

Introduction to the Therapeutic Community

The reasons you are in the therapeutic setting are many. Your problems will not fit into one neat category. By the time a person gets to the Department of Correction, they have had years of conditioning, backed up with generations of cultural and family dysfunction. The word dysfunction has its roots in Greek; (dys) meaning faulty, (function) relating to actions. Your thinking processes have been “geared” to help you get away from the reality of your life/pain and with all the self-justification it needed. People learn how to get along with “worldly” problems by choosing certain solutions to those problems. What is seen as a right solution at the moment can be an open door to a wrong long-term solution. The time has come to rethink your personal solutions because they got you here in prison.

The TC offers a multi-dimensional program to deal with your disordered lifestyle. All problems have solutions and yours are no different. TC offers the tools of recovery that have helped millions. The tools will do no good unless you actually pick them up and use them for yourself.

You can have no real worth of self until you face your worst fears and learn to work through them. This takes help and you have to be real enough to accept it.

Your actions got you to this point. You cannot just will away a long-term behavior process. It takes education, guidance, open-mindedness, honesty, and different actions in a different direction.

We can assess that some similarities are happening with everyone here. Biologically speaking, there is a difference in the way your physical self handles the world around you. Either by the genetics you inherited or by changes through stress/trauma. Thoughts arise from brain/body chemistry need and the environment shapes personality; this is true for every human being. When your system is threatened it reacts and becomes conditioned to what you see as an answer. If this answer is alcohol or drugs, then at this point further changes will occur; and not for the better. They alter mood, physical actions, and how you see the world, all of which are not long lasting, just momentary, illusions with possible long-term consequences. If anger is how you feel, it shows in negative behaviors, although, you may not see it for what it is and constantly it clouds the thinking process, because it is deep-rooted and powerful. It appears that your problems are physical, mental and emotional.

The methods we use here are tried and true, but it will take your cooperation. “**Commitment to Change**” points out problems in the faulty thinking process you have acquired. Relapse Prevention (Maintenance Obstacles) goes deeper into why people fall back into self-destructive life patterns associated with substance abuse and chronic criminal behaviors. Rational Emotive Behavior Therapy is a series on the “feeling” states that lead the person to go further into their sickness and ways to “see” this for yourself. **Criminal and Addictive Thinking** shows how to put more order in your life and acquired skills that you practice “daily” forever.

It is the “Big Picture” of life and the structures for you to re-program your deep-rooted negative thinking processes.

Confrontational encounter group setting is to address the psychological and sociological personality. You cannot change without change. If you keep the same course that you have set, the outcome will get worse on you. Your character is reflected in every thought you have; every action you take.

At this moment you are deciding your future. What action you take is up to you; no single person or situation will make you change. Talk is cheap and you have learned to lie professionally to everyone, including yourself.

All of these courses are interactive and will help with the flow of change. If you are tired of hurting, try our outline; the only real threat to you is you. Let the community of suffering people become the community of recovering people, helping each other to achieve a level of coping and living skills that it has never had before. Yours is a progressive disorder and the prescription to order is progressive, not immediate. Better actions daily. You are known by your actions and this reflects how you really think and feel. Keep it simple. The practice of better actions will make it better, not perfect, but good enough to continue to get better.

You have spent your life so far trying to make everybody and everything go your way. This is an impossible and childish response. Childhood decisions need to be re-evaluated now that you are an adult. Life is life and it doesn't respond to what you want as a general rule. Life has a principle to keep the “Big Order” going on and if you are not participating in the flow order it will eliminate you by different methods. It is time you got over your childish ego and begin living life instead of merely existing in it. It does appear that there is such a thing as mercy or you wouldn't still be alive, although we can only guess at where this redeeming quality comes from. The time is

upon you to become grateful to just be alive and begin working on your bio/psycho/social disorder.

Biological = physical/physiological

Psychological = thinking/emotional

Sociological = cultural/traditional

Roger Cameron CCS, CADC

Administrator Substance Abuse Programs

Arkansas Department of Correction

CSATP/TC Treatment Program

Treatment offered by CSATP is multi-dimensional. It incorporates the cognitive behavioral treatment methods, the CENAPS (Centers for Applied Sciences) Relapse Prevention model of treatment, and various psychological treatment methods and approaches. Treatment includes, but is not limited to, group therapy, individual counseling, didactic education classes, role play and exercises, group interaction, community interaction, peer confrontation, peer recommended sanctions, written class assignments, and homework.

The TC Philosophy

What is the TC Philosophy? Change is a personal choice that may be achieved through personal responsibility, commitment, and effort.

What is the meaning of this Philosophy? It is possible for each client to make the necessary change in their life in order to become healthy, productive citizens in society. In order to do so, there must be on the part of the individual the desire to change old lifestyles and a willingness for the increased self-awareness and self-discipline necessary to develop and maintain these changes indicated by a lack of resistance to the treatment process.

Why is there a Philosophy? It serves to focus both staff and client resources and efforts on a common purpose and channel those energies along therapeutic guidelines towards a definite program goal: On the part of the client increased self-awareness and self-discipline.

What is the overall concept of the TC program? Provide a structural environment with constant attention to negative behavior change, socially acceptable rules as the norm, acceptance of personal responsibility for their individual actions and positive peer modeling. This type environment for the special population (i.e., criminal) makes treatment gains a reality instead of just another program.

The Diseases of Chemical Dependence and Criminal Personality Disorders

The Therapeutic Community understands the problems of chemical dependence and criminal personality disorder to be a dual one, and thus discusses the two-fold nature of the problem. In this context, the Therapeutic Community looks at chemical dependence as being a symptom of the criminal personality disorder. However, the very nature of the disease of chemical dependence presents important treatment issues that require direct attention and resolution for the successful and continued recovery of the individual. These include the fact that it is chronic, progressive, and fatal, creating the concern that the use of most psychoactive substances can be life threatening.

By reason of its nature, chemical dependence represents a primary physical, as well as psychological and social disorder. To assist the individual in an honest self appraisal of the extent of the progress of the disease, certain key indicators have been shown to constitute the basis for an assessment of chemical dependence - these include: an increasing amount of time spent in the pursuit and/or consumption of the substance; an increase in tolerance, or the need to use more of the substance to achieve the desired effect (or requiring less of the substance to get the same effect); adverse consequences being experienced by the individual in the physical, psychological, and social areas of their life; the experience of withdrawal as the result of not having the substance; and the onset of denial. The Therapeutic Community views chemical dependence as a biopsychosocial disorder that results from and affects factors associated with all areas of the individual's life. In the biological context, there is the acknowledged effect of the mood/mind altering substances on the brain chemistry, structure, and functioning. The disease of chemical

dependence may best be explained by the way that the psychoactive substances actually alter brain structure as the result of continued and habitual chemical use.

From a psychological standpoint, chemical dependence may be understood as an inappropriate expression of the individual in an effort to cope with many of the underlying factors that support onset of the disease; and that solution (the chemical use), itself, becoming a problem as the result of the inherent nature of the disease. The social or environmental aspects - including peer influences, economic deprivation, and perceived social injustice or inequities - lend themselves to the maintenance and reinforcement of the disease through the development of the defense mechanisms (including denial) to support and/or continue use. Because the use of psychoactive substances negatively affect the individual's ability to make the appropriate life choices that support right actions and appropriate behavior, the achievement of successful recovery and a return to a non-criminal lifestyle cannot be achieved with the continued use of drugs of abuse.

The Therapeutic Community also views the criminal personality as a disease of primary concern, it being the result of individual biopsychosocial traits and factors that support the antisocial thinking and inappropriate behavior that was begun by the individual as a method to cope with psychological pain and to achieve certain needs; and then maintained in order to avoid continued discomfort (pain).

The Therapeutic Community has identified several pre-dispositions and traits as supporting the onset and development of the criminal personality disorder. Inclusive of these are biological predispositions for sensation seeking or risk taking, poor impulse control, rigidity or concrete thinking, and an insensitiveness to others. Some psychological traits may include a negative self-concept, feelings of hopelessness and helplessness, the need for control, a lack of trust, the need for immediate gratification, and a sense of entitlement. Social traits may include perceptions of uniqueness, tendencies to rationalize and/or justify inappropriate behavior, and/or the denial of inappropriate behavior.

Because the thinking precedes the action, the successful treatment and change in criminal thinking and behavior towards a more prosocial belief/value system is necessary for the individual to be able to live successfully in society without a return to antisocial criminal behavior.

Recognizing the community itself as the main treatment tool to effect the goals of the program, the Therapeutic Community utilizes a process of community interaction including verbal and written pull-ups, and community imposed sanctions to encourage increased self-awareness and increased self-discipline, in order to promote in the individual a sense of personal responsibility and accountability that supports the development of a more prosocial belief/value system. It is believed that as a result of better consequences enjoyed through the exercise of self-control, the individual will develop a healthier sense of self (increased self-esteem), and thereby stimulate the process for change.

Minimum program goals include participation in all program activities and compliance with all program rules and regulations. Minimum individual goals should include the achievement of increased self-control and thereby reduce inappropriate behavior. Optimum individual and program goals are achieved through an increased self-awareness by the individual (recognition and resolution of underlying/unresolved issues) that permit the exercise of thinking and behavior that promotes the prosocial belief and value changes that support continued non-criminal behavior. This process may be described as a "psychic change," "intuitive experience/awakening," "personality change," and/or "working a program of recovery."

What is a Therapeutic Community?

Therapeutic Community (TC) is a long-term approach (minimum of 9 months) to substance abuse treatment, which employs recovering peer role models as well as trained, professional counselors. This treatment model assumes that substance abuse and criminal behavior are manifestations of severe alienation of self and society and, by living in a community with a variety of intense interventions, individuals can learn to internalize prosocial behaviors. In the "TC" inmates learn to work and live together to better their lives.

Alcohol adversely affects the life of 1 in 10 people who use it. This means it has become a biopsychosocial condition known as alcoholism. This figure does not include those addicted to drugs other than alcohol, whether illegal or prescribed. A person is considered to be chemically dependent when use of alcohol and other mind altering drugs cause ANY continuing problems in a personal, social, or economic way and yet the individual is UNABLE to stop using.

Chemical dependency is a disease. A disease doesn't go away by itself, by just good intentions, or by

ignoring it. A disease is primary, with a pathology that becomes chronically progressive. While it will progress at varied rates, it will cut short the life of the victim. Primary diseases cannot be cured, they can be treated and, hopefully, go into a remissive state.

In the TC, we will address all aspects of this biopsychosocial condition and make the inmate aware of what has to be done. Treatment response in a positive way will increase the more positive outcome. Inmates in this treatment setting are considered to be “clients” of the community, all at different levels of recovery.

Criminal behavior is considered to be antisocial in nature and relapses back into this behavior follow certain cues, triggers, and situations. Treatment for this certainly co-exists with patterns of chemical relapses.

Clients/citizens are expected to use treatment methods and follow the rules of the institution and the TC. If a client shows that he will not respond to the rules of conduct and therapy, **clinical staff** MAY DECIDE to terminate their treatment, place them into Phase 1 until improvement occurs, or retain them in the current phase, thus delaying graduation. (Example: If anger is identified as a personality problem and the client repeatedly continues to display this inappropriate behavior, in spite of help/assistance from others, it will be assumed that he isn't working a personal program of recovery, which is the goal of the treatment process).

“TC” is a multi-phase treatment offering an array of therapeutic services over a minimum nine (9) months period.

Therapeutic Community Program Participation

Please be informed that TC is a primary job assignment. Inmates assigned to TC, in many cases, must satisfactorily complete the program prior to their release from prison. And in most cases, those inmates have been transferred to the Unit for the sole purpose to complete the TC program.

Class and scheduled activities attendance is not an option in TC. The satisfactory completion of the TC program requires full attendance in either the AM or PM program schedule as assigned by the Unit Classification Committee as well as any other scheduled program activities. Any other unit job is secondary to participation in the scheduled assigned program block (either AM or PM).

Failure to attend the scheduled program activities for the assigned block is in violation of program rules and regulations, and may result in dismissal from the program, delay in program completion, or other sanctions appropriate for the violation.

An absence from a program activity may be excused only through TC program staff **and will have to be made up**. The responsibility to obtain approval for any such absence is on the client showing a need, and the failure to do so may subject the client to sanctions for violating program rules and regulations.

CSATP/TC for inmates lasts for a **minimum** of 9 months. After completion of Orientation (1-Month Full time TC) clients will be assigned to CSATP for one-half day and to a unit job assignment the other one-half day.

NON-PROGRAM CLIENT ACTIVITY

The goal of TC treatment is to encourage any prosocial activities and the program will continue this policy. However, attendance in scheduled Therapeutic Community program activities is an integral part of the treatment process and participation contract. **It is a client's responsibility to be in attendance when Therapeutic Community program activities are scheduled and to make it back from any non-program activity in time for TC meetings or activities.**

Attendance at scheduled denominational Religious services is a program excused activity; attendance at chapel/religious services that are held in the evenings is allowed, as long as the client attending is able to return in time for scheduled program activities. According to existing scheduling, this should not create a problem. If a special denomination activity is scheduled that conflicts with program activity a request to attend should be addressed to staff and treatment time will be made up.

ADC and unit policy provides for scheduled daily recreation/gym call for the entire unit population. Participation in recreational/sports activities beyond these calls (for example, tournaments, etc.,) that conflict with scheduled program activities is the sole responsibility of the client.

Any participation in non-program events that conflict with scheduled TC program activities may be non-compliance with the therapeutic process and treatment.

Introduction To Treatment

This program provides intensive treatment and will require intensive effort. CSATP will provide the client with the skills, coping mechanisms and the support system necessary to become a whole person again. It will be up to the client to utilize these. While in treatment, the client's ability to master these concepts will be continuously assessed by the CSATP Professional Staff and the Peer Elders/Mentors. Therefore, clients are under observation and inappropriate behavior may be confronted twenty-four (24) hours a day, seven (7) days a week, whether inside or outside of the treatment unit/barracks.

Phase 1: Pre-Treatment Orientation

Those clients who show a willingness to participate will move to Phase II and those who are not serious about treatment will be discharged per clinical staffing. Phase 1 will also be used as re-orientation for the Comprehensive Substance Abuse Treatment Program (CSATP) participants who experience problems later in their program, getting into disciplinary problems or other behaviors that show the need for re-orientation. This phase lasts a minimum of thirty (30) days and must be successfully completed before moving on to Phase II. A Primary Counselor will consider all factors when making this decision on each client.

Expectations for Orientation Phase Residents (Phase 1)

1. Be on time for all groups and activities.
2. Stay well groomed at all time.
3. All assigned homework to be turned in on time (no excuses).
4. Be open and honest.
5. Follow the lines of communication.
6. Perform duties to the best of your abilities.
7. Follow all rules of the institution and the program.
8. Study the Handbook.
9. Accept the responsibility exercised by the Peer Hierarchy and the Community Hierarchy.
10. Complete T.C.U. Mapping Orientation Packet
11. Write a two (2)-page essay on "Why Am I Here?"
12. Pass Orientation phase, final test on what has been taught in classes and from the handbook (Rules Test).
13. Perform a ten (10) minute one-to-one with all clients in the barracks.

Criteria For Advancement To Phase II

1. Complete a minimum of thirty- (30) days in Phase 1.
2. Complete all classes, seminars and videos indicated on the Orientation Checklist.
3. Pass rules test.
4. Complete daily homework.
5. Complete T.C.U. Mapping Orientation Packet
6. Essay on "Why Am I Here?" (Minimum 2 pages)
7. Complete ten (10) minute one-to-one with all clients in the barracks.
8. Life story completed.

NOTE: Clients may be extended in Phase I and the program any days missed towards completing 30 days in the Phase.

Phase II: Self-Development

This phase lasts approximately five (5) months. Primary focus will be on dealing with addiction/substance issues and faulty thinking associated with criminal behavior. Successful completion of this phase will depend upon the client meeting goals and objectives of the comprehensive treatment plan and overall participation in the program activities. A Primary Counselor decides completion success for advancement to Phase III.

Phase II: Expectations

1. Be on time for all groups and activities and actively participate in them.
2. Meet the goals and objectives set forth in your comprehensive treatment plan.

3. Give a 10-minute seminar that includes (1) "My Faulty Thinking" and (2) "Values Clarification."
4. Follow the rules of both the Encounter and Support Groups. Participation is very important.
5. All homework is to be turned in on time (no excuses).
6. Complete an essay on "Who I Am and What Do I Want?"
7. Assigned job role involvement in good standing.
8. Perform your institutional work assignment one-half day (AM or PM) to the best of your ability, as this will be an important part of your adjustment to appropriate work ethics.

Criteria for Advancement to Phase III

1. Complete all classes, lectures and videos.
2. Display discipline, responsibility for actions and impulse management.
3. Participate in all group settings and activities.
4. Goals and objectives of your treatment plan met.
5. Homework completed and turned in on time (no excuses).
6. Essay and seminars/lectures done.
7. Assigned job role involvement to be in good standing.

Phase III: Transition

This phase lasts a minimum of 90 days. Primary focus will be on relapse issues, thinking restructuring, values clarification, positive cognitive restructuring (PCR), and personality development. Also parenting, parole, educational/vocational, and family issues will be given attention in this phase.

Regular clinical staffings will be ongoing and treatment extensions may be issued to clients who are determined by staff to need this therapeutic method.

Phase III: Therapeutic Community Relapse Intervention

1. Clients will demonstrate at all times prompt attention to taking responsibility for their actions (following rules and regulations).
2. Will display knowledge from previous phases and act on this knowledge.
3. Interact in a positive way in group settings. Mature thinking will be expected as appropriate actions follow.
4. Having **EARNED** this status, client will model for Phase I and Phase II clients proper attitude, thinking and actions. As peer role leaders, you will be called upon to speak and interact for the good order of the Therapeutic Community.
5. **Successful completion of the program will be noted to the Post Prison Transfer Board (Parole Board).**
6. All treatment homework will be completed and turned in on time (no excuses).
7. If relapses in thinking/actions display evidence of old behaviors, **the individual will be clinically staffed and may result in Refocus or discharge from the program.**

Criteria for Graduation from Phase III

1. Demonstration of self-improvement in all areas.
2. Display positive mental attitude.
3. Participation in personal program of change (attitude and actions).
4. Acceptance of self and others.
5. Daily display of ability to follow rules without being constantly reminded.
6. **ACTIVE** group participation.
7. All assignments completed and turned in.
8. Class II or above and 60 days Major Disciplinary Free.
9. A "Good" clinical assessment for both Progress and Participation on the Pre-Grad clinical staffing.

Note: All areas indicated above will be observed and noted in the Client's file by Staff. Failure to achieve criteria for Graduation from Phase III will result in program extension.

Client Rights

While in CSATP every client has the same rights as any other inmate within the Department of Correction. For those concerns see the Department of Correction Inmate Handbook.

Client Bill of Rights

1. Clients have the right to be treated with dignity and respect.
2. Clients have the right to receive treatment without regard to race, creed, or sexual preference.
3. Clients have the right to be informed in writing upon entering the program of all existing rules, regulations, sanctions, disciplinary measures and modification of rights; and to be informed of any changes or amendments to these.
4. Clients have the right to register complaints about the administration of rules, regulations, disciplinary measures and modification of rights through the client grievance process.
5. Clients have the right to have any information regarding their identification and participation in the program treated in accordance with all local, state and federal confidentiality laws.
6. Clients have the right to have all their religious beliefs respected.

Client Complaint Resolution Procedure

The following procedure are in no way intended to circumvent, discount, or take the place of the Grievance Procedure that has been established in the Arkansas Department of Correction Administrative Directive 12-16. Unit Management policy should be followed.

NOTE: The DBHS IS NOT A PART OF THE ADC GRIEVANCE PROCESS AND GRIEVANCES ON AN ADC CHEMICAL DEPENDENCE PROGRAM SHOULD NOT BE ADDRESSED TO DBHS .

The complaint procedure outlined below is designed as a successful therapeutic means of handling client problems that occur during day treatment clinical groups. If problem arise between treatment clients the following procedure is recommended

If a problem arises between individuals in the program, the following procedure should be used:

- a) Work to resolve the problem by talking to each other.
- b) If the problem cannot be resolved in the above manner send a request to speak to the clients' Primary Counselors.
- c) If the problem cannot be resolved in the above manner, it should then be taken to the Program Coordinator.

Note: The above procedure to resolve client complaints within treatment programs do not in any way replace the ADC Grievance Procedure Administrative Directive 12-16.

If anyone has a problem with a Peer Leader, the following procedure should be followed:

- a) Talk to the Peer Leader in private about the matter.
- b) If this cannot be done, you should request to talk to their Primary Counselor in private about the matter.
- c) If this does not resolve the matter then it should be taken to the Program Coordinator.

Program Referrals

The Department of Correction strives to match the needs of inmates to available services prior to release. Referrals from intake are reviewed for substance abuse history, legal history, prior treatment history, incarceration record, any relevant diagnostic evaluations or behavior history related to alcohol and/or other drug use. These referrals become ADC recommendations and parole board is made aware.

Referral and transfer for entry will be based on individual T.E. date and meeting program criteria (60 days disciplinary free, Class III or better, current referral to program) and ADC policy guidelines. Individuals on active waiting list are **considered** for transfer and entry when they are 12 to 18 months from T.E. date or mandated and bed space is available. Mandates will be paced at the earliest openings.

When your name comes up for SATP or TC program transfer/entry consideration, if you meet all entrance criteria and a bed is available at a program, you will be requested. If you meet the Parole Board before this happen, the Board will decide to mandate treatment or not.

Once the inmate has accepted the responsibility of admission, participation in TC will be considered part of their job role in the institution.

Note: The Program Coordinator may deal with Emergency admissions on a case-by-case basis however AD 12-32 will be adhered to.

Substance Abuse Programs Re-Entry Policy

If a person is clinically or punitively removed from a specific treatment modality (i.e., TC or SATP) then they will not be eligible for re-admission until they satisfy the criteria as outlined in AD 12-32. Requests for re-admission will be in writing directed to Central Office.

Early Discharge

Early discharge can happen due to the following reasons:

1. Release from the Department of Correction.
2. Disciplinary reasons:
 - a. Institutional rule violations
 - b. Treatment generated rule violations.
3. Post Prison Transfer Board mandated release.
4. Extended absence from treatment (generally more than a continuous 7 days period).
5. Clinical staffing decisions concerning continued treatment

***Inmates who are discharged early from the program will be returned to their unit of origin.**

A person leaving before the minimum 9-month period will not receive a successful completion certificate from the Therapeutic Community. Therapeutic Community is not limited to a 9-month period and the clinical team can make recommendations for extensions beyond this minimum. The individual is assessed regularly for progress and the time **in treatment** is decided by exhibited behaviors, goal achievements, and active program participation. Inmates who successfully complete the Therapeutic Community in-house program will be given one Certificate of Completion. There will be a \$25.00 re-issuance fee on completion certificates for each replacement original.

Policy and Procedure for Voluntary Withdrawal

Per Administrative Directive 12-32 an inmate may no longer refuse assignment to a correctional program; and the refusal to accept assignment in the program will result in a major disciplinary being written. An inmate currently receiving treatment services who refuses to continue those services will receive a major disciplinary for refusal of job assignment.

Service Continuation Policy

Per Administrative Directive 12-32 an inmate who receives a disciplinary report while in a correctional program will be suspended from the program for the duration of any time done in segregation, otherwise the inmate will continue participation in the program. The inmate will be returned to the program upon release from segregation unless in the judgment of the correctional Program Coordinator return to the program would jeopardize the safety of staff or inmates or the good order of the program. Reentry will require the inmate to execute a Suspended Re-entry Form. Inmates who lose time from a correctional program due to segregated status may be required to do makeup work or repeat phases of the program based on the decision of the Clinical Treatment Team. **Reduction to Class IV as the result of a major disciplinary will result in termination from the program per Mental Health policy.**

Therapeutic Community Discharge Policy

1. Discharge due to non-participation.
2. Discharge due to major disciplinary

Comprehensive Substance Abuse Treatment Program/Therapeutic Community is about change.

1. Non-participation - If an individual decides they will not participate in the treatment process, it will be obvious. They will be resistant and create problems for other community members and staff. This behavior will directly interfere with treatment being effective for everyone. If a client continues disruptive behaviors, refuses

to become a proactive community member and accept treatment services, then it will be apparent they are not ready to change. A person who is in treatment just to get by and not participating is wasting everyone's time, including his or her own. Once this behavior is identified and confronted, and no real change occurs, they can be discharged from the program for non-participation. This will be a clinical staffing decision and must be approved by the Therapeutic Community Program Coordinator or Clinical Supervisor.

2. Behavior Contracts - Two (2) overlapping Behavior Contracts will be sufficient reason for discharge.
3. Institutional Disciplinary – Note that a major disciplinary alone is not sufficient reason for discharge unless the inmate is reduced to class below IV in which case the client will be discharge from treatment per Mental Health policy. In other cases they are serious indicators of a person's non-adaptation to the Therapeutic Community process. The treatment team will take into account previous TC treatment participation, non-participation, individual progress, or lack of, along with severity of the disciplinary.
4. Violation of Program Rules – Certain conduct while in the Therapeutic Community may be considered so disruptive of the treatment environment that they threaten the viability of the program setting itself. The violation of these rules may result in dismissal from the treatment for that reason.

Major Disciplinary Protocol

If an inmate who is enrolled in the TC program receives a major (or minor) disciplinary, they will report it to program staff and they will be placed on Room (or Bed) Restriction pending outcome of the disciplinary or otherwise pending staff disposition. If found guilty, then the Treatment Team will make a decision about any consequences to be imposed in addition to the disciplinary results. These may be included, but not limited to:

- A. A prescribed period of in-house supervision and beginning treatment again.
- B. A community confrontation of the behavior and sanctions/contracts.
- C. Discharge from the program with reapplication recommendations at a later time.

(**Note:** If a client in TC is placed on Barracks Arrest he is to be placed on Room (Bed) Restriction pending the disposition of the matter.)

Discharge Disciplinary

In those instances when a client has been discharged from the TC program based on a finding of guilt on a Major Disciplinary and reduced to Class IV, a subsequent modification of the disciplinary (without removing the finding of guilt) will not automatically result in the individual being re-instated to the TC program. A request for reentry to the TC program will be processed in accord with the appropriate re-admission policy. If the appeal of the disciplinary results in a reversal of the finding of guilt, a request for reentry to TC will permit the immediate re-admission to the program.

Non-Completion by Board Mandated Inmates

When an inmate has been mandated to the Therapeutic Community Program by the Post Prison Transfer Board or the Court System and has failed to successfully complete his treatment, the following process will be followed:

1. If the Therapeutic Community discharge is due to a program decision, the inmate may reapply for re-admission to the program 6 months following their discharge date from the Therapeutic Community.
2. If the Therapeutic Community discharge is due to an institutional disciplinary, the inmate must have at least Class III status and may apply for readmission 6 months following discharge from the Therapeutic Community. Board mandated readmissions **would not** be given the priority that a first time mandate would receive. They will be placed on the waiting list and will be readmitted when they work back up through the inmates who have applied for admission before them. This additional time to reflect on past mistakes may hopefully serve to energize the individual to become successful in their efforts at completion of the treatment process.

Program Completion Requirement

Due to the fact that clients need to show improvement in their thinking and acting throughout treatment it makes sense to ensure observable compliance with rules prior to completion. Therefore, inmates completing alcohol and drug programs must be 60 days disciplinary free and minimum Class II prior to completion of the treatment program. If they fail to have either status they must be extended until complying.

Rules

In each society, in order for that society to be successful and to meet the needs of all of its residents, there must be rules of behavior. These rules are the laws, formulated and set down for everyone to know. Everyone obeys these rules or laws, so there are boundaries and limits of behavior. When a person makes a mistake and violates a rule, then a consequence follows.

Types of Rules

ADC Rules: These rules apply to every inmate incarcerated in the state prison system. Violation of these rules leads to disciplinary action. **If a client self reports to staff a violation of ADC Rules he may be subject to a major disciplinary for the rule violation.**

TC Cardinal Rules: Cardinal Rules protects the community from behaviors that would threaten the viability of the community. Violation of cardinal rules result in the most severe consequences. Consequences may include expulsion from the community, disciplinary actions through institutional channels, or at a minimum, significant “Learning Experiences” (LEs). Cardinal rules guard the integrity of the community, protect against dangers to the community and ensure physical and psychological safety for community members.

TC Program Rules: Violation of these rules can result in VPU or WPU; repeated violation of the same rules can result in more severe sanctions/consequences, including termination from the program.

Consequences for Breaking Rules and Behaviors

The therapeutic process is meant to encourage the individual client to challenge their own negative thinking, and as well, that of community members towards identifying and supporting more pro-social beliefs and values. It is expected that clients will have some problem with this and we realize that this is part of treatment. All methods employed are part of this re-directive process and it is hoped that the client will get the messages so they will be able to actually begin the recovery process by the time they complete the Therapeutic Community experience.

Some of the redirecting tools available to address inappropriate behavior include:

- | | | |
|-------------------------|-----------------------------------|------------------------------------|
| I. Learning Experiences | IV. Treatment Extensions | VII. Program Suspensions (Refocus) |
| II. Behavior Contracts | V. Sanctions (including Shutdown) | VIII. Disciplinary |
| III. Tighthouse | VI. Return to Orientation Phase | IX. VPU/WPU |

Note: The imposition of a Timeout or Shutdown will automatically result in the receipt of a Behavior Contract.

These tools give the individual cause to reflect on their behavior and modify it more constructively. The treatment process will not be efficient without the person committing to it. The treatment staff believes that this is an excellent program and cooperation is essential. It is felt that the individual is “blinded” by their maladjusted thinking, emotional turmoil, and negative behavior lapses.

The Therapeutic Community rules are for order in the community so that treatment can be real and a beginning for an “actual” process of change, positive interaction and to have a healthy redirection started.

***NOTE: Shutdown, Refocus, Tighthouse, and Suspension time must be made up in order to complete Phase III of the Therapeutic Community. Return to Orientation Phase and Treatment Extensions automatically extends the treatment term to completion of all treatment requirements.**

****NOTE: The completion of a Shutdown, Refocus, or Suspension will automatically result in the completion of any other outstanding sanctions.**

AWARENESS

(Consequences of inappropriate behavior)

An “awareness” is not a pull-up, but brings to a client’s attention some behavior or conduct that may be considered inappropriate and allows the individual the opportunity to consider the appropriateness of that behavior.

An awareness should only be given to the clients who have been in the program for less than 30 days .

[Note: An “Awareness” is a courtesy that is provided during the Orientation Phase (Phase I) of the program. If behavior is suitable or repeated during this Phase a client may still be imposed with an appropriate sanction.]

VERBAL PULL UPS

(Consequences of inappropriate behavior)

A verbal pull up (VPU) is an effective tool when immediate feedback is needed. VPUs represent a reminder as a first line approach. **All VPUs require a proper response.** There are two (2) statements that are considered to be appropriate responses in the community: **“Thank you, I’ll take a look at it,”** and **“Thank you, I’ll get on top of it.”** If the response is intended to mean the individual will give the feedback or input some consideration, then “Thank you, I’ll take a look at it” is appropriate. If the response is meant to indicate the behavior or action subject of the feedback is going to be addressed by the individual, then “Thank you, I’ll get on top of it” is appropriate.

An example of proper pull up “etiquette” might be, “This is a Verbal Pull-Up (or VPU) for not cleaning the sink behind your using it.” The proper response would be, “Thank you, I’ll get on top of it” and then to perform the responsible behavior, which would be to clean up the sink. Or, on the occasion where the feedback or input is for some behavior or act that the individual in fact did not do, the appropriate response would be, “Thank you, I’ll take a look at that.”

All VPUs must be preceded by the appropriate "This is a VPU for _____" in order to allow the individual to give the appropriate response and address the behavior.

Note: A VPU should be given at the time the behavior being addressed occurs unless: (a) it occurs outside of the community and **out of courtesy** the client is allowed to return to the community before being confronted; or (b) the client being confronted is “in their feelings” and confrontation would only create further tension.

The community will maintain a VPU logbook. **All VPUs will be written down in this book.**

PULL-UPS

(Consequences of inappropriate behavior)

TC adopts a system that places the responsibility for behavioral changes upon the community. Pull-ups are methods by which someone is made aware of negative behavior in order to:

1. Bring awareness to the behavior.
2. Be more accountable for their actions and behavior.
3. Reinforce attitudes or mutual self-help.

Pull-ups are a socially constructive way to confront negative behavior and attitudes. There are two (2) types of Pull-Ups: VERBAL Pull-Ups (VPU), and WRITTEN Pull-Ups (WPU). The type of pull-up used depends upon the severity or repetition of the behavior.

Verbal Pull-Ups and Written Pull-Ups are therapeutic tools used to assist community members in developing responsibility for their actions. As a member of the TC, each community member is responsible not only for his actions, but also for the actions of the community as a whole. **All residents are expected to utilize both written and verbal pull-ups. As a demonstration of participation in the treatment program, the failure to engage in the VPU/WPU process will indicate non-participation in the community.**

All pull-ups are considered “valid” and should be respected. In a TC, the expectation is that the member confronting is doing so out of responsible concern. With this expectation, the member being confronted is required to accept the pull up without dialogue. Clients are to listen quietly to the content of the confrontation and to observe their own emotions without having to react behaviorally.

During pull-ups, dialogue should take place only inside the head of the one being confronted. He/she should consider whether the message is valid, whether to incorporate it and grow from it, or discard it. If the member receiving the pull up believes the confrontation is motivated by other than responsible concern, he must still accept the pull up.

WRITTEN PULL UPS

(Consequences of inappropriate behavior)

A Written Pull Up (WPU) is a documented method of notifying an individual of a negative or inappropriate behavior or attitude. Generally, a Verbal Pull Up (VPU) is often used and, in most cases, the VPU is required prior to an individual receiving a WPU. This permits the individual to become aware of the inappropriate behavior or attitude and make appropriate changes.

WPU's are employed when VPUs have not proved sufficient. Certain behaviors require mandatory WPU's.

At other times, a client may have been verbally confronted repeatedly for the same behavior. A WPU may now be appropriate to bring the behavior to the awareness of the community and staff for more therapeutic interventions to address the behavior and assist client change. This allows for the possibility of a sanction/consequence (LE) to be assigned. **[Note: Although the program encourages that a VPU be given prior to a WPU, this is not a mandatory requirement to address inappropriate behavior.]**

A WPU is written on a “booking slip” and is placed in the WPU Box. Each morning, staff will review booking slips for appropriate disposition. This may include that staff decides an individual client’s action or behavior warrants direct staff intervention or the “booking slip” itself may not appropriately address a behavior or attitude (e.g., a VPU should have been given rather than a WPU written) in which instance, this information will be forwarded through the lines of communication to the appropriate individuals.

***NOTE: WHEN A MEMBER RECEIVES A BOOKING SLIP (WPU) FROM ANOTHER COMMUNITY MEMBER, THE MEMBER BEING WRITTEN UP MAY NOT FILE (WRITE) A BOOKING SLIP ON THE CONFRONTING MEMBER FOR A MINIMUM PERIOD OF FIVE (5) HOURS.**

****NOTE: WHEN SOMEONE WITNESSES AN INCIDENT/BEHAVIOR/ACTION THAT NEEDS TO BE WRITTEN UP, THEY HAVE FIVE (5) HOURS WITHIN WHICH TO SUBMIT A WPU. ANY WPU SUBMITTED AFTER A FIVE (5) HOUR PERIOD WILL BE DISMISSED.**

PUSH-UPS

(Consequences for positive behavior)

Therapeutic Communities often use the term “positive affirmations” to refer to consequences that let members know that their behavior and/or attitude meets the rules of the community or supports the community’s values. This is a primary strategy used to teach clients the new behaviors that are prized by the community. **A RULE OF THUMB IS THAT THE TC SHOULD PROVIDE FOUR TIMES AS MANY POSITIVE AFFIRMATIONS (PUSH-UPS) AS CONSEQUENCES (PULL-UPS) FOR NEGATIVE BEHAVIOR.** The most common examples of positive affirmations in the TC are Push-Ups, privileges and promotions in the hierarchy. Push-ups are immediate acknowledgments of positive attitudes or behaviors. Push-ups are interchanges between individuals, or the community and a resident or group of residents. They are not material rewards. Push-ups occur frequently throughout the day. Examples of push-ups are supportive statements, applause, handshakes, and back pats.

WRITTEN PUSH UPS

Due to the fact that positive action on the client’s part is often overlooked, we are establishing the Written Push Up policy. All positive efforts within the community should be verbal followed by a Written Push Up stating what happened, how the incident came about, and what was the positive outcome. There will be bulletin boards designated to post the Written Push Up after it has been announced during CDM.

PRIVILEGES

(Consequences for positive behavior)

Privileges are material or tangible rewards in response to an upward change in earned status. Privileges within the community include:

- | | | |
|-------------------------------------|-------------------------|------------|
| 1. Most Improved Client of the Week | 3. Hierarchy promotions | 5. Popcorn |
| 2. Client of the Week. | 4. Reward Chairs | |

SANCTIONS

(Consequences of inappropriate behavior)

Sanctions are the penalty for non-compliance with program or departmental rules. They are intended to assist the therapeutic process of the program and serve as a basis to motivate change for the client. Sanctions are progressive with the intent that the client will be induced to discontinue non-therapeutic, counter-productive behaviors in order to avoid their negative consequence.

PROGRAM RULES OF THE THERAPEUTIC COMMUNITY

Mandatory Written Pull Ups & Mandatory Sanctions

Certain behaviors must be addressed and do not require a VPU. They are designated as **Mandatory Written Pull-Ups** and violations must be submitted to staff using a WPU. Certain rule violations carry **Mandatory Sanctions**. They are not to be confused with **Mandatory Written Pull-Ups**. The sanctions will be imposed on those rule violations as designated. **Any subsequent violations of a rule that carries a Mandatory Sanction after the 3rd offense will be referred to staff for behavior contract or possible termination.**

NOTE: ALL SANCTIONS ARE SUBJECT TO CLINICAL STAFFING DECISIONS AND CAN BE THERAPEUTICALLY MODIFIED.

Cardinal Program Rules

1. No alcohol or drugs (periodic testing will be done). A confirmed positive drug/alcohol screen results in discharge from the program, due to the fact that this behavior disrupts the good order of the program and may influence this behavior in other clients. The individual may reapply in six (6) months. **The TC staff can request drug tests for any member of the community at any time. Unit security is responsible for drug testing at this time (random or suspicion).** Possession of drugs (including tobacco) or smoking in TC barracks will result in automatic discharge from the program and departmental disciplinary action being taken. **Mandatory WPU.**
 2. No violence or threats of violence (intimidation) at any time. Violation will be handled per ADC policy and staff disposition. **Fighting will result in immediate discharge and security intervention. Reports of intimidation will be handled by primary staff and may result in discharge.** Threats of violence will result in the following: (1) Room (or Bed) restriction, pending possible termination. (2) Behavior Contract for balance of time in the program. **Mandatory WPU.**
 3. No gang representations. Violations will be referred to staff. **Mandatory WPU.**
 4. No stealing. Violations will be referred to staff. **Mandatory WPU.**
 5. No sexual acting out. Violations will be referred to staff. **Mandatory WPU.**
 6. No gambling. Violations will be referred to staff. **Mandatory WPU.**
 7. No contraband as defined by DOC Rules and Regulations. Violations referred to staff. **Mandatory WPU.**
 8. No weapons of any kind. Recommendation: Termination from the program. **Mandatory WPU.**
 9. There is to be no violating of Program confidentiality (what is said and done in community stays in community). In order to provide a safe, healthy and healing treatment atmosphere any act that reveals sharing of information that has been seen or heard in the program that poses a threat to the good order, safety and well being of the treatment process will be referred to the Clinical Staff Treatment Team. Outcome may include termination from the program. **Mandatory WPU.**
 10. No destruction of property. Violations will be referred to staff.¹ **See Footnote below. Mandatory WPU.**
 11. No refusal to participate in any assigned activity. Violations will be referred to staff. **Mandatory WPU.**
 12. No conviction of any major disciplinary that results in institutional sanctions or loss of class to Class IV. Conviction on a major disciplinary that does not result in reduction in Class below IV may result in termination based on a clinical decision by staff. Minimum sanction for conviction on a major disciplinary is 30 days program extension. Conviction on a 2nd major disciplinary will result in program termination. Conviction on a minor disciplinary will result in the receipt of a Behavior Contract for the duration of treatment. Conviction on a 2nd minor disciplinary will result in a decision by Clinical Staff as to status in the program. **On receipt of a major disciplinary or being placed on Barracks Arrest by security a client is to be placed on Room (or Bed) Restriction pending resolution of the matter or otherwise pending staff disposition. Mandatory Sanction.**
 13. **No violations of any act defined as a felony by the laws of the State of Arkansas or of the United States of America or Violation of institutional rules.** Violations will be referred to staff for disposition as governed by appropriate program policy, including self-report of ADC Rule violation; ADC disciplinary policy; and TC discharge policy.
- Note: Any violation of Cardinal Rule 1 thru 8 during program hours will be immediately reported to staff; after program hours Peer Staff will report the violation to security staff.**

Mandatory Program Rules

1. No one is to be in another client's room (or on their Bed) at any time for any reason. 1st violation 3 days Time Out; 2nd

¹ Anyone caught defacing a picture on any board in the TC area will be discharged from the TC Program.

- violation 5 days Time Out; 3rd 7 days Time Out. **Mandatory WPU.**
2. Laying down during “duty/group hours” without proper notification/authorization (before 5:00pm). 1st violation: Verbal Pull Up; 2nd violation: Room (or Bed) extriction for 3 days; 3rd violation: 5 days Room (or bed area) extriction; 4th violation: Refer to Staff. **Mandatory WPU**
 3. No leaving scheduled activities without staff permission. Violation is a Failure to Participate. **Mandatory WPU.**
 4. Do not write in any educational or treatment material or the Client Handbook. Ask for paper and pencils when you need them. Removing or destroying any posters or notices. No erasing any community information from the boards. Violations will be referred to staff for destruction of program property. **Mandatory WPU.**
 5. Not signing the group attendance sheet. 1st violation: Hold group attendance sheet during all groups for 3 days; 2nd Violation: Hold group attendance sheet during all groups for one 5 days; 3rd Violation: Hold group attendance sheet during all groups for 7 days. **Mandatory WPU.**
 6. Failure to write a mandatory pull-up will result in receiving a WPU. 1st violation: Will receive the same sanctions that should have been imposed on the mandatory write up. 1st violation (if two (2) or more community members observe a violation that requires a mandatory WPU and fails to write it up): No TV or games for one (1) week. 2nd violation: Tighthouse. **Mandatory WPU.**
 7. No co-signing bad behavior. 1st violation: Same sanction that should have been imposed on the behavior being co-signed. 2nd violation: Focus Group and/or behavior contract. 3rd violation: Referred to staff. [Note: Co-Signing is observing, engaging or becoming aware of negative/ inappropriate behavior (e.g., program or institutional rule violation) and failing to confront or report it.] (NOTE: Confronting behavior only after being confronted **is not** basis to avoid the sanction. You must indicate intent to confront the behavior prior to being confronted.) **Mandatory WPU.**
 8. **Acceptance of authority:** Not doing those duties and/or responsibilities assigned by staff and/or the Client Handbook. 1st violation: 5 minute LE on “Why I should learn to accept responsibility.” 2nd violation: 3 days Service Crew. 3rd violation: Referred to staff. **Mandatory WPU**
 9. Not doing sanction properly. 1st violation: Re-Do sanction. 2nd violation: Refer to Staff. **Mandatory WPU**
 10. **NOT ADHERING TO A VPU:** 1st violation: 3 days Time Out; 2nd o violation: 5 days Time Out; 3rd violation: 7 days Time Out and Focus Group. **Mandatory WPU & Mandatory Sanction**
 11. **IMPROPER RESPONSE:** 1st offense: 3 days “Thank You” contract; 2nd offense: 5 days “Thank You” contract; 3rd offense: 7 days “Thank You” contract and placed in a focus group. **Mandatory WPU & Mandatory Sanction**
 12. **SLEEPING OR APPEARING TO BE ASLEEP IN GROUP:** 1st offense: 3 days stand up during all groups; 2nd offense: 5 days stand up during all groups; 3rd offense: 7 days stand up during all groups and placed in a focus group. **Mandatory WPU & Mandatory Sanction**
 13. **Not Signing the Daily Movement Sheet:** 2Sign your name and correct time on the daily movement sheet **anytime** you leave the barracks. 1st offense: Client will hold the daily movement sheet for 3 days and will be responsible for signing **everyone** in the barracks in and out; 2nd offense: Client will hold the daily movement sheet for 5 days; 3rd offense: Client will hold the daily movement sheet for 7 days and will be placed in a focus group. 4th violation: Refer to Staff. [Note: In the event there is an excessive number of clients in violation of this rule and are sanctioned to hold the daily movement sheet, then shifts will be used in order to ensure that all clients on sanction are completing their sanction.] **Mandatory WPU & Mandatory Sanction**
 14. **MANNERS:** Politeness and respect to others at all times. Your behavior will be monitored 24 hours a day, 7 days per week inside and outside of the TC barracks. Disrespecting a TC member. 1st violation: Verbal pull up. 2nd violation: 3 days Awareness Contract My name is ____, I respect me, I respect you.”; 3rd violation: 5 days Awareness Contract “My name is ____, I respect me, I respect you.” [Note: **Disrespect of Staff will result in a major disciplinary being written**] **Mandatory WPU.**
 15. No interfering with assigned duties and responsibilities. 1st violation: Verbal pull-up; 2nd violation: 3 days service crew; 3rd violation 5 days service crew; 4th violation: Refer to Staff. **Mandatory WPU.**
 16. No excessive noise: **Individual noise level:** 1st violation VPU; 2nd violation 3 days “No talk”; 3rd violation 5 days “No Talk”; 4th violation Refer to Staff. **Community noise level:** 1st violation: Whisper Contract for entire barracks for 3 days. 2nd violation: No talking for entire barracks, except in groups, for 5 days. 3rd Violation: 7 days Community Time Out. **Community Noise Level in Hallway:** 1st violation: Whisper Contract for entire barracks for 3 days. 2nd violation: No talking for entire barracks, except in groups, for 5 days. 3rd Violation: 7 days Community Time Out. [Note: **Any second attention to Community Noise Level (VPU or Awareness) will result in imposition of sanction**] **Mandatory Sanction**

²You will not be required to sign out when you go to Chow, Laundry call, Supply pick up, to use the telephone

17. **NOT FOLLOWING UP BEHIND SELF:** 1st offense: Client will clean an assigned area daily for 3 days; 2nd offense: Client will clean an assigned area daily for 5 days; 3rd offense: Client will clean an assigned area daily for 7 days and be placed in a focus group. **Mandatory WPU & Mandatory Sanction**
18. **Read, understand, and adhere to the Client Handbook. Failure to adhere to TC Protocol Manual is a violation of program rules as governed by the behavior.** The Protocol Manual incorporates many of the guidelines and procedures for conduct in TC.

Therapeutic Community Program Rules

1. Any self-reported violations of Unit/ADC rules will be reported, per treatment Program policy, to unit Security Staff, which may result in the issuance of a Major or Minor Disciplinary report
2. No manipulation of TC structure or anyone associated with the TC program. 1st Violation: Refer to Staff.
3. Clients not assigned to a room in an upstairs housing area are not allowed up there without first getting proper authorization! Major Disciplinary Action may be taken! If a WPU is written for this violation, it will be referred to staff.
4. Proper dress will be maintained from 6:00am to 5:00pm (Mon-Fri). All clients will be awake, fully dressed and have their rooms (or Bed areas) in order by 6:00am. This means buttoned shirts, pants “worn properly” and no head covering or shower shoes. After 5:00pm and on weekends and holidays, you are required to wear pants and shirts in the barracks. T-shirts must be tucked in when worn as an undershirt or top shirt. Clients will maintain their personal hygiene such as taking showers, brushing teeth, combing hair, etc. on a daily basis. (The Expeditor Dept. will make room [bed area] inspections at 6:50am to ensure that all rooms have been thoroughly cleaned.) 1st violation: VPU; 2nd violation: Maintain full dress up to Lights Out for three (3) days and write 300 times: **“The importance of maintaining proper dress”**; 3rd violation: Refer to Staff **[Note: Shaving is permitted only in the morning before treatment hours and beginning again at 4:00pm, after treatment hours.]**
5. Study Period is mandatory. Failure to attend Study Period will be referred to Staff.
6. Quiet after lights out. Lights out and bedtime will be promptly at 10:30pm (Sun-Thurs) and at midnight on weekends and holidays. There will be no noise or roaming around after lights out time. 1st violation 3 days Time Out; 2nd violation: 5 days Time Out; 3rd violation: Refer to Staff
7. ³There will be no distractions such as gum chewing, eating of food, candy or sodas during any of the groups, lectures, films, etc. This includes study period. You may drink coffee during group. 1st Violation: VPU; 2nd Violation: 3 days Stand up during all groups; 3rd violation: 5 days Stand up in all Groups.
8. Punctuality to all groups and meetings (be on time). Breaks will be given periodically. You must be back in your seat when class resumes. Program schedule of times and other pertinent information are posted on the bulletin board. It is the responsibility of each client to be in group on time and to be prepared for it at the posted time. 1st violation Late for Group: VPU; 2nd violation: 10 page essay: “Why I should be on time for groups.”
9. No client may be out of group without Staff approval. 1st violation: VPU; 2nd violation: Thirty (30) days behavior contract will be written.
10. The Groups Dept. will pick up homework assignments when it is due. Violation will result in writing 300 times: “I will not forget to turn my homework in on time.” **Due at 6:55AM on morning after assignment.**
11. Do not put your feet in or on the chairs, on the walls, tables, etc. 1st violation: VPU; 2nd violation: 3 days Service Crew; 3rd violation 5 days Service Crew; 4th violation: Refer to Staff
12. Radio playing too loud in room (or bed area) or listening to radios in unauthorized areas (**besides TV viewing**): 1st violation: Verbal pull up. 2nd violation: Radio will be confiscated for 3 days; 3rd violation: Refer to Staff
13. No smoking anywhere at anytime. 1st violation smoking outside of TC community: **Behavior Contract for Duration of Treatment**; 2nd Violation: Termination.
14. No CSATP participant shall go into any unassigned area. If a WPU is written for this violation, it will be referred to staff.
15. Clients will be subject to major disciplinary action for their association with any unauthorized visitor in the CSATP Bks. If a WPU is written for this violation, it will be referred to staff.
16. **Violation of program TV and Game structure.** Violation of TV or Games structure will result in 3 days restriction from games and TV on 1st violation; 5 days on 2nd violation; 7 days on 3rd violation . Violations of Game structure will result in loss of television privileges and loss of television privilege results in loss of game

³ **EXCEPTION: Should commissary call be made during group time and you get ice cream, you are allowed to eat the ice cream during group. Nothing else is to be eaten during any group except community popcorn.**

privilege for same period of time. You will be allowed to only watch Institutional Movie and the News from 5:00 to 6:00pm, Mon-Fri. (See: **Protocol Manual pp. 22 & 23**)

17. **Failure to adhere to TC Protocol is a violation of program rules.**
18. No sitting on the floor or sitting or standing on any steps in the barracks.⁴ No leaning on upstairs railing. 1st violation: Verbal pull up. 2nd violation: Three (3) days time out; 3rd violation: Refer to Staff
19. No congregating in the far corners of the barracks or in front of any cell doors or blocking the walkway between barracks hallway door and staff offices. Congregating is more than two people. 1st violation: Verbal pull up. 2nd violation: Three (3) days time out; 3rd violation: Refer to Staff
20. No loitering in the hallway, unless it concerns STATE BUSINESS. 1st violation: Verbal pull up. 2nd violation: Three (3) days time out 3rd violation: Refer to Staff /Behavior Contract
21. No chairs are to be left in your room (or bed area) overnight or when not in actual use. When you are through using a chair, please return it to the proper storage area. 1st violation: Verbal pull up. 2nd violation: Three (3) days time out; 3rd violation: Refer to Staff
22. Tables, chairs, etc. must be cleared from floors before clients leave for the dining hall. 1st offense: Client will clean an assigned area daily for 3 days; 2nd offense: Client will clean an assigned area daily for 5 days; 3rd offense: Client will clean an assigned area daily for 7 days and be placed in a focus group.
23. No cutting in **any** lines. (This includes the shower line). 1st violation: Verbal pull up. 2nd violation: 3 days last in every line; 3rd violation 5 days last in every line; 4th violation: Refer to Staff Behavior Contract.
24. No talking in the TV area while the TV program is in progress. 1st violation: Verbal pull up. 2nd violation: Three (3) days no talk; 3rd violation: Refer to Staff
25. No talking from top of stairs to the bottom and no talking from downstairs to upstairs. 1st violation: Verbal pull up. 2nd violation: Three (3) days no talk; 3rd violation: Five (5) days no talk
26. No leaning on upstairs rails or viewing TV from upstairs rail. 1st violation: Verbal pull up. 2nd violation: Three (3) days stand up in all groups. 3rd Violation: Five (5) days stand up in all groups
27. No interrupting a person while they are speaking; please raise your hand. 1st violation: Verbal pull up. 2nd violation: Three (3) days no talk; 3rd violation: Refer to Staff. **Note: Rule not applicable to Staff.**
28. No “holding down” a chair with personal items such as cups, books, combs, etc. longer than 15 minutes. 1st Violation: Help Groups Dept. set up groups for one (1) week.
29. No nicknames or street names are to be used in the Therapeutic Community. 1st violation: Verbal pull up. 2nd violation: Will address the individual as Mr/Ms. _____ (using the proper last name) for three (3) days (Level II Awareness Contract); 3rd violation: Refer to Staff
30. If you plan to be away from your room (or bed area) for more than five (5) minutes, make sure your room (or bed area) is in proper order. 1st violation: Verbal pull up. 2nd violation: 3 days Service Crew; 3rd violation: 5 days Service Crew
31. Staff Office is off limits for all clients, except for Peer Elders/Mentors, unless counseling or community business is being conducted. 1st Violation: Refer to Staff.
32. Peer Elders/Mentors workroom (or work area) is off limits unless Peer Elder/Mentor is present or gives prior consent. 1st violation: 3 days Time Out; 2nd violation: 5 days Time Out; 3rd violation: 7 days Time Out.
33. Not informing the Scribe as to where and why client is leaving the barracks. 1st violation: Verbal pull up. 2nd violation: LE “Why I don’t follow the rules.” 3rd violation: 3 days Timeout. 4th violation: Refer to Staff
34. No excessive or unauthorized loitering in or around the Control Booth. 1st violation: 5 Minute LE: “Why the rules don’t apply to me.” 2nd violation: 3 days Timeout. 3rd violation: 5 days Timeout. 4th Violation: Refer to Staff
35. No breaking the lines of communication. 1st violation: Verbal pull up. 2nd violation: LE: “Why it’s important to follow the lines of communication.” 3rd violation: Three (3) days No talk; 4th violation: Refer to Staff
36. No retaliation. 1st violation: Behavior Contract. 2nd violation: Focus group.
37. No horseplay. 1st violation: **Behavior contract for Duration of Treatment**; 2nd violation: Possible termination.
38. No profanity outside groups. 1st violation: Verbal pull up. 2nd violation: 3 days “Thank You” contract; 3rd violation 5 days “Thank You” Contract (**Note: The use of profanity is discouraged in all group settings**)
39. No misuse of community property, chairs, tables, boards, etc. 1st violation: 3 days Service Crew; 2nd violation 5 days Service Crew; 3rd violation: 7 days Service Crew
40. No treatment material is to leave the barracks. 1st violation: 3 days Time Out. 2nd violation: 5 days Time Out: 3rd Violation: 7 days Time Out
41. No impulsive behavior. 1st violation: Referred to staff.

⁴ Not applicable for CDM activities.

42. You must be fully dressed at all times outside the TC Barracks. (This includes the Barracks Hallway). 1st violation: VPU; 2nd Violation: Maintain full dress up to 10:30PM for 5 days and write 500 times: **“The importance of maintaining proper dress.” Due at 6:55AM on morning after assignment**
43. No gossiping and/or slandering other clients or staff. 1st violation: 3 day Awareness Contract. 2nd violation: 5 day Awareness Contract. 3rd Violation: 7 day Awareness Contract. 4th Violation: Refer to Staff.
- 43b.No instigating or inciting negative behavior. 1st violation: 3 days Time Out. 2nd violation: 5 days Time Out; 3rd violation: Staff disposition.
44. Everyone should be honest. Violation: Take to group.
45. No personalizing what is brought to you. Violation: Take to group.
46. No getting out of your chair when the group is on you. 1st violation: Three (3) days Time Out and essay to be determined by treatment staff.
47. When the Group Leader calls **TIME OUT** that means **EVERYONE** must stop talking immediately. 1st violation: Three (3) days No Talk Contract.
48. No abusing the group (derailing, cutting-up, defocusing, etc.). 1st violation: Verbal pull up; 2nd violation: 3 days stand up in all groups; 3rd violation: 5 days stand up in all groups; 3rd violation: Refer to Staff.
49. No Sub-Grouping in any group. 1st violation: Verbal pull up; 2nd violation: 3 days stand up in all groups; 3rd violation: 5 days stand up in all groups; 4th violation: Refer to Staff.
50. No violating any group rules during study period. 1st violation: 3 days Room (or bed area) extriction. 2nd violation: 5 days Room (or bed area) extriction. 3rd violation: 7 days Room (or bed area) extriction and a Behavior Contract.
51. All institutional rules will be followed. 1st violation: Refer to Staff.

SANCTION GRID⁵

LEVEL I SANCTIONS Client(s) may not lay down between 6:00AM and lights out	LEVEL II SANCTIONS Client(s) may lie down but can not get under Covers or appear to be sleep between 6:00AM and lights out	LEVEL III SANCTIONS Client(s) are not required to be up between hours of 6:00AM to lights out
TIME OUT PRE-SHUTDOWN SHUT DOWN TIGHTHOUSE ROOM (Bed) EXTRICTION HOLD SIGN IN/OUT SHEET -(When Doing Sanction)	THANK YOU CONTRACT NO TALK CONTRACT (INDIVIDUAL) EXTRA DUTY BUDDY CONTRACT AWARENESS CONTRACT -(Unless Sanction Specified) MAINTAIN FULL DRESS HOLD MOVEMENT SHEET/GROUP ATTENDANCE SHEET STAND UP CONTRACT LAST IN EVERY LINE SET UP GROUPS EXTRA DUTY/SERVICE CREW WHISPER CONTRACT COMMUNITY NO TALK CONTRACT NO TV AND GAMES COMMUNITY ONE-ON-ONE -(Except “How the Group Sees Me”)	ESSAY BACK OFF CONTRACT SEMINAR TABLE TALK INDIVIDUAL CONFRONTATION BEHAVIOR CONTRACT -(Unless Sanction Specified) FOCUS GROUP REFOCUS (SUSPENSION)

Sanctions should be progressive in nature, increasing with the 1st, to 2nd and then 3rd violation. A 3rd violation of a sanction should result in a Staff intervention (Refer to Staff) and a 4th violation requires a Behavior Contract. Note: A sanction may be a 2nd or subsequent violation and still be the same Level. Note: Sanction Behavior Contracts should be progressive in nature (i.e., 1st 30 days; 2nd 60 days; 3rd 90 days).

Re-Do Sanction

When a client is required to redo a sanction, the client is to begin to redo the sanction that was originally imposed at the time the violation to redo sanction is imposed. The client is required to redo the entire sanction that was originally imposed. The client is not required to complete the original sanction and then redo it. [Note: Only one (1) voluntary Re-Do sanction is allowed.]

⁵ Level 1 sanctions must stay fully dressed to lights out. Level II sanctions must stay fully dressed until lights out except shoes may be off if lying down.

SANCTION PROCEDURES

WPU Process

Written Pull-Ups (WPU) will be handled in the following sequence:

1. WPU written and placed in WPU box.
2. Staff will review write-ups and investigate with the help of the Peer Elders/Mentors/Peer Guides.
3. WPUs that have some basis for violation of program rules after Staff review are forwarded to the Sanction Committee to be assessed for validity.
4. After Sanction Committee review the WPU is returned to the barracks Group Leader with the committee's outcome, comment, and sanction recommendation. The Group Leader then decides the sanction to be imposed including an assessment of the Sanction Committee recommendation; signs and dates the WPU.
5. Sanctions **may not** be lifted once signed and imposed by the appropriate Group Leader. Only the unit program Coordinator can lift a sanction.
6. **WPUs will be numbered by Staff and issued by the Scribe and if a WPU is not used it will be returned to the Scribe.**

Sanction Committee Guidelines

Note: All actions of the Sanction Committee are reviewed by a Community Program Leader prior to the imposition of any sanction or action recommended by the Sanction Committee.

1. Check WPU for procedural appropriateness (e.g., date, time, etc.)
2. Match violation with the behavior reported, taking into account past violations.
3. List the appropriate violation.
4. Match violation with the proper sanction.
5. Client owns/does not own behavior.
6. Sanction Committee listens to witnesses.
7. Sanction Committee makes recommendations **only** if:
 - a. Repeated behavior beyond listed violations
 - b. Client protests write up
 - c. Sanction Committee feels strongly a recommendation is appropriate

Sanction Committee is to be considered a formal group. The residents of TC shall follow the same dress code for Sanction Committee as is observed for a normal group. All clients will be fully dressed when appearing in front of the Sanction Committee. The Sanction Committee will give notice to the Community ahead of time that it is about to conduct business and notify clients scheduled to appear, thereby, giving the residents adequate time to be fully dressed and prepared. The Information Department will write the date and time of the Sanction Committee Meetings on the Community Board. **NOTE: A Sanction Committee Member, while under sanction, may not serve on the Sanction Committee during the period of that sanction.**

Disposition of Sanctions

In those instances where the WPU warrants the consideration of the imposition of a sanction, TC staff will review and make a determination as to the validity of the alleged violation of program rules and impose sanction. **[See: WPU Process]**. If a client disagrees with a sanction/consequence imposed by staff, they may request to speak with the unit Program Supervisor, who has the final authority.

SANCTION COMMITTEE INFORMATION GATHERING PROCESS

The Sanction Committee is an information gathering process to assist program staff in determining the validity of a WPU to support the imposition of a sanction. The process is intended that the Committee can report to Staff as much information as possible to support that determination. During the information gathering process:

1. The client being confronted is called before the Committee and informed of the WPU and asked if they own or disown the behavior. If the behavior is owned, the process ends at the point and the WPU with the Committee's recommendation is returned to Staff for disposition. If the client disowns the behavior they are

- then asked to make their statement. The Committee may ask clarifying questions of the client and ask for the names of witness the client would like to call. The client's appearance before the Committee is then over.
2. The Committee will then call the client confronting the behavior and asked if they have any additional comment other than the written WPU. The Committee may ask clarifying questions. When this is completed this client's appearance before the Committee is then over.
 3. The Committee will then interview individually any witnesses that have been called.
 4. After completing this process the Committee will discuss and vote the behavior valid or invalid, make their recommendation, and return the WPU to Staff. All Committee members involved in the interview should sign the WPU.

SANCTIONS PROTOCOL

All sanctions runs from 6:00am until lights out time (bedtime) daily.

For clarification purposes, it is important to understand a difference between "doing a sanction" and "having a sanction to do." A sanction may be imposed in several manners: Either as the result of group interaction, as the result of Sanction Committee action, or the result of a Clinical decision.

Once a sanction has been imposed, the client and community are informed of that sanction. Most sanctions begin at the time that they are imposed and run from that point. Some sanctions, however, may have some date for its completion set for a later time. This may be the occasion in the instance where there are several clients assigned a task where its completion must be staggered (for example holding the Sign In/Out Sheet).

In those instances when a sanction has been imposed and starts at that time, then the client is considered to be "doing a sanction," and thus is required to adhere to the **6:00am until lights out time (bedtime)** rule. However, on those occasions where the client has a sanction to do which must be completed at some later date - even though it has been imposed - the client does not come under the **6:00am until lights out time (bedtime)** rule until that point when he is actually doing the sanction. And in those instances where the sanction imposed is only a Learning Experience (LE) to completed at some date to be assigned then the **6:00am until lights out time (bedtime)** rule would not apply.

In those instances where if the sanction does not require the individual to otherwise sit-up (e.g., Shutdown) and the client would otherwise be allowed to lay down when in their room, they may do so, but still may not get under covers or otherwise go to bed between **6:00am until lights out time (bedtime)**.

If a client disagrees with the sanction/consequence, they must file an appeal within 72 hours of the sanction being imposed, and discuss this with their Primary Counselor or the Program Leader. If they still disagree, they may request to speak with the Unit Clinical Supervisor, who has the final authority.

Personal Hour

Personal Hour is an assigned break period for clients under certain sanctions such as Shutdown and Tight house that require they maintain a certain discipline during the course of the sanction. During Personal Hour they may read personal mail, write letters, shower if necessary, eat or other personal needs including telephone. The period is usually between 7:00pm and 8:00pm during the period of the sanctions. The use of this time for activities outside the community (other than Rec/Gym Call/AA/NA or Church) is optional but will be considered the Personal Hour time for that day.

NOTE: If a client while doing a sanction is still able to do at their own discretion those things normally covered under Personal Hour (e.g., read or write personal material, shower, etc.) then that client does not receive a Personal Hour.

Confrontation While on Sanction

Some sanctions are considered reflective in nature and are meant to encourage the client to study and look at self in order to determine the basis of behavior and promote more appropriate conduct. These sanctions, such as a "Timeout", "Shutdown", or "Room Restriction", do not permit the client to focus on other client behavior or confront that behavior. If an individual under such a sanction becomes aware of some in appropriate behavior, it should be addressed to Staff by way of a Request for Interview rather than a WPU and Staff will determine the nature of the circumstances. A client under a "No Talk" Contract is unable to confront inappropriate behavior

because of the inability to speak; but when confronted with inappropriate behavior, may also address the same to Staff by way of a Request for Interview. All other sanctions, unless otherwise specified by Staff, may confront inappropriate behavior using the VPU and WPU process.

Individual Sanctions List

***NOTE: The actual time for doing ALL sanctions runs from 6:00am until lights out time (bedtime) daily. However a sanction is in effect for the length for which it is imposed.**

****NOTE: When the sanctions requires, the client under sanction should be up and fully dressed at 6:00am and remain so until lights out; otherwise the sanction is not being done properly.**

*****NOTE: This list of possible sanctions does not exclude other possible therapeutic tools that may be developed by the treatment staff in order to address inappropriate client behavior.**

******NOTE: When doing Time Out, Room (Bed) Restriction, Pre-Shutdown, Shut Down, or Tight House the client(s) should be sitting in staff designated areas, reading treatment or other positive motivational material as approved by Staff or performing writing assignments as determined by Staff only.**

*******Note: A Community Sanction, when imposed, over rules all individual sanctions, and any individual sanction will be placed on hold for the duration of the Community Sanction. An individual sanction will be extended for the length of the Community Sanction.**

AWARENESS CONTRACT: The client will be required to begin any statement, question or response by first stating their name and then a therapeutic statement determined by staff. An Awareness Contract may or may not include wearing a sign that would be of therapeutic in nature.

BACK Off CONTRACT: The “Back Off Contract” is an immediate short-term solution to intensely negative interactions between some community members that require more permanent resolution (e.g., staff intervention, group action, etc.) that is not immediately available. Staff or in the absence of Paid Staff the Senior Peer Counselor and the community members involved in the inappropriate interactions negotiate the “Back Off Contract” usually. It is a verbal contract that, once negotiated, is logged with the Scribe in the presence of the community members under the contract. It requires that those community members agree not to interact with each other in any manner in the community pending staff disposition. Those community members under the contract cannot carry on any of the normal community interactions including the VPU or WPU of another member under the contract. The failure to abide by a “Back Off Contract” may result in the immediate imposition of room (or bed) restriction or the interjection of security personnel into the matter.

BEHAVIOR CONTRACT: A written contract between the client and staff, outlining negative behavior(s) and the consequences should the behavior reoccur. Behavior Contracts are a therapeutic tool that are meant to encourage the client to make a commitment to exercising the program goal of increased self discipline towards achieving change in their lives. Behavior contracts are a treatment response to repeated and/or extreme behavior that could effect to disrupt the therapeutic atmosphere of the treatment environment. The contract is meant to require the individual client to make a commitment to their intent and desire to participate in the treatment process in accord with program rules and regulations and individual treatment goals as assessed by staff.

Behavior contracts may vary in application and length of their enforcement as dictated by the nature and purpose underlying the contract; however, all Behavior Contracts must last for a minimum of 30 days and are progressive in nature.

A behavior contract may be the result of the repeated violation of some program rule(s), the violation of a major or cardinal program rule, behavior that disrupts or threatens the treatment environment, or the failure to progress in accord with individual treatment goals as assessed by staff.

The behavior contract will specify the basis for the contract, why that basis is felt to necessitate a behavior contract, what is the goal of the contract, **including (if necessary) what staff will do to assist the client in meeting that goal**, and what will occur as the result of the client’s failure to adhere to the contract.

BUDDY CONTRACT: This contract usually lasts a minimum of 3 days subject to being extended by clinical staff. Clients will wear signs with a saying; the saying will be spoken every time they speak. The client is always to address them self as if they were the buddy, never using their own name during this contract. Buddies are always to be together during this contract while in the community with the exception of personal agendas that must be done on their own, such as taking a shower and personal time alone. Every time a community member addresses the client, they do so in the same manner as the buddies address each other. During buddy contract clients are to spend time

getting to know each other. At the end of the contract the buddies will hold a table talk and explain what they have learned. The community will also have the opportunity to ask them questions during this table talk.

COMMUNITY ONE-TO-ONE SIGN OFF SHEET: When the counseling staff has noticed a client behave inappropriately in such a way that it negatively affects the whole community, the client will be instructed to go to each client on an individual basis and perform a 10 minutes one-on-one private discussion with them and discuss the client's inappropriate behavior(s). The client will have in their possession a sheet listing all the other clients' names and will have each member sign in the appropriate space in order to verify that the assignment was carried out. These discussions will usually be completed in 72 hours and the sheet will become a part of the client's treatment file. This will allow the client to identify negative behavior(s) and, with the aid of the entire community, to help them to find a solution(s).

Whenever a client is required to do a one-to-one discussion with one or more other clients, the Expeditor Dept should monitor these. The time that the discussion started and the time that the discussion ended should be logged in the Scribe Ledger also.

ESSAY: Client is to identify their negative behavior(s) in written form and work out a solution. This is to help the client to identify negative behavior(s) and develop self-solution skills.

EXTRA DUTY: These duties are to be performed in the Service Dept. Client will have a designated area to which they will be assigned to clean. This is to give the client some responsibility.

FOCUS GROUP: The group will confront the individual's inappropriate behavior(s). Client is to sit quietly and pay attention, while processing the information that is brought to them by the group. This is to help the client develop listening skills and to help build a trust among the group members.

INDIVIDUAL CONFRONTATION: The client is brought in with a Peer Elder, Mentor, Peer Guide, or Staff to bring the individual's negative behavior(s) to the surface. This is to help the client talk one to one on a personal level about self and their negative behavior(s).

NO TALK CONTRACT: Client is placed on total silence status. They may not speak to anyone outside the community with the exception of institutional staff. Within the community structure a person on "No Talk Contract" may conduct community business through the Expeditor Coordinator or their designee monitoring sanctions, the House Coordinator(s) or in their absence the Facilitator, Peer Staff, and Program Staff. The client may speak in groups, unless otherwise directed by staff. This is to allow the client time to develop effective listening skills.

NO TALK CONTRACT FOR THE WHOLE COMMUNITY: This contract is put into effect if the community is loud while on whisper contract. The procedures are the same as for the whisper contract. The only people who conduct business are the House and Expeditor Coordinators. In their absence, the Facilitator(s) will fill take over their responsibilities.

PRE-SHUTDOWN: Clients will sit quietly in their rooms (or on their beds). Clients will be required to complete written assignments as designated by staff. Any client(s) failing to complete a Pre-Shut Down successfully will be required to re-do the Pre-Shutdown time and a behavior contract will be issued. Pre-Shutdown may also be used as a therapeutic method before placing the community on Shutdown.

ROOM (or BED) EXTRICTION: Client is not allowed the use of their room (or bed) between lights on and lights off (except for the period during 10 minute breaks and Personal Hour) for the duration of the sanction. This is to promote community interaction and counter isolating behavior.

ROOM (or BED) RESTRICTION: **This is not a sanction** but a measure that is imposed pending the possibility of imposition of sanctions. The client will be restricted to their room (or bed) while in the community and are not to interact with other clients until some decision is made on the matter causing Room (or Bed) Restriction. Client may only come out of their room (or off their bed) once every hour on the hour for a 10-minute break. Client is not to speak while on room (bed) restriction to anyone at anytime. The client may conduct community business through the Expeditor Coordinator or their designee monitoring sanctions, the House Coordinator(s) or in their absence the Facilitator, Peer Staff, and Program Staff. The client may not lie down or sleep during program hours and cannot be disruptive to normal program activity. **After program hours they may lie down, sleep, or listen to their radios. They may be required to perform written assignments while on Room (or Bed) Restriction.** "Barracks Arrest" Room (or Bed) Restriction do not receive Visitation Sanction Break (as this is not a sanction and the Barracks Arrest is still in place).

SEMINAR: Client is to verbalize the nature of their behavior(s) in front of the community. This is to allow the client to become aware of the negative behavior(s) and explain the nature of the behavior(s).

SHUT DOWN: Clients will sit quietly in their rooms (or on their beds). Clients will be required to complete written assignments as designated by staff. Any client(s) failing to complete a Shut Down successfully will result in one (1) week individual time out and a behavior contract will be issued. The time spent on Shut Down will be added to treatment time. Shutdown may also be used as a therapeutic method before placing the community on Tighthouse.

SIGN IN / OUT SHEET: This sanction requires that the client is to hold the Sign In/Out Sheet for the assigned period when in the barracks and not in group. While holding the Sign In / Out Sheet, the client will be at an assigned station so that they can observe in and out movement without distractions. While holding the Sign In / Out Sheet, the client will be given sanction breaks at which time the client can eat and/or make coffee, but may not do so at other times.

REFOCUS: Clients who display repeated counterproductive behavior while in the Therapeutic Community will be subject to a 30 days Refocus or discharge. Re-Focus time will be spent in a non-TC barracks and will allow the client time to reflect and refocus. At the end of 30 days Re-Focus period, a decision about the client continuing treatment in the Therapeutic Community will be made.

TABLE TALK: A Table Talk is an interactive group process that is meant to assist a client in becoming more aware of their negative and anti-social thinking, and often its basis; with the goal of helping the individual see the benefit of changing their thinking to more socially acceptable ways.

The treatment process involves the individual assigned a Table Talk by staff being required to make a minimum 15 minutes presentation on themselves to the community. During this presentation, which is made from a seated position at a table in front of the community, the individual will provide the community with an open recounting of how they arrived at being in prison, and will include some history and background of the individual.

After the individual's presentation, then community members are encouraged to ask and the individual respond to explore and/or validate thinking errors, inconsistencies, and behavior patterns that contributed to the individual's present situation - especially based on the individual's behavior since being in the community. This part of the process should last for a minimum of 15 minutes.

"THANK YOU" CONTRACT: Due to an improper response to a VPU, the client will respond verbally, "Thank you, I'll get on top of that," before any other statements is made.

TIGHTHOUSE: Client(s) is/are restricted to room(s) (or bed(s)) when in the community. Client(s) is/are allowed a 10-minute break on the hour. A community shutdown may be reflective or interactive. In an interactive shutdown, the community does one-on-ones. In a reflective shutdown, clients sit quietly in their rooms (or on beds) studying program or educational materials or completing written assignments as designated by staff. There will be no talking during this time

TIME OUT: Client is to sit in a designated area, which will include the client's room, on their beds, or in a chair in the community living area. There will be total silence. This is to allow the client time to think and identify their negative behavior(s). Clients will be required to complete written assignments as designated by staff. A client placed on Time Out will receive a Behavior Contract.

TOWN MEETING: Town Meetings are a community-structure enhancing process that permits an entire Therapeutic Community to assess and evaluate the treatment processes progress and effectiveness for that community. A Town Meeting entails a group process that involves the client population of a community, its treatment and peer staff, and where applicable, the entire treatment and peer staff for the unit Therapeutic Community. Facilitated by the Program Coordinator or his Designee, the Town Meeting permits for input, dialogue, and confrontation with respect to areas and issues of concern with the intent to increase overall community and program effectiveness towards stated therapeutic goals.

A Town Meeting may be called only by the Program Coordinator, and functions to allow opportunity for increased interaction and accessibility with the overall goal of insuring that integrity to program goals, objectives, and structure are maintained; and resolving any mounting areas of concern within a community.

WHISPER CONTRACT: The Whisper Contract means that the client(s) whisper whenever they talk. The procedure for this contract is as follows. First the community gets an awareness pull up. If the community gets loud again and a VPU is logged in the scribe for a second time, the scribe is to make sure staff is informed by using the proper lines of communication. Staff permitting, the Whisper Contract will then go into effect for the remainder of that treatment day. If staff is not available and a Whisper Contract is appropriate, a Senior Peer Elder can impose it.

[NOTE: THIS LIST OF POSSIBLE SANCTIONS DOES NOT EXCLUDE THE DESIGNATION OF OTHER POSSIBLE THERAPEUTIC TOOLS THAT MAY BE DEVELOPED BY THE TREATMENT

STAFF IN ORDER TO ADDRESS INAPPROPRIATE CLIENT BEHAVIOR.]

Major and Minor Sanctions

Certain sanctions for purpose to allow the client to exercise any responsibilities and duties they may otherwise have in their community may be classified as Minor Sanctions by the Program Supervisor. A client who, as a result of the treatment process, has received what has been classified in the list below as a Minor Sanction may continue to exercise their assigned duties and responsibilities in the community while performing these sanctions.

- *Extra Duty
- *Stand Up Contract
- *Thank You Contract (without sign)
- *Sign In/Out Sheet (when not actually holding sheet)
- *Awareness Contract (without sign)
- *Room Exstriction
- *Written LEs

Some common sense and discretion (products of the treatment/recovery/change process) is expected to be exercised with respect to this area. For instance, an individual on Orientation Department, while under any sanction, would not be appropriate to orientate a new member into the community.

All other sanctions imposed as the result of the treatment process are deemed Major Sanctions and while under a Major Sanction the client **may not exercise any duties or responsibilities above Department level, including holding the Scribe Log.** [Note: Because there is “no cordial interaction” with the Scribe a “No Talk” Sanction can hold the Scribe].

Pre-Shut Down General Guidelines

To ensure that the Time Out process is used as a sanction for individual negative behavior and that positive therapeutic prosocial growth is the driving force in community programming, the Pre-Shutdown sanction will be implemented. Pre-Shutdown will be implemented by clinical staff consensus for the entire community that has become dysfunctional. The process will be used prior to a formal Shutdown being implemented and will give the community time to look at their behavior and how it is corrupting the whole program and treatment process. This modality will be conducted the manner similar to a formal “Shut Down” with the difference being that no time will be added to the client treatment process. There will be only one (1) Pre-Shutdown in a community during a two months period. Failure of the community to properly respond to this process will result in the imposition of a formal Shut Down or a TIGHTHOUSE. During Pre-Shut Down:

- Refocus Sessions will be held for both AM and PM groups with mandatory participation
- On the third (3rd) day of Pre-Shut Down community progress will be assessed and the Staff will make a clinical decision about continuing this service
- The clinical decision may include the continuation of Pre-Shut Down or imposition of a formal Shut Down or a TIGHTHOUSE

Community behaviors that will force the imposition of Pre-Shut Down are:

- Co-signing others negative behaviors
- Non-confronting rule violation (community and group)
- “Clicking-Up”
- Unwarranted VPU and WPU drop off
- Not doing community jobs
- Manipulation of community structure

Shut Down General Guidelines

The following is a listing of the procedures/structures that governs a **Shut Down** when it has been imposed upon the community as a whole or an individual. These guidelines will help to ensure that **general** procedures/structures will be consistent in all TC barracks. **Staff may impose different treatment tools within the program structure in order to achieve treatment goals.** Additional sanctions may be imposed upon the respective TC barracks by the Program Leader(s).

Shut Down - Clients will sit quietly in their rooms (or on their beds). Any client(s) failing to complete a

Shut Down successfully will result in one (1) week individual time out (**in addition to the completion of Shutdown**) and a behavior contract will be issued. The time spent on Shut Down will be added to treatment time. Shutdown may also be used as a therapeutic method prior to placing the community on Tighthouse. **Whenever any scheduled program activity is in session, client(s) will be present in their rooms (or on their beds) while on Shut Down.**

General House Meetings - Utilized to confront the entire community. These meetings, conducted by staff, are designed to identify problem people or conditions, to reaffirm motivation, and reinforce positive behaviors and attitudes. A variety of techniques may be employed such as special sessions to relieve guilt, staff lecturing, testimony and dispensing sanctions for individuals or groups.

General Inspection Function - Reflective time in which community members are assigned duties to promote the cleanliness of their living environment.

Non-Verbal - Reflective time for the community to refocus on common goals and issues that have sabotaged the treatment process. Participants will not be allowed to speak for the specified period of time, which is determined by staff. Violation of this can and will result in a lengthening of **Shut Down**.

Educational Classes/Groups - All educational classes/groups will be suspended unless otherwise stated by staff. Additional assignments may be assigned by staff to coincide and bring light to the community's self-destructive behaviors.

Refocus Session - A structured time to release issues that led to the dysfunction of the community in an appropriate manner. Exercise may be written or verbal.

Monitors - Staff will choose clients, whose behavior was appropriate **before Shut Down** was placed in effect, for the purpose of monitoring Shutdown.

During a **Shut Down**, the following privileges will be granted:

1. Visitation Per ADC Policy
2. Recreation Per ADC Policy
3. Restroom During 10-minute break (non-verbal time)
4. Law Library Per ADC Policy
5. Religious Services Per ADC Policy and TC Program Rules and Regulations
6. Mail Per ADC Policy (non-verbal time)
7. Showers Per TC Policy (List may be available)
8. Commissary Per ADC Policy
9. Telephone During 10-minute breaks (list may be available)
10. Television No Television use during Shut Down (excluding News and Institutional Movie)
11. Radios Personal radios are not to be used during Shut Down
12. Sleeping **No lying down or sleeping 6:00am until lights out
(Special consideration may be given where unit job work hours warrant)**
13. Breaks Every 50 minutes (usually 10 minutes before the hour)
14. Reading/Writing Only treatment related material will be allowed.
(During Personal Hour clients are allowed to read/write letters)

TIGHTHOUSE

General Guidelines

Purpose

To ensure a consistent rationale exists for placing a Therapeutic Community barracks on *Tighthouse*, and, a consistent procedure exists for doing so. This is to allow the entire community time to identify the negative behavior(s) and find self-solution(s).

Discussion

A functioning community will be a safe, healthy, and nurturing climate in which a participant can openly and honestly share. CSATP's Therapeutic Community programs will institute a community-wide "Tighthouse" when the community is not practicing right living skills. Right living skills are manifested through proper attitudes and behaviors. When Therapeutic Communities lose their intensity and focus, there is usually a similar loss of focus on the common goals and positive attitudes that bind the community. When program participants are not utilizing

program tools, attending and actively participating in all required groups, house meetings, community activities, abiding by and enforcing all community rules, then a Tighthouse will be initiated.

Applicability:

This policy and procedure applies to all inmates/clients assigned to the Therapeutic Community barracks in the Arkansas Department of Correction.

Definitions:

Tighthouse - A “Tighthouse” is an intense, restrictive treatment modality. A limited situation for the entire “house” is instituted to bring about change in the entire community. ***Tighthouse*** is a period of time in which it is deemed necessary by staff to refocus the community to “Right Living.” **During this time, house structure is removed. All roles, responsibilities, in-house jobs and in-house privileges are terminated until the community’s values are reflected in their attitudes and behaviors.**

During “Tighthouse” the clients time in the program will be suspended; meaning, the number of days spent on Tighthouse will have to be made up prior to completion of the program irrespective of prior tentative completion date of the clients.

Community or House - For purposes of this policy, the term “house” will describe a barracks (i.e. Tucker 7A, 7B, 8A; McPherson; Wrightsville, etc.) which houses a single phase of the Therapeutic Community.

General House Meetings - Utilized to confront the entire community. These meetings, conducted by staff, are designed to identify problem people or conditions, to reaffirm motivation, and reinforce positive behaviors and attitudes. A variety of techniques may be employed such as special sessions to relieve guilt, staff lecturing, testimony and dispensing sanctions for individuals or groups.

General Inspection Function - Reflective time in which community members are assigned duties to promote the cleanliness of their living environment.

Non-Verbal - Reflective time for the community to refocus on common goals and issues that have sabotaged the treatment process. Participants will not be allowed to speak for the specified period of time, which is determined by staff. Violation of this can and will result in a lengthening of Tighthouse.

Educational Classes/Groups - All educational classes/groups will be suspended unless otherwise stated by staff. Additional assignments may be assigned by staff to coincide and bring light to the community’s self-destructive behaviors.

Refocus Session - A structured time to release issues that led to the dysfunction of the community in an appropriate manner. Exercise may be written or verbal.

Monitors - Staff will choose clients, whose behavior was appropriate ***before Tighthouse*** was placed in effect, for the purpose of monitoring Tighthouse.

Procedures:

- A. Staff will discuss the negative attitudes and/or behaviors exhibited in the community with the Program Coordinator, and will obtain their approval to place the community on Tighthouse status.
- B. Staff will make a formal announcement to the community that the house is dysfunctional and unhealthy.
- C. Staff will announce that all in-house privileges are terminated and the existing hierarchy is dissolved.
- D. Staff calls a general meeting where the community is placed on non-verbal status. Scratch paper and pencils are made available, if needed, to begin documenting guilt and shame around their addiction, incarceration, and other issues.
- E. Staff will select program participants who will post specifically designated “TIGHTHOUSE” signs around the “house.” These signs are to assist the community with refocusing on appropriate community values and right living.
- F. Staff will begin devising a daily Tighthouse agenda. The TC Coordinator, or his designee, prior to implementation should review this agenda. The agenda should include, at minimum, general meetings, general issues functioning, group work and team building.
- G. Should staff feel that the community should be screened for possible drug use, UAs will be conducted as directed by the TC Coordinator.
- H. During a Tighthouse, the following privileges will be granted:
 1. Visitation Per ADC Policy
 2. Recreation Per ADC Policy
 3. Restroom During 10-minute break (non-verbal time)

- | | |
|-----------------------|---|
| 4. Law Library | Per ADC Policy |
| 5. Religious Services | Per ADC Policy and TC Program Rules and Regulations |
| 6. Mail | Per ADC Policy (non-verbal time) |
| 7. Showers | Per TC Policy (List may be available) |
| 8. Commissary | Per ADC Policy |
| 9. Telephone | During 10-minute breaks (list may be available) |
| 10. Television | No Television use during Tighthouse (excluding News and Institutional Movie) |
| 11. Radios | Personal radios are not to be used during Tighthouse |
| 12. Sleeping | No lying down or sleeping 6:00am until lights out |
| | (Special consideration may be given where unit job work hours warrant) |
| 13. Breaks | Every 50 minutes (usually 10 minutes before the hour) |

- a. **Room (Bed) Restriction** - Clients are restricted to their rooms (or beds) and may come out of their rooms (or off their beds) only when specified elsewhere in this policy. Should this level of restriction be abused, the community will go to the next level of Tighthouse, which is lengthening of Tighthouse, individual suspensions or discharges.
- b. **One Week Suspension** - This level will be used when the first level of Tighthouse is abused, by individuals not adhering to TC policy regarding Tighthouse (i.e. excessive talking, leaving room (or bed areas) etc.)

Breaks will be given every 50 minutes (10 minutes before the hour usually). There is to be no talking or roaming around in the community. Break time is a privilege and responsible behaviors are expected.

Note: A client who continually fails to adhere to either Tighthouse or Shutdown may be discharged without resort to Suspension.

Inmate Community Peer Hierarchy Structure

NOTE: The Inmate Peer Hierarchy and Client Hierarchy assume responsibility under the direction of Program Free World Staff. Program Free World Staff exercise authority and are the final arbiters in all program matters.

Defining Mentor and Elder Status

In the hierarchy of peers, there are individuals who, upon completing TC Phases I, II and III will be assigned roles in the Phase IV Aftercare Role Modeling Program.

Peer Guides are accountable to the community and must have a true desire to better themselves. They will attend all required meetings and activities in their respective barracks. Peer Guides will help with the good order of the community and set a good example at all times.

Peer Mentor is the second level of this assignment. These individuals will be assigned different tasks within the TC to assist with treatment services. They will be part of the peer “cadre” and will be accorded the level of respect afforded this status. Mentor status can be reached when a community member proves their responsibilities towards this position. They will live in the community setting and may hold a ½ day institutional job role. All mentors will be on a voluntary basis and will have to be approved by the Program Coordinator and Clinical Supervisor. Mentors may facilitate groups after they are registered with ASACB.

Peer Elder status is at the uppermost level of the peer hierarchy and the role will be assigned to mentors displaying superior leadership qualities. These individuals will have at least 2 years of active TC involvement. Staff will make recommendations to Program Coordinator, who will make the final decision. The Program Coordinator can only do removal or demotion from this status.

A **Senior Elder** will be assigned based on the Program Coordinator’s decision. The Peer Staff will look to this individual for guidance, education and the Senior Peer Elder will be Peer Staff’s Spokesperson.

Peer Guides

Peer Guides are individuals who have successfully completed the Therapeutic Community Treatment Program **and during the course of their treatment**, indicate gaining and implementing the tools for recovery.

The position of Peer Guide requires that the individual model the attitude and behavior necessary to show the positive benefits of treatment and motivate the desire for recovery in others. Peer Guides behavior is that of what the positive individual should be rather than the antisocial person they had been. This attitude and behavior is

maintained despite resistance, perceptions, or personal feelings to the contrary. Peer Guides engage in “expected” behavior for positive change and consistently maintain the positive attitude and values of the community. These attitudes and values include: self-motivation, commitment to personal work, striving to be their self-actualized person, positive regard for staff, and responsible concern for others. These tools are essential for psychological change as feelings, insight, and altered self-perception often follow rather than precede change.

Peer Guide responsibilities and duties include that they serve to insure the continuity of the structure and values of the Therapeutic Community. Peer Guides are the first lines of information for the community hierarchy in its operation of community affairs.

Peer Guides are expected to attend and participate in all community activities both for personal growth and development and to assure community values and structure are maintained. Peer Guides are expected to observe the operation of affairs of the community and serve to offer input, insight, and direction when called upon or needed by the community. Peer Guides are expected to act as liaison between Peer Elders and Mentors and the Community to receive instruction and direction from Staff on community matters. And are expected to insure all community matters are forwarded through these lines of communication to staff. Peer Guides are expected to insure that they have a clear understanding of community affairs as directed by staff **prior** to imparting information to the community. Peer Guides should listen and ask questions in order to ensure their growth and development in the Therapeutic Community process. Peer Guides may not conduct educational groups but may direct participation in client generated groups; and are expected to interact with the community to maintain the lines of communication, rapport, and personal growth.

Peer Guides may be selected by community Program Leaders based on the criteria noted and must be approved by the Program Coordinator. Peer Guide status lasts approximately 6 months.

Peer Guide Criteria for Advancement to Mentor Status:

- a. Individual models appropriate change/recovery behavior.
- b. Individual has received no rule violations for a period of 60 days while in Peer Guide status.
- c. Individual has shown some genuine initiative and desire to gain and share program information.
- d. Individual solves more problems than they create.
- e. While in community individual attends all groups (including House Meetings, CDM, participated in Study Periods) for a minimum of one-half day (either AM or PM).
- f. Must have a minimum of a GED or High School Diploma (Failure to gain a GED -if needed- within 6 months of becoming a Peer Guide will result in dismissal as a Peer Guide) (NOTE: GED or High School Diploma is necessary for Counselor-in-Training status).

Peer Mentors

Peer Mentors are role models who, having completed the Therapeutic Community Treatment Program and a period of modeling appropriate behavior in the community, indicate a level of recovery that exemplifies the positive benefits of the program.

Peer Mentors, besides those attributes expected of a 24 hour a day role model, also accept the responsibility and accountability for helping to make the Therapeutic Community an environment that is viable, conducive, and safe for clients to make positive change in their lives.

Peer Mentors serve as a line of communication between Peer Elders and the community to insure the conduct of community affairs in accord with staff dictates and are expected to maintain and insure the integrity and structure of the community in the stead of either.

Peer Mentor duties and responsibilities include serving as a source of information and direction for Peer Guides and the community on community affairs and structure; interact in the community setting to insure rapport and client adjustment in the community; conduct educational groups and lectures; receive instruction and direction from staff and peer elders on community affairs; maintain personal growth and development for continued positive change.

Peer Mentors may be recommended by community Program Leaders after a period of appropriate modeling of program tools but must be selected and approved by the Program Coordinator.

Responsibilities of the Peer Mentor include, but are not limited to:

1. 24 hour a day role model
2. Give lecture groups

3. Active participation in group therapy setting
4. Assist House Coordinator with community spirit/orientation of new members.

Peer Elders

Peer Elder is the highest level of the Peer Hierarchy and may be attained after a minimum of 2 years in the Therapeutic Community which includes a period of modeling the appropriate tools for recovery gained from the program, and mentoring a community for change.

Peer Elders, besides having gained and continuing daily to demonstrate the self-actualized attributes of role model and Mentor, also strive to share information through the psycho-educational process that will promote change, model behavior through community interaction that reflects positive growth and the benefits of change, and work to create and maintain a healthy environment that will permit clients acquiring and practicing the tools for positive change in their lives.

Peer Elder duties and responsibilities include serving as a liaison between staff and the peer hierarchy and community on community structure and affairs. Conduct psycho-educational groups and monitor peer mentors and Peer Guides on their progress and conduct in such. In the absence of staff, conduct non-security community affairs brought to their attention. Interact in all community affairs and activities to insure program and community structure and integrity. Provide input to staff on community affairs and client progress in the community and in the educational setting. Develop and maintain proficiency in all areas of the Therapeutic Community.

Peer Elder responsibilities include, but are not limited to:

1. 24 hour a day role models.
2. Give lectures and monitor mentors progress in such.
3. Be liaison with free world staff on house matters.
4. When free world staff isn't present, handle non-security matters brought to them.
5. Be a positive motivator.
6. Be proficient in all areas of Therapeutic Community.

Senior Peer Elder

Senior Peer Elder is the primary peer role model in the Therapeutic Community Peer Hierarchy. This position is appointed by the Program Coordinator and serves as the primary facilitator of information relating to program structure, matters, and affairs as between staff and the Peer Hierarchy and/or community. And when Staff is absent may serve to resolve any non-security areas of concern or discrepancies relating to community or program affairs.

The Senior Peer Elder's direct responsibility is to the Program Coordinator and serves at the direction of the Program Coordinator subject to input from Program Leaders.

PEER VIOLATION OF PROGRAM RULES

The individual's community Program Leader will first review for recommendation for Peer Review a purported violation of program rules of conduct by a member of the Program Peer Staff. On finding by Peer Staff sitting as a Review Committee that a violation of the rules of conduct did occur, a recommendation as to a sanction commensurate with program guidelines and appropriate to the continued growth and development of the individual will be made to the Program Coordinator, who will impose a sanction on review.

Inmate Client Community Hierarchy Structure

House Coordinator

House Coordinator is the highest peer function in the community hierarchy. The clinical and correctional staff supervises this position. Their primary function is to assist in clinical operation of the TC. The House Coordinator should have a broad general knowledge regarding the total treatment process. The community member holding this position should demonstrate growth and the capacity to make constructive decisions. The House Coordinator should always be a role model, setting an example that would enhance the treatment process and encourage peers. It will be the responsibility of the House Coordinator to do a weekly report on the condition of the house. They will attend hierarchy job change meetings, giving input on each community member being considered.

They will assist in special confrontation, investigations of community activities, and act as liaison between staff and community members.

Responsibilities

1. Role model 24 hours a day.
2. Work directly with staff and community members.
3. Attends staff meetings when status and job changes are done within the community.
4. Delegates work assignments from staff to facilitators.
5. Oversee all departments within the community and assists Coordinators when needed.
6. Access learning experiences/response assigned by staff.
7. Recommends reassignments of coordinators and other community members to staff for consideration.
8. Reach out to all community members when in need.
9. Present proposals to staff.
10. Be a leader.
11. Runs all general meetings.

Facilitators

Facilitators will act as a coordinator of the House Organization. They will work closely with the House and Department Coordinators to help make a smooth operation. The lines of communication will go through them from the House Coordinators to the Department Coordinators and vice-versa.

Responsibilities

1. They will hold weekly meetings with the Department Coordinators and will report back to the House Coordinators.
2. They will be required to fill in for any other Coordinator who isn't present for problem solving.
3. They should possess the ability to facilitate a therapy group or an "AT ONE" group.
4. They should "troubleshoot" any potential problems and report them to the appropriate Department Coordinator(s) and inform the House Coordinators.
5. They should provide constant "positive" motivation of community members.
6. At all times they should be a role model and follow the rules of the Therapeutic Community.

Orientation Department

The Orientation Department takes the new community members when they enter the barracks and works with them for the first 30 days. They orientate them and teach them the rules of the community. After the initial orientation, they begin teaching the "Rules and Tools" of the program. While doing all this, they should assure new clients that they can depend on the Orientation Department to help them, even after moving on to the next phase.

Coordinator Responsibilities

1. Oversee the operation of the department.
2. Maintain a role model image, especially for the new community members.
3. Teach the rules and the tools of the program.
4. Help people in the community if there is a need.
5. Keep track of the orientation "paperwork" and do testing of the orientation clients.
6. Ensure new clients have mentors and monitor their progress in community
7. During weeks 3 and 4 of Phase I schedule new clients to work 1 day each week in each community department.

Department Head Responsibilities

1. Collect the work assignments from the new clients as needed.
2. Are responsible for the new clients getting settled in the barracks.
3. Monitor new clients and mentor interaction

Crew Member Responsibilities

1. Role model behavior at all times.
2. Work with the Department Heads in orientation of new clients
3. Follow directions of the Department Heads.
4. Assist Department Heads as directed and needed

Information Department

The Information Department is responsible for ensuring that the community is kept aware of all developments that occur in the community. The department is responsible for bring new developments of a therapeutic interest to the awareness of the community. The department has responsibility for maintaining community bulletin boards. The department is responsible for community awareness. Announcements that Staff, the House Coordinators, or other Coordinators wish to make should be given to the Information Coordinator.

Coordinator Responsibilities

1. Role model positive behavior at all times.
2. Responsible to make or coordinate all announcements at the Community Development Meeting (CDM).
3. Responsible for ensuring the daily "Thought for the Day" and training concept is posted on the board.
4. May make all announcements or ask the requester to make their own announcement.
5. Ensure all bulletin boards in the program barracks are maintained and kept in orderly manner.
6. Responsible for the "current event" for each CDM. This is newsworthy information, which has a bearing on the community in a positive, uplifting light

Department Head Responsibilities

1. Display role model behavior at all times.
2. Teach Crew Members duties of the department.
3. When problems arise that cannot be resolved, asks Coordinator for assistance.
4. Follow direction of Coordinator.

Crew Member Responsibilities

1. Role model behavior at all times.
2. Work with the Department Heads in duties assigned.
3. Follow directions of the Department Heads.
4. Be READY to work when needed.

Creative Energy Department

Although one of the smallest departments in the community, it is one of the most important. It is important that each member work together to improve the overall morale of the community. The department exists for the interest of the community. Will distribute magazines and newspapers in the barracks as they become available. Will prepare and present community shows and skits (practice and performances). Will organize sports and game tournaments. Responsible for game distribution and collection. Work with the community and be positive in all matters. And must organize the collection of articles to be placed in the *Positive Post Newsletter*.

A list of all planned Creative Energy functions will be turned in to the Group Leader by 3:00pm on the day **prior** to the scheduled CDM in which it will be implemented. **Any activity not approved by staff will not be allowed in CDM.**

Coordinator Responsibilities

To be a role model to the department and community members. To coordinate the Creative Energy Department - including, but not limited to, the following:

1. Recommend job assignments within the department.
2. Assist department members as needed.
3. Stay motivated in recovery and at work.
4. Help the new members of the community.
5. Facilitate groups when needed, as assigned by staff.
6. Be on time in all groups and jobs.
7. Keep department staff motivated and in a neat appearance.
8. Work as a team with the community and the staff.
9. Monitor all client seminars.

Department Head Responsibilities

1. Keep the Coordinator informed of future activities and functions.
2. Work directly with the Coordinator and community on scheduled events.
3. Responsible for operations of the Department when the Coordinator is not available.
4. Delegates work assignments to the Crew Members.

Crew Member Responsibilities

1. See that the Department Head instructions are carried out.
2. Assist the Department Head with all duties.
3. Assist in all setting up props for group activities.
4. Use imagination to help create new ideas for community functions.

Service Department

Service crew duties are to maintain upkeep and cleanliness of the barracks. Duties include such things as cleaning the barracks, bathrooms, offices, etc.

Coordinator Responsibilities

1. Schedule jobs for both AM and PM coverage.
2. Replace crewmembers that are assigned to other departments.
3. Evaluate all Department Heads in the Service Department.
4. Display role model behavior at all times.
5. To keep “housekeeping” running smoothly.

Department Head Responsibilities

1. Display role model behavior at all times.
2. Teach Crew Members duties of the department.
3. Inspect job after Crew Members have done it.
4. When problems arise that cannot be resolved, asks Coordinator for assistance.
5. Evaluate Crew Members for Coordinator to pass on to staff.
6. Follow direction of Coordinator.

Crew Member Responsibilities

1. Role model behavior at all times.
2. Work with the Department Heads in duties assigned.
3. Follow directions of the Department Heads.
4. Be READY to work when needed.

Expeditor Department

Expeditors are to help staff in locating community members when needed or when staff needs to know where a client may be or where they work. Expeditors monitor groups and maintain order by keeping community members from sub-grouping, blurting out, and other group rules. They also monitor the noise level in the community.

Expeditor is a very important role model in the community and has big responsibilities throughout the community.

Coordinator Responsibilities

1. To assign duties to expeditors working in the department.
2. Make weekly schedule to be approved by staff and assure dept. members follow schedule.
3. To make sure department members are performing their duties correctly.
4. To have a positive attitude toward all community members and staff.
5. MUST be a role model at all times.
6. Coordinator assists with TC paperwork, such as investigating slips/WPUs, etc.
7. Work with the House Coordinator to keep the community running smoothly.
8. Assist with CDM, orientation, and other groups as needed.

Department Head Responsibilities

1. Make sure everything runs smoothly during duty hours.
2. Check building for cleanliness and report to Coordinator.
3. Be a positive role model at all times.
4. Relate any problems to Coordinator.
5. Monitor and ensure that sanctions are carried out appropriately and those on restrictions are given breaks at their scheduled times. Rounds should be made every 15 minutes during the week and 30 minutes on weekends.
6. Monitor Study Period to ensure clients are not violating rules such as eating, sleeping, etc.
7. May do room inspections when assigned by Department Coordinator.
8. Give Wake Up Call
9. Ensure that the 10-minute breaks between educational groups are not used for phone calls or otherwise unrelated activities.

Crew Member Responsibilities

1. Role model behavior at all times.
2. Work with the Department Heads in duties assigned.
3. Follow directions of the Department Heads.
4. Be READY to work when needed.

Groups Department

They help staff and community with education and group activities. Keep the group education areas clean at all times. Help organize materials for the staff conducting substance abuse/chemical dependency education/groups, employment prep/education groups, etc. (lecture materials, films, etc.) Assist staff with assigning locations for group activities. Provides topics for certain groups (open discussion, topic, etc.). Provide roll call sheets to the counselors of each community member in group to verify attendance. Organize client “seminars” during meetings.

Coordinator Responsibilities

1. Be a positive role model at all times.
2. Facilitate certain groups as needed.
3. Assist with scheduling group times, locations, and topics.
4. If a staff member, for whatever reason, cannot make a scheduled group, let the House Coordinator know so they can contact staff to arrange a substitute.
5. Stay motivated in treatment as well as work.
6. Record consequences of behaviors and or LEs.
7. Monitor roll call sheets and keep staff informed of any discrepancy.
8. Help with language barriers as needed.

Department Head Responsibilities

1. Be a positive role model at all times.
2. Check group area and make sure it is clean at all times.
3. Maintain roll call sheets for each group/activity scheduled. Deliver to Coordinator and file as needed.
4. Assist Coordinator with duties as needed.
5. Relate any problems to Coordinator.

Crew Member Responsibilities

1. Show up for work on time.
2. Keep group area clean at all times.
3. Relate any problems to Department Heads.
4. Direct any questions they may have to Department Heads.
5. Assist Department Heads with duties as needed.

LINES OF COMMUNICATION

Lines of Communication in the Inmate Client Hierarchy run vertically from House Coordinator through the Facilitator to department Coordinators then Department Heads in a department and then the Crew Members in the

department; and upward in the same manner. The lines run laterally only from House Coordinator, or Facilitator to House Coordinator, or Facilitator-to-Facilitator (where the dual House Structure is in use). When a community member is to be out of the community, the member should pass their duties and log the information with the Scribe. Duties should be passed in the Department, and effort should be made to pass on a level (e.g., Department Head to Department Head) or upward (Department Head to Coordinator or Crew Member to Department Head).

In the case of a Coordinator's inability to perform duties, the responsibility for those duties is assumed by a Facilitator, who may designate performance of the duties to members in the department. In the case where a Coordinator position is unfilled for a period of time, a Department Head in that department may still perform the scheduled Scribe slot for that Coordinator position.

When a House Coordinator or Facilitator is unable to perform their Scribe duties the slot should be assumed by another Coordinator.