus provides a summary of his accomplishments and rationale for why he should be advanced. Within the general outline of the role play, feel free to improvise.

A staff member: Asks questions to determine whether Marcus has achieved the goals for each stage of the program or treatment phase. The staff member explains his or her decision to Marcus in terms of the TC views of the disorder, the person, recovery, and right living.

A peer role model: Supports Marcus and helps him identify his strengths and challenges.

A facilitator/timekeeper: Keep tracks of time and ensures each person contributes to the role play.

An observer: Observes the small-group dynamics and, at the end, comments on it.

Each small group has 20 minutes for the role play.

Scenarios

Stage I scenario

Marcus believes that he knows everything about the TC because he has been in three other TC programs. As he enters his first orientation session, Marcus says, "I know the rules; I've been through this before." He believes that the staff members and senior residents conducting the orientation do not have anything to teach him. During the first 10 days he complains to staff daily about being put through induction. He is defiant in orientation sessions. When a senior staff member reprimands Marcus for being critical in the orientation sessions, for walking out, and for overall lack of cooperation, Marcus says, "I know you are trying to help me, but I already know this stuff."

Over time, Marcus begins to participate more appropriately in the orientation sessions and listens even though he believes this program will be no different from his past TC experiences. He still makes it clear that he does not want to be in the TC, but he does not want to go to jail. He says, "Maybe I just have to follow the rules and do what everyone tells me."

Marcus makes friends with Eddie, a Stage II resident, who also comes from a large family and has the same ethnic background. Marcus also makes friends with Cheree, a new resident, who is very optimistic about being in the TC. Marcus asks Eddie for help: "I really don't know what they want from me; just keep telling me what I need to do over and over again if you have to."

Marcus also states in group, “This is my last chance. If I don’t finish this program, I’m going to jail. I would rather follow the rules for the next 6 months than go there.”

When Marcus has been in treatment for 30 days, he requests advancement to Stage II.

Stage I Goals

To meet Stage I goals successfully and to move to Stage II, a resident demonstrates

- Understanding of TC policies, procedures, philosophy, and expectations
- Trusting relationships with at least some of his or her peers and TC staff members
- An initial understanding of his or her circumstances and need for support and assistance in recovery
- An understanding of the TC view of substance use disorder as a disorder of the whole person
- A beginning understanding of what is needed for recovery
- A willingness to commit to the recovery process, including agreeing to remain in treatment
- Some self-discipline.

Stage II, Phase 1 scenario

In Stage II, Marcus continues to have a negative attitude and is unwilling to engage fully in the treatment process. He has been late to meetings, seminars, and group sessions. He has been called into the coordinator’s office because peers have reported that he constantly complains. He is confronted in encounter group sessions for this behavior but remains emotionally unreachable and refuses to acknowledge that complaining is self-defeating. He repeatedly says, “Nobody understands what I’m going through. It’s hard for someone my age to start life from scratch. Nobody in this program has it as tough as me. I may be better off in prison than to hear all of you criticizing me all the time.” Marcus personalizes constructive criticism and wants sympathy and pity from his peers. He dwells in the past by indulging in self-pity about his life circumstances and refuses to acknowledge complaints and feedback about his behavior.

Over time, and with learning experiences and encounters, Marcus begins to make some changes. He responds to his peers during encounter groups and says what he feels, instead of staying silent and nodding his head in agreement. He can state what is expected of him, but he still complains that nobody really understands what he is going through.

Marcus begins to acknowledge his difficulty with being confronted and hearing criticism. He says, “I hate hearing this stuff from you. I feel like I felt when my mother was calling me stupid.” He starts to listen to comments about his behavior in the encounter group and occasionally acknowledges the feedback. He also makes considerable improvement in being punctual and is on time to each meeting, seminar, and encounter group session.

When Marcus has been in Phase 1 of Stage II for about 3 months, he requests advancement to Phase 2.

Stage II, Phase 1 Goals

To meet Phase 1 goals successfully and to move to Phase 2, a resident usually is expected to

- Conform to the rules and procedures of the TC
- Participate consistently in daily activities
- Acknowledge orally the seriousness of his or her substance use and other problems
- Accept increasing responsibility in work assignments.

Stage II, Phase 2 scenario

During Phase 2 Marcus demonstrates behaviors that are consistent with a middle phase role model. He reaches out to new residents struggling with issues of recovery and gives them positive and constructive feedback whenever possible. He helps new residents assigned to his crew.

Marcus seems to be developing a sense of responsibility and responsible concern toward himself and others, which is most evident when he cofacilitates encounter sessions, morning meetings, and seminars. He is open to constructive criticism and confrontation in his encounter sessions and has learned to be respectful of authority figures.

Marcus shares his thoughts and feelings in each group session. Although he occasionally lapses back into self-pity, he usually catches himself when complaining or being defensive during encounter groups and apologizes for his reaction. Marcus helps new residents assigned to his crew.

When Marcus has been in Phase 2 for 2 months, he asks to be advanced to Phase 3.

Stage II, Phase 2 Goals

To meet Phase 2 goals successfully and to move to Phase 3, a resident usually is expected to

- Set a positive example for other residents
- Accept TC staff members as rational authorities
- Accept responsibility for his or her behavior, problems, and solutions
- Cofacilitate group sessions and meetings with senior residents
- Earn increasingly more privileges and hold increasingly responsible jobs in the community.

Stage II, Phase 3 scenario

In Phase 3, Marcus is given the responsibility of being chief expeditor and is learning how to give directions and receive supervision. Marcus cofacilitates encounter group sessions, morning

meetings, and seminars for Phase 2 residents. Gradually, Marcus practices leadership skills and realizes that he can lead a productive life.

While on a visit to his brother's house, Marcus spent some time with an old using buddy, saying that he was "bored with watching TV"; his friend stopped by and asked him to hang out for a while. He admits this in a group and talks about how he was tempted to use drugs with his friend, "just that once," but did not. He expresses some frustration and anger that he cannot be with his old friends, some of whom he has known since he was a child. Group members confront him about his behavior. Although Marcus listens, he does not respond and isolates himself from the community for a few days.

Over time, and with repeated feedback from his peers, he begins to participate in the community again and acknowledges that he knows his peers are "true friends" and are looking out for him.

Marcus begins to express hope in group sessions and speaks with enthusiasm about getting a job and being successful in his recovery outside the TC. He is in the process of completing his general equivalency diploma (GED) and looks forward to continuing his education by applying for admission to a trade school.

When Marcus has been in Phase 3 of Stage II for 3 months, he asks to be advanced to Stage III, reentry.

Stage II, Phase 3 Goals

To meet Phase 3 goals successfully and to move to Stage III, a resident usually is expected to

- Be an active participant in group sessions and meetings and frequently cofacilitate groups with other senior residents
- Adopt self-management skills and develop the ability to handle privacy appropriately
- Become involved with school or vocational training
- Develop a positive social network of peers during furloughs
- Become an established role model and provide leadership in the community.

Part III: Marcus in Stage III and Program Completion

Marcus has been in treatment for 9 months. His attitude significantly improved in Stage II. He struggled, but with the support of his peers and program staff, he became engaged in the treatment process. He learned why he was unsuccessful in his past treatment experiences and the steps he needs to take to prevent relapse when he returns to the community.

Marcus not only learned how to help himself, he also became a positive role model in the community. He now helps new residents in the program and gives them positive and constructive feedback.

Marcus is very proud that he has advanced to Stage III of the program, where he will continue to practice leadership skills. He has experienced many achievements while in the TC that have been validated by his peers and staff member feedback. He realizes that he can lead a productive, prosocial lifestyle.

Marcus maintains a highly structured schedule of school, work, and TC activities. He has reconnected with his children and visits them regularly. Marcus completed his GED, is enrolled in a trade school, and is working at a part-time job. He is planning to move into an apartment with another resident who is also in reentry. Marcus has been attending NA meetings in the local community and has a sponsor. He is active in his home group and has led several meetings.

Marcus says that he and his brothers talk about their experience growing up with a mother who was constantly critical of them but that he now understands that he must take responsibility for himself and his success outside the TC.

Marcus applies and is approved for graduation from the TC. He will be moving out of the TC soon and will attend the program's spring graduation ceremony.

Typical Criteria for TC Graduation

Residents who have completed the TC program successfully and are eligible for graduation

- Have remained alcohol and drug free
- Are employed or are in school or a training program
- Have resolved or are in good standing regarding their legal problems
- Have resolved most of their practical problems, like housing, health, and family estrangement
- Accept that they need to continue to work on particular problem areas and on themselves in general
- Have a regular therapist, if necessary
- Are attending NA or AA meetings regularly
- Are committed firmly to continued abstinence.

Summary of Module 10

Preprogram Assessment

TCs conduct a preprogram assessment of potential residents, consisting of a structured interview conducted by a clinical staff member and a medical evaluation conducted by the TC's medical staff or a contract physician.

The structured interview and medical evaluation

- Identify factors that *may* make a person inappropriate for TC treatment, such as
 - Current suicidal thoughts or multiple suicide attempts
 - History of arson
 - Violent behavior
 - Mental disorders that would impede the person's ability to participate in the TC program
 - Acute physical illness that must be treated before admission
- Identify the person's need for ongoing psychiatric care, such as medication management
- Assess the person's need for medical or ambulatory detoxification
- Identify the person's need for ongoing medical care
- Obtain information about the person's prior treatment experiences
- Obtain preliminary information about the person's alcohol and drug use
- Obtain preliminary information about a person's social history, including
 - Employment status and history
 - Family and relationship history and current status
 - Legal status
 - Education
- Prepare the person for long-term treatment.

Stages and Phases

Treatment in a TC is divided into several distinct levels that can be called program stages and phases of treatment. As a resident makes incremental changes in behavior and attitude, he or she progresses to the next program stage or treatment phase. The information contained in this module is based on a generic TC. Participants' TCs may use different terms for stages and phases, but the underlying concepts should still apply.

The three stages of most TC programs include

- Stage I, Orientation or Induction
- Stage II, Primary Treatment (divided into Phases 1, 2, and 3)
- Stage III, Reentry (divided into early, middle, and late reentry phases).

The community sets intermediate behavioral goals for residents during each stage of the TC program (see Resource Sheet #10-1 for lists of goals). The goals of one stage must be met before a resident can advance to the next stage. Residents may request movement to the next stage of the program or phase of treatment when they believe the goals of their current stage or phase have been achieved. The final decision to advance a resident is made by staff members, with significant input from other residents in the community. Residents may be returned to a previous stage or phase if their behavior deteriorates and they do not progress. A TC staff member makes this decision with community input.

Residents benefit from the staged approach to treatment because it is gradual and allows time for residents to

- Practice prosocial behaviors and attitudes
- Experience success or failure through trial and error
- Be supported and guided by the community
- Internalize new behaviors and attitudes and become accustomed to living them on a daily basis.

TCA Staff Competency—Understanding and Promoting Upward Mobility and the Privilege System

Privileges are explicit rewards for residents who advance through the stages of the TC program and the phases of treatment. The privilege system teaches residents that rewards are based on earning, not entitlement.

TCA Staff Competency—Maintaining Accurate Records

It is critical that residents' records adequately reflect the treatment process, from intake and assessment through discharge. Residents' records are used to communicate relevant information with referral sources and other relevant stakeholders (with residents' written consent).

Review of Module 10

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

- List the three stages of the TC program and explain how residents progress through each stage?
- Describe at least two goals of each stage of the TC program?
- Describe at least one benefit to residents of the staged approach to treatment?
- Explain decisions to advance a resident through the stages based on the TC views of the disorder, the person, recovery, and right living?
- Explain the relationship between TC program stages and the privilege system and state at least one way staff members demonstrate their understanding of this relationship?
- Explain the importance of maintaining accurate records and state at least one way staff members fulfill this requirement?