

Module 7: Staff Roles and Rational Authority

Module 7 Goal and Objectives

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

Objectives: Participants who complete Module 7 will be able to

- Identify at least three roles, behaviors, or attitudes that are expected of all TC staff members
- Define how staff members serve as role models and describe one way staff members can demonstrate how to serve as positive role models
- Explain at least two reasons why it is important for staff members to act as rational authorities
- Describe at least two ways staff members can make and communicate decisions to demonstrate rational authority
- Explain the reason for a decision in terms of the TC views of the disorder, the person, recovery, and right living
- State at least one reason why a staff member may choose not to communicate a decision immediately to a resident
- Describe two ways staff members can discourage a we–they dichotomy in their TC
- Identify at least four ways TC staff members can take care of themselves.

Content and Timeline

Introduction	20 minutes
Presentation: Expectations of All TC Staff Members	60 minutes
Presentation: TCA Staff Competency—Understanding and Practicing Positive Role Modeling	10 minutes
Exercise: Authority Figures in Your Life	30 minutes
Break	15 minutes
Presentation: Rational Authority	60 minutes
Exercise: Case Study of Veronica	90 minutes
Lunch Break	45 minutes
Presentation: Promoting Residents’ Use of Community for Learning	20 minutes
Exercise: Role Play of Rational Authority	20 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding and Discouraging the Concept of the We–They Dichotomy	10 minutes
Presentation: Taking Good Care of Yourself	30 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	7 hours, 45 minutes

Slides	Notes
 <p data-bbox="444 428 618 468">Module 7</p> <p data-bbox="337 529 727 558">Staff Roles and Rational Authority</p> <p data-bbox="217 688 581 751"> U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov</p> <p data-bbox="805 772 846 789">OH #7-1</p>	
 <p data-bbox="399 905 646 934">TC Staff Members</p> <p data-bbox="233 1033 472 1062">All TC staff members</p> <ul data-bbox="233 1079 769 1150" style="list-style-type: none">• Play important roles in the treatment process• Are considered integral members of the TC <p data-bbox="805 1293 846 1310">OH #7-2</p>	
 <p data-bbox="367 1453 683 1482">TCA Staff Competency</p> <p data-bbox="386 1558 662 1621">Staff members serve as positive role models.</p> <p data-bbox="805 1810 846 1827">OH #7-3</p>	

Slides	Notes		
 <p>Exercise: Authority Figures in Your Life</p> <p>Think about</p> <ul style="list-style-type: none"> • Someone who was a positive authority figure in your life • What you learned from this person • The characteristics that describe this person <p style="text-align: right;"><small>OH #7 -4</small></p>			
 <p>Staff Members as Rational Authorities</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">Program Management Staff</p> <p>Make decisions related to</p> <ul style="list-style-type: none"> • Resident status • Discipline • Promotions • Transfers and discharges • Furloughs • Treatment planning </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">Program Support Staff</p> <ul style="list-style-type: none"> • Make decisions related to their area of expertise • Support the clinical decisions of the program management staff </td> </tr> </table> <p style="text-align: right;"><small>OH #7 -5</small></p>	<p style="text-align: center;">Program Management Staff</p> <p>Make decisions related to</p> <ul style="list-style-type: none"> • Resident status • Discipline • Promotions • Transfers and discharges • Furloughs • Treatment planning 	<p style="text-align: center;">Program Support Staff</p> <ul style="list-style-type: none"> • Make decisions related to their area of expertise • Support the clinical decisions of the program management staff 	
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 <p>Staff Members as Rational Authorities</p> <p>Staff members establish themselves as rational authorities by the way they make, communicate, and follow up on decisions.</p> <p style="text-align: right;"><small>OH #7 -6</small></p>			

Slides	Notes
 <p data-bbox="363 386 688 420">TCA Staff Competency</p> <p data-bbox="254 422 800 483">Understanding and discouraging the concept of the we–they dichotomy</p> <ul data-bbox="232 520 711 737" style="list-style-type: none">• Adhere to community rules• Participate in meals and activities• Demonstrate respect for residents• Be open to confrontation from residents• Be willing to listen and learn <p data-bbox="802 772 846 787">OH #7-7</p>	
 <p data-bbox="328 900 724 934">Journal Writing and Wrapup</p> <ul data-bbox="232 1005 808 1178" style="list-style-type: none">• What was the most useful information you gained from this module?• What do you think is the most difficult part of your role as a TC staff member and/or a rational authority? <p data-bbox="802 1287 846 1302">OH #7-8</p>	
 <p data-bbox="375 1419 677 1453">Pework for Module 8</p> <ul data-bbox="232 1522 784 1646" style="list-style-type: none">• Resource Sheet #8-1: Community Tools• Resource Sheet #8-4: Group Process Tools• Resource Sheet #8-6: Mock Encounter Group <p data-bbox="802 1801 846 1816">OH #7-9</p>	

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

The primary obligation of all staff members is to ensure the quality of services to clients in treatment. The relationship between staff members and the client is a special one, and it is essential that staff members have both the maturity and the ability to handle the responsibility entrusted to them.

All staff members must be aware that they are part of a profession that must carefully watch over its own activities and those of its clients. This Code of Ethics relates to staff at all times, both at and away from their work.

Behavior Toward Clients

Staff Members Must:

1. Conduct themselves as mature and positive role models.
2. Maintain all client information in the strictest confidence with regard to all applicable laws and agency rules.
3. Provide all residents with a copy of the residents' Bill of Rights and ensure that all aspects are understood and implemented by both the staff and the clients.
4. Respect all clients by maintaining a nonpossessive, nonpunitive, and professional relationship with them.
5. Provide service regardless of race, creed, religion, gender, national origin, sexual preference, age, disability, political affiliation, previous criminal record, or financial status, respecting the position of clients in special circumstances.
6. Recognize that the best interest of the client may be served by referring or releasing that person to another agency or professional.
7. Prohibit any sexual relationship of any kind between staff and clients (and clients' families).
8. Compensate adequately a client for any work performed personally for a staff member.
9. Prevent the exploitation of a client for personal gain.

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Resource Sheet #7-2: WFTC's Standards for Residential Treatment Services A Model Bill of Rights for Members and Clients

All members and clients of residential treatment programs have the absolute right to the following:

1. A supportive drug-free environment.
2. Treatment without regard to gender, race, national origin, color, creed, political affiliation, sexual orientation, marital status, religion, ancestry, identity, age, military or veteran status, mental and physical disabilities, medical conditions, previous criminal record, or public assistance status.
3. Dignity, respect, health, and safety at all times.
4. Knowledge of the program philosophy and methods.
5. Information given accurately of all the current rules and regulations of the program as well as the sanctions, disciplinary measures, or any modification of rights.
6. Access to a Board-approved grievance procedure to register complaints about the administration of all rules and regulations, sanctions, disciplinary measures, and modification of rights.
7. Definition of all fees and costs to be charged, the method and schedules of payment, and the availability of money and personal property during the program and on leaving.
8. Confidentiality of information regarding participation in the program and of all treatment records in accordance with the laws of the land.
9. Examination of personal records with Board-approved guidelines and the reinsertion of counterstatement of clarification to rebut recorded information.
10. Discharge of themselves from the program at any time without physical and psychological harassment.
11. Personal communication with relatives or friends of whereabouts on admission and thereafter according to the rules of the program except when prohibited as a documented part of the treatment plan.
12. Protection from real or threatened corporal punishment; from physical, emotional, and sexual abuse; and from involuntary physical confinement.
13. Provision of nutritious food, safe and adequate lodging, physical exercise, and adequate personal hygiene needs.
14. Medical care from qualified practitioners and the right to refuse the medical care offered.
15. Access to legal advice or representation where required.
16. Regular contact with any child accompanying the member into the program.
17. Clear definition of responsibilities when working in the position of staff member together with adequate training, adequate staff support, and supervision (including evaluation and feedback), with no exploitation and the right to decline the position without any recrimination.
18. Guidance and assistance when leaving the program for any reason, about other health care and assessment services, sources of financial aid, and places of residence.

19. Freedom from exploitation (including parents and family) for the benefit of the agency or its staff.

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Resource Sheet #7-3: Case Study of Veronica

Review questions 1 through 8 at the end of this case study. Be prepared to discuss these questions in your small group.

Background

Veronica is a 32-year-old woman who has been a TC resident for 4 months. Veronica's parents were heavy drinkers and smoked marijuana in her presence throughout her childhood and adolescence. They believed that they provided a loving family environment for Veronica and her siblings.

When Veronica was 10 years old she began taking sips of alcohol. By the time she was 13, she had experimented with cigarettes and marijuana with peers. At age 15, cigarettes, alcohol, and marijuana use had become an integral part of her lifestyle. At age 19, she started using crack cocaine. By the time she was 25, Veronica was psychologically and emotionally dependent on crack.

Veronica usually had a job but did not stay longer than 1 year at any single place. All her peers smoked, drank alcohol, and used drugs. She had several roommates for approximately a year at a time and stayed with her parents when she had nowhere else to live. When she was between ages 25 and 32, Veronica's parents increasingly became concerned about her substance use and lack of ability to hold down a job or to live with someone for more than a year. Conflicts and arguments between them increased, and Veronica felt they were trying to tell her how she should live her life.

During her last stay at home, Veronica was out of work and in debt. Her parents noticed that she was stealing from them. They finally realized her drug use was out of control after an episode in the emergency room when Veronica experienced a severe drug-induced asthma attack. Veronica's parents learned about the TC from friends. Her parents gave her an ultimatum and said they would no longer allow her to live with them or help her financially until she received treatment for her drug use. Veronica acquiesced and entered a residential TC when she was 32.

Initial 3 Months in the TC

From the beginning, Veronica had difficulty with TC staff members and was critical of TC concepts. She was assigned to the kitchen crew and was defiant toward her crew leader and would not follow directions on assignments. She would loiter in the lounge and engage other residents in complaining about the menial work they had to do.

Senior residents and staff members spoke with Veronica and emphasized that "to make it, you have to learn to do things you don't want to do; eventually you'll get what you want." She was encouraged to "act as if" and told that would help her recover and go through the program more quickly. After being spoken to by senior residents several times and being reported, Veronica finally appeared to be accepting the TC methods and concepts of right living. In reality, she had

become only less vocal and had decided to pretend to go along because she wanted to leave the TC.

Veronica typically overreacted to staff decisions and started to cry when she thought she was treated unfairly. Staff members observed that she demanded an immediate explanation when a request from her was refused. To help Veronica cope with her tendency to blame others for her problems and her demand for immediate answers, staff members decided to withhold explanations for their decisions for 1 week and asked her to discuss her feelings in a group session. Staff members clearly and compassionately explained why they were withholding the explanation and what they expected of her. Veronica gradually began to follow directions and usually did an adequate job.

Promotion

Veronica was promoted to assistant department head; however, her problems and issues with authority reemerged within 4 days. She constantly argued with the department head and supervisory staff. She complained about staff members and the department head to her crewmembers.

When her department head became aware of the problem, it was viewed as a natural growth issue and not a threat to her well-being, her crewmembers, or the psychological safety of community members. Veronica was asked to speak with other members of the community who could serve as role models. She was encouraged to work on her interpersonal skills and to talk to the most positive people in the community to hear about ways they were working through similar situations. In group meetings Veronica was encouraged to vent her anger; community members let her know they had confidence in her ability to learn and believed in her potential to succeed.

As Veronica's department head, role models, and staff members reached out to her, she became more defiant. In encounter group sessions, Veronica said that the problem was that the department head did not know how to run the kitchen. She felt that this person was a poor teacher and leader.

Senior staff members and appropriate members of the peer hierarchy, as part of the process of establishing themselves as trustworthy and rational authorities, investigated Veronica's complaints. Community members were asked to give feedback on how Veronica was progressing. As a result of the investigation and community feedback, it was determined that Veronica's department head was indeed using the tools of the program and Veronica was not being honest. Veronica was asked to stop talking negatively about the department head and to discuss her past work experiences and supervisors in her group sessions.

Veronica's negativity continued. She would not discuss her situation in the appropriate group sessions and continued to complain about her supervisor to peers in the dorms and in the lounge area. She continually received reprimands, which she perceived as unfair.

Decision To Demote

After 2 weeks, senior staff members decided that Veronica should not remain in a leadership position. Her behavioral patterns were undermining her recovery and the health of the community. Staff members decided that she must be removed as assistant department head. She was reassigned as an entry crewmember.

A senior staff member and a senior resident informed Veronica of this decision. As they told Veronica of their decision, they provided specific examples of how her negativity was affecting new residents. Two new residents asked to leave her crew and wanted to leave the TC because they believed Veronica when she said the department head was not competent.

The senior resident and staff member also calmly, compassionately, and firmly said that they expected her to work on accepting constructive feedback from group members, positive role models, and her supervisors. They expected her to give constructive feedback to others when she had a specific complaint. She would not be allowed to loiter in the lounge area. All her conversations with peers were to be focused on her self-growth and development.

The senior resident and staff member also prepared Veronica to discuss her demotion at the evening house meeting. The purpose of the announcement at the house meeting was to enhance and encourage community learning and to maintain a healthy healing environment. Community members were expected to support Veronica and help her achieve her goals.

Results

Veronica spent 2 weeks as an entry-level crewmember. During this period she participated in all TC groups and started to see the behavior pattern that had been established in her at a very young age. She learned how this behavior pattern was preventing her from keeping a good job and finding compatible roommates. She gradually became less defensive and her externalization of the causes of her behavior diminished. Veronica started to reveal past work situations and discuss issues that had impeded her ability to function in a prosocial way. She became receptive to constructive criticism, feedback, and appropriate self-disclosure. Veronica began to complete her work assignments without complaint and even offered to help others on occasion. She began to give feedback and to confront other members.

She began to demonstrate that she could “walk the walk” and, with humility, “talk the talk.”

On the job, Veronica spoke to crewmembers within a positive context. She reached out to staff members and peers in charge of the crew whenever she felt distressed. She began to develop a pattern of openness toward authority figures. She demonstrated over a 2-week period that she was trustworthy and felt better about herself and others when she was able to cooperate with her peers and supervisors.

New Job and Expectations

After 2 weeks, Veronica was promoted to her new job as an expediter. She is expected to demonstrate that she grew as a result of her recent learning experience. She is challenged in her new position because she is an authority figure and is held accountable for reporting other residents' rule violations. She is expected to confront her peers' negative behavior and write reports on everything she observes. She has to act in accord with TC concepts and be a role model. She has continual contact with her supervisors. Eventually, even with a few setbacks, Veronica will overcome her mistrust of authority figures.

Questions

Use Resource Sheet #7-4: Guide to Rational Decisionmaking as you answer the questions. Make notes on this page, and highlight relevant passages in the case study.

1. The main issue being highlighted in this case study is Veronica's mistrust of authority figures. What behavior does she display?
2. How do the staff members establish themselves as rational authorities by the way they make decisions?
3. How do the staff members establish themselves as rational authorities by the way they communicate decisions?
4. What are examples of staff followup of decisions that were made?
5. How do staff members express empathy and demonstrate compassion for Veronica?
6. How would you explain the reasons for the decision to demote Veronica? Explain this decision in terms of the TC views of the disorder, the person, recovery, and right living (see Summary of Module 3, PM 3-10, for the TC views).
7. How does Veronica benefit from her demotion and subsequent promotion?
8. How is community-as-method used in this case?

Resource Sheet #7-4: Guide to Rational Decisionmaking

Staff members establish themselves as rational authorities by the way they make, communicate, and follow up on decisions.

Making Rational Decisions

When staff members make decisions, the intent must be to

- Protect the TC healing environment
- Promote the community-as-method approach
- Further the self-help and mutual self-help learning processes
- Teach, guide, and correct residents' behavior
- Encourage and support residents in their personal growth and development
- Serve as role models of rational decisionmaking, helping residents learn from staff members how to become rational authorities in their own lives—in work and with their families.

A rational decision is

- Made in response to a specific action and serves a specific purpose
- Grounded in the TC views of the disorder, the person, recovery, and right living
- Not arbitrarily or unequally administered.

Communicating Rational Decisions

The way in which a decision is communicated is as important as the decision itself. In communicating a decision, staff as rational authorities must

- Consider whether privacy is needed to communicate a decision or whether a group meeting is appropriate
- Prepare the resident; if a decision about a resident will be announced at a group meeting, notify the resident in advance
- Demonstrate self-control and not make or communicate a decision while reacting to a negative situation
- Explain the clinical reason for the decision, how the behavior problem is related to recovery, and how the intervention is related to the problem
- Express clearly and compassionately what behaviors and attitudes are expected of residents.

At times staff as rational authorities may not explain a decision immediately to a resident. This postponement may be used to give a resident practice in delaying gratification and tolerating uncertainty and, primarily, move a resident to a higher level of interaction and connection with the community.

Referring a resident to the community for an explanation of a staff decision can be effective because

- In exploring the situation with peers, a resident can gain a deeper understanding of the reasons for the staff corrective.
- If residents know they will get the same answer from their peers as they would have from staff members, they receive a strong message about the fairness of and need for the decision.
- The community offers positive peer support.
- The peer community reinforces proper behavior because residents remind one another of the consequences of inappropriate behavior.
- When peers provide an explanation for a decision—whether based on their experiences or understanding of how the community operates—the message may be more effective than if delivered by staff members.
- The peers' explanation reinforces the intended message for all peers and enhances the general perception of the community as teacher.
- The peers' explanation can foster development of blind faith as a basis for learning trust—gaining information from the peer community that helps a resident eventually understand that the staff member's decision reinforces trust in both the community and the rational authority of staff.

When the reason for withholding an explanation is to help a resident establish a stronger connection with the peer community, *all* staff members must support the learning experience.

Following Up on Rational Decisions

Emphasize that rational authorities always follow up on their decisions because

- Following up on decisions helps ensure that the resident understands and accepts the decision.
- Failure to follow up and follow through weakens morale and undermines the integrity of the TC treatment process.
- By seeing a model of rational followup, residents learn to follow through on their own work assignments and goals.

It is important to remember that the decisionmaking process in the TC is not perfect and can serve as an example for residents of how staff members and other authority figures are human and make mistakes. When TC staff members handle mistakes openly, residents can learn to cope with less than ideal situations in their lives.

Resource Sheet #7-5: Scenario of Self-Help and Mutual Self-Help

Danielle has been a resident of a TC for approximately 1 month and has had a difficult time communicating with the community and staff about the negative behavior of others. Night staff members reported that Danielle allowed her roommate, Shayna, to break the rules (bringing food into the room from the commissary, staying up past lights out) and did not tell anyone.

Staff members decided to restrict Shayna's phone privileges and also to restrict Danielle's phone privileges. Danielle is angry and upset because she does not understand why she is being held accountable for the behavior of her roommate. She thinks the decision is unfair because she did not break a rule. Also, she is angry because staff members suggested that she discuss the decision with a senior resident.

Staff members instruct Danielle to talk with Veronica who has been in the TC for 6 months. When Danielle talks with Veronica, Veronica tells her that the same thing happened to her 3 months ago. They talk for a while, after which Danielle understands her responsibility in holding her peers accountable for their negative behavior.

Why did staff members *not* explain the decision directly to Danielle and ask her to talk with a senior resident instead?

Why did staff members ask Danielle to speak with Veronica?

Resource Sheet #7-6: Role Play of Rational Authority

Instructions

Review Summary of Module 3, PM 3-10, and Resource Sheet #7-1.

The person playing the staff member should choose one of the three scenarios below.

Role play the scenario, incorporating the following:

- As the staff member, give the resident at least four reasons for the decision. Explain the decision in terms of the TC views of the disorder, the person, recovery, and right living.
- Follow the guidelines for effectively communicating the decision.

Scenarios

Scenario 1: Denial of a Job

Timothy is at the stage in the program where he is seeking outside employment. His employment history is erratic. He receives an offer to work as a busboy in a popular nightclub. It is an entry-level job that pays minimum wage, but Timothy is excited about working in an environment where he may meet the performers. The staff member denies Timothy's request to take this job. Timothy is angry and believes that the staff member is preventing his return to the community.

Begin the role play with the staff member informing Timothy that he may not accept the job offer in the nightclub.

The role of the person playing Timothy is to listen to the explanation and respond to questions, if asked.

Scenario 2: Denial of Overnight Stay

Jasmine has been in treatment for 10 months. She has tried to follow the rules of the program during her stay. She has advanced through treatment fairly quickly and is progressing toward her treatment goals. Jasmine has completed 40 half- and full-day supervised visits with her family.

She submits a pass for an overnight stay with her family, and it is approved. On the Thursday before her weekend pass, drugs and alcohol are found in the community room. No one admits to bringing the drugs into the community. As a consequence, the staff closes the house down and cancels all social functions and passes. Jasmine is extremely disappointed and cannot understand why she has to be punished for the actions of another resident.

Begin the role play with the staff member informing Jasmine that she may not visit her family this weekend.

The role of the person playing Jasmine is to listen to the explanation and respond to questions, if asked.

Scenario 3: Denial of Advancement

Marco has been in treatment for 3 months. He has been very quiet during his stay in treatment. He has not gotten into trouble or behaved inappropriately; however, he has not used the group processes to talk about himself or the behaviors that brought him into the program. Most of the other residents would say that Marco is nice but that they did not know much about him. Staff members and residents have not confronted Marco about his lack of self-disclosure.

Marco is due to move to the next phase of treatment. He expects to be advanced because he has not caused any trouble. He is surprised and disappointed to find out that he is being held back. He does not understand what he is doing wrong.

Begin the role play with the staff member informing Marco that he will not be advanced.

The role of the person playing Marco is to listen to the explanation and respond to questions, if asked.

Resource Sheet #7-7: Taking Good Care of Yourself

Residents bring many serious issues and difficult behaviors to treatment. As a result, you may experience many emotions, both positive and negative, in the course of a day. Listening to residents' problems and feelings may bring up difficult thoughts and feelings in your own life. Burnout (emotional and physical fatigue resulting from stress) can occur when the difficulties and stress of work begin to interfere with your personal life.

The following suggestions may help you take the best possible care of yourself:

Physical Health

- Eat well to maintain high energy and avoid illness.
- Consume fresh fruits and vegetables daily.
- Avoid prepared and fast foods that are high in sodium, sugar, and fat.
- Exercise regularly.

Rest and Relaxation

- Set aside time to rest and relax.
- Take regular vacations.
- Develop interests, hobbies, and friendships away from work.

Healthy Boundaries

- Keep work and personal lives as separate as possible. You should not spend your free time at the TC.
- Maintain clear boundaries with residents. You are not at the TC to be a resident's "friend" or personal "savior."
- Do not "hang out" with residents after hours.
 - Sharing stories from your life and even just joking around after hours or during your workday can blur boundary lines, which can confuse residents.
 - Residents may start to see you as a friend rather than a rational authority; this could lead to a resident's expecting special treatment, an unhealthy situation for both of you.
- If you are a member of a 12-Step program,
 - Do not attend meetings that residents or former residents attend.
 - If you do find yourself at a meeting with residents, do not share personal issues at the meeting. If you need to talk, pull someone aside after the meeting or call your sponsor.
 - Attend "counselor only" meetings that are not listed in directories.

Personal Support System

- Be aware that your own recovery or personal growth issues can affect your work.
- Develop and use a personal support system away from work. This may consist of friends, family, religious affiliation, your partner, or a 12-Step program.
- If needed, seek therapy to cope with personal issues and keep them separate from work; check whether your TC offers an employee assistance program.
- Do not work in isolation. Working with a treatment team offers great support.
- Discuss your feelings and issues with others who are working in similar situations. Sharing with others in a similar situation lowers stress level and helps keep an objective perspective.
- Learn to recognize when you need help, and ask for it.
- Work closely with your supervisor; be open about any difficulties you are having.

Questions

What do you do now to take care of yourself?

What additional things could you do to take good care of yourself?

Summary of Module 7

Expectations of All TC Staff Members

Although the essential therapeutic relationship in the TC is the residents' relationship to the peer community, *all* TC staff members, regardless of their job function, play important roles in the treatment process and are considered integral members of the community.

Staff members are expected to

- Promote community-as-method and support self-help and mutual self-help
- Teach, inspire, and correct
- Support positive goals and planning through counseling
- Ensure the highest quality treatment possible and residents' safety
- Develop their own self-awareness and continue to grow personally and professionally
- Serve as role models and demonstrate the principles of recovery and right living.

TCA Staff Competency—Understanding and Practicing Positive Role Modeling

Staff members can serve as positive role models by

- Admitting to the community when they do not know something or have made a mistake
- Following the same standards the residents are expected to follow, such as
 - Not cursing
 - Being on time for appointments
 - Doing what is asked even when they do not wish to
 - Being courteous and polite
 - Keeping commitments
 - Demonstrating pride in their work.

Rational Authority

Staff members also serve as role models of *rational authority*. Residents learn from staff members how to become rational authorities in their own lives—at work and with their families.

When staff members establish themselves as consistent, trustworthy, and compassionate rational authority figures, residents can

- Explore and then begin to overcome fear, distrust, disappointment, and anger they have felt toward authority figures
- Accept teaching and guidance to correct self-destructive behaviors and attitudes.

Staff members establish themselves as rational authorities by the way they make, communicate, and follow up on decisions (see Resource Sheet #7-4: Guide to Rational Decisionmaking).

TCA Staff Competency—Understanding and Discouraging the Concept of the We–They Dichotomy

Although the TC has a hierarchical communication system and work structure, it is also a horizontal or flat system; everyone is considered a member of the TC. Staff members have professional expertise and ultimate responsibility for the functioning of the community, but they must be careful not to stress the difference in status between staff members and residents. Any behavior by a staff member that makes a client feel “less than” is unacceptable in the TC.

Staff members can discourage a we–they dichotomy by

- Adhering to the same rules residents must follow
- Participating in meals and activities with residents, not as buddies but as trustworthy and rational authority figures
- Demonstrating respect for the views, talents, and capabilities of residents
- Being open to confrontation from residents in an appropriate group format (often known as “hats off”)
- Being willing to listen to, learn from, and acknowledge a resident who provides constructive feedback.

Staff Self-Care

Working in a TC is rewarding but difficult work. Residents bring serious issues and difficult behaviors to treatment. Staff members may experience many emotions, both positive and negative, in the course of a day.

Listening to residents’ problems and feelings may bring up difficult thoughts and feelings in the staff members’ past or present lives. When the difficulties and stress of work begin to interfere with their personal and family lives, staff members can suffer from burnout (emotional and physical fatigue because of stress).

It is important that TC staff members realize the demands made on them and find positive ways to maintain their well-being and cope with stress (see Resource Sheet #7-7).

Review of Module 7

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

- State at least three expectations of all TC staff members?
- Define staff members as role models and describe one way staff members can demonstrate how to serve as a positive role model?
- Give at least two reasons why it is important for staff members to act as rational authorities?
- Describe at least two ways staff members can make and communicate decisions to demonstrate rational authority?
- Explain the reason for a decision based on the TC views of the disorder, the person, recovery, and right living?
- State at least one reason why a staff member may not communicate a decision immediately to a resident?
- Describe two ways staff members can discourage a we–they dichotomy in their TC?
- Identify at least four ways TC staff members can take care of themselves?