

THERAPEUTIC COMMUNITY PROTOCOL MANUAL

TC PROTOCOL MANUAL INTRODUCTION

The Therapeutic Community (TC) Protocol Manual contains much of the format and procedure for the conduct of various groups and activities that are a part of the Therapeutic Community program of activities. As such, it provides much of the structure that is an integral and important aspect of the program. It is important that as a client, you are familiar with these activities and the procedure for their conduct, as the failure to adhere these guidelines may result in the violation of program rules and regulations and appropriate sanction may follow.

CSATP “Tools”

ADC/TC uses a cognitive-behavior approach to the treatment of chemical dependency and anti-social personality disorders. Cognitive therapy employs research-based, evidence-tested techniques for the delivery of information to the clients with which they can develop skills to challenge the distorted thinking that supports these disorders. While behavior modification therapy uses a research-based, clinically approved system of rewards and sanctions to encourage the implementation and continued use of these skills in order to support recovery and change for the clients.

Group processes include:

1. Encounter, Issue, Sanctions
2. Alcohol and Drug Education
3. Life Without a Crutch
4. Criminal & Addictive Thinking
5. Samenow Video Lecture Series
6. Rational Emotive Behavior Therapy (REBT)
7. Anger Management
8. Socialization
9. Relapse Intervention
10. Release and Reintegration Preparation
11. HIV/AIDS & STDs
12. Chop Shops
13. Gender-Responsive Groups (McPherson Unit)

Group Processes: The foundation of change comes from the client’s honesty, open-mindedness, and willingness to face personality problems. This is an emotional arena that has gotten the individual into and kept them from dealing with the problem areas of their life. TC utilizes encounter, issue, and educational and other therapeutic group processes to address this area.

Encounter: This is where reality comes to the individual. By going to group and facing our negative behaviors of the past and present, we are able to begin change. By awareness and denial reduction, insight can happen. These groups are where negative behaviors and Written Pull Ups (WPU) are addressed to help readjust negative behaviors. Learning Experiences (LEs) may be enacted in these groups also.

Issue: Allows the individual to present areas of concern and receive positive feedback from the group and share appropriate methods of change.

Educational Groups Include:

Alcohol and Drug Education: Presents the clients with basic information on the clinical and practical descriptions of the Disease of Chemical Dependence so as to assist their understanding of the problem and promote their acceptance of their on abuse or dependence in order to promote addressing this problem.

Understanding Criminal & Addictive Thinking: Provides the clients with insight and information of the clinical and practical issues associated with onset and development of the Criminal Personality disorder to promote their understanding of the problem and motivate change towards more pro-social behavior.

Samenow Video Lecture Series: Allows the client to become of aware of the thinking patterns and errors that support the criminal behavior and lifestyle. This is a learned process just like negative/awfulizing thinking. REMEMBER, your BEST THINKING on your BEST DAY got you where you ARE.

Rational Emotive Behavior Therapy: Based on series by Tim Sheehan, Ph.D. for Hazelden. Originated by Albert Ellis, the bloc includes workbooks and materials to understand different emotional states and ways to confront personality problems, using videos and participation in group discussions on subjects like shame, guilt, fear, etc. (Phase II and III).

Anger Management

Socialization: Is a comprehensive, interactive block of information that is structured to assist the client to identify, relate, and adopt pro-social skills and information in order to develop a healthier concept of self within appropriate societal norms.

Family in Recovery: Assists the clients in understanding the importance of integrating the entire family system in their recovery process.

Relapse Intervention: Assists the clients in recognizing obstacles to the recovery process and adopting and implementing tools to address them at this point in their treatment. Integrates a holistic approach with professional treatment that creates a guide to recovery covering all areas of the individual's life.

Chop Shops: Interactive peer led group discussions of educational group material covered in the treatment experience to date and how the client population is processing it.

AIDS Awareness: The staff Counselors conduct a DOC approved AIDS Awareness presentation. This presentation contains a Pre- and Post-test and provides current information concerning HIV and AIDS. The staff counselors have received training in this area and present the information in a clear, frank manner, which is easily understood.

THEAPEUTIC COMMUNITY PROCESSES

THE THERAPEUTIC COMMUNITY EXPERIENCE

A Therapeutic Community - prison based or community based - is a highly structured treatment environment, which employs community-determined sanctions and penalties, privileges and status as part of the recovery process. A TC fosters personal growth by changing individual behaviors and attitudes through a concerned community of residents and staff working together to help themselves and others.

TC focuses on integrating individuals into the community. Personal progress is measured within the context of the community and against the community's expectations. Personal responsibility is emphasized,

meaningful labor is shared, and positive role modeling is practiced. Insight comes through group interaction, but learning acquired through failures and successes, with their attendant consequences, is the most potent influence toward achieving lasting change.

TC is an informational/educational process, which is to say that as the result of the treatment process the client should have the informational/educational basis on which to build the recovery/change process. Integral to preparing the client for this process is providing the basic format for a recovery program that incorporates the several areas of interaction in which the client must develop skills.

Behavior change is unstable without insight. Insight is insufficient without felt experience.

CSATP/THERAPEUTIC COMMUNITY: A COGNITIVE/BEHAVIORAL DEVELOPMENTAL MODEL FOR RECOVERY

Overview

The Arkansas Department of Correction Comprehensive Substance Abuse Treatment Program (C.S.A.T.P.) Therapeutic Community uses a multi-faceted approach to the problem of the chemically dependent criminal offender that encompasses several inter-related models of therapy, including Criminal and Addictive Thinking, Alcohol and Drug Education, Behavioral Skills Training, Positive Cognitive Re-Structuring, Life Without a Crutch, The Family in Recovery, and Relapse Intervention.

The overall program objective recognizes the dual nature of the problem - both the chemical dependence (or propensity for dependence in the client population) and criminal personality traits; and targets the treatment of both as the proper resolution of the problem.

In this context, the initial treatment goal - which is effected through an educational approach - is to provide the clients with a thorough basis of information relating to chemical addiction, which includes the effect of most commonly abused substances on the body, and an understanding of criminal personality disorders. The informational process at this stage of the program is founded in the disease concept of chemical dependence implicating the neural effects of substance of abuse, but the client is also introduced to the BioPsychoSocial model as implicating onset, progression, and treatment of the problem.

Progress through the treatment process educates the client in the basic framework for a recovery program structured around a holistic approach that addresses the several areas should be considered in order to effect change. Early on this model, the client is made to appreciate through the Criminal & Addictive Thinking bloc that the problem is not only one of chemical dependence, but relates as well to their perceptions based on distorted belief/value system that has resulted in many of the problems in their lives. Through the bloc of information on the Life Without a Crutch and Samenow Lecture Series which incorporates insight into the distorted thinking patterns of the client population, the client is led to an increased awareness of the an important aspect of the problem, its life implications as indicated by the negative consequences.

The holistic treatment model approach of the program establishes an informational basis to assist in the development of skills and ability in addressing and resolving many of the areas of concern for the recovery/change process. Inclusive in this process may be considered the educational blocs on Managing Feelings and Emotions (REBT), Samenow Lecture Series, Life Without a Crutch, Socialization and Reintegration, and The Family in Recovery. This segment provides the clients an understanding of skills for the proper management of thoughts and feelings, establishing a healthy functional personality style, and the basis for more pro-social relationships and interactions.

This holistic model permits through its Relapse Intervention an in-depth consideration of the problems related to change and recovery in context of client awareness and preparation for Relapse Intervention from a biopsychosocial approach; and emphasizing their ability for effective goal setting and achievement.

The program's therapeutic milieu for treatment is the continuous interaction of the community setting, itself; which, through benefit of confrontation, the group process, and the community hierarchy, permits for the acquisition, implementation, and application of the tools of recovery with which to begin the process of change. The client is required to exercise honesty, responsibility, and accountability for self as basis for formation of positive values and personality change.

THERAPEUTIC COMMUNITY: A COGNITIVE/BEHAVIORAL DEVELOPMENTAL MODEL FOR RECOVERY

Phase 1: Orientation/Stabilization

Primary Goal: Client should recognize that the need for change in their lives will require that they become teachable and learn to accept offered help and direction from others.

Expectation: During this phase the client will learn minimum program requires and make a commitment to complying with program rules and regulations in order to achieve ultimate goal of recovery and change.

Objectives: Accepting Help
Commitment to Therapeutic Community environment
Complete Orientation phase

Method: Intake & Orientation
Introduction to Treatment
Rules Group
Community Hierarchy and Structure

Time Frame: 1 month

Phase 2: Basic Treatment

Primary Goal: Client should recognize existence of some condition in their life that is causing problems that prevent their normal interaction in society and make a decision to seek help and become willing to accept treatment; and should accept their own chemical addiction and criminal behavior and learn skills to interrupt chemical use and criminal behavior and establish basis for a program of recovery.

Expectation: During this phase the client will stop psychoactive substance use and criminal behavior and begin the process of understanding and application of treatment tools and information to self; also there should be growth in client awareness of the existence in their life of problems with chemical dependence and criminal behavior and its adverse consequences in their life. And the recognition of methods to address and resolve the problem including managing their feelings and emotions and establishing the basis for a prosocial belief/value system.

Objectives: Understand chemical dependence and criminal personality disorder as treatable conditions; recognize and accept they have a problem with drugs and inappropriate behavior and need to change
Deal with denial
Develop Hope and Motivation
Use a structured program for recovery
Learn to manage life's situations

Method: Life Without a Crutch
Alcohol and Drug Education
Criminal & Addictive Thinking and Samenow Video Lecture Series
Managing Feelings and Emotions (REBT)
Socialization
Anger Management
Chop Shop
Group Therapy: Encounter/Issue Group
Confrontation/Community Interaction

Time Frame: 5 Months

Phase 3: Advanced Treatment

Primary Goal: Client should learn how to change personality and values that supported psychoactive substance use and criminal behavior.

Expectation: During this phase the client should learn how make deep changes in their personality and value system through the recognition and resolution of changes necessary in their basic belief/value system that will support lifestyle centered on sobriety and responsibility and allow meaningful comfortable life without inappropriate behavior.

Objectives: Develop and implement sober and responsible ways of thinking, feeling, and acting
Develop and implement appropriate and responsible belief/value system

Method: Relapse Intervention
Release & Reintegration Preparation
Family in Recovery
Goals Group
Confrontation/Community Interaction

Time Frame: 3 Month

Phase 4 - CSATP/Therapeutic Process

Aftercare is to ensure treatment gains are maintained during both continued incarceration status and community release status. Aftercare Plans will be developed during Phase III (Relapse Intervention Phase) of the Therapeutic Community treatment process. On completion of Phase III the client's Aftercare Plan will be forwarded to the Department of Community Correction for implementation and the provision of further treatment services upon the client's release.

Primary Goal: Client should implement pro-social transition and practice information, skills and tools necessary to sustain an on-going program of personal growth and development, guard against the return to inappropriate thinking and behavior, and deal responsibly with problems as they occur.

Expectation: During this phase the client will maintain a program of continuing growth and development while daily interacting in the treatment environment. Clients are expected to display appropriate behavior and skills necessary for continuing prosocial interaction beyond the treatment environment (including institutional job related interactions and in general population).

Objectives: Practice daily coping skills
Continuing to grow and develop as a person
Coping with life's transitions

Method: Provide Information and Referral on:
Education Housing
Employment Continuing Outpatient Treatment
Halfway House Support Group
Parole Services

Time Frame: Continuing Treatment

[NOTE: Time Frames are approximate and not determinative of an individual client's progress through the treatment process.]

[NOTE: A client's failure to appropriately progress through the several phases of the treatment modal may indicate the need to spend more time in the Therapeutic Community treatment environment if BioPsychoSocial relapse occurs.]

Mentoring of New Clients

New clients entering the Therapeutic Community will be assigned a community member who has a minimum of 60 days in the program who will have the duty and responsibility to assist the new client in their adjustment into the program. The community member assigned this duty will be required to meet daily with the new client to check their progress, any questions that they are having, and monitor how they are proceeding with their orientation into the program. Any problems that the new client is having if not directly addressed by the Client Handbook will be forwarded through the Lines of Communication through Peer Staff to Staff if required (the problem cannot be addressed by Peer Staff). The community member assigned to assist the adjustment of a new client into the program has this duty for the first 30 days of the new client's stay in the program. This is a duty assigned by staff.

CLIENT EDUCATION PROCESSES

"Personalized" Introduction to the Treatment Program

(Client will apply this introduction to self)

This program is intensive treatment and will require from me intensive effort. This treatment program will give me the skills and tools for becoming a whole person again. I will recognize the complex development in both my past irresponsible behavior and my new responsible behaviors.

I will address the key factors, which contribute to my irresponsible behavior, particularly drug abuse and having met my needs in ways that deprive and/or injure others. I will go into deeper causes, explore my failure to develop self-respect and respect for others and explore my lack of the mature, socially acceptable belief and value system through which most of us can resist crime and live responsibly.

None of this is intended to provide me either a psychological excuse or a crutch. Throughout, my emphasis must be on increasing my responsibility and accountability.

My involvement in treatment recognizes that I must develop responsible behavior patterns to replace my past irresponsible behaviors. If I cannot do this, my irresponsible patterns will slip back into place once the external structure and discipline of the treatment program is removed.

My program focuses on developing skills and tools to assist me in both resisting relapse and building a meaningful and satisfactory life.

****NOTE: This reading should be the introductory to all groups, House Meetings, etc.**

THERAPEUTIC COMMUNITY: A COGNITIVE/BEHAVIORAL DEVELOPMENTAL MODEL FOR RECOVERY

ADC/CSATP uses a research-based, evidence-tested, clinically approved approach that incorporates cognitive-behavior techniques to achieve overall departmental and program goals of reducing client anti-social behavior including illegal drug use and criminal conduct, in order to enhance both public safety and the clients' individual quality of life. The treatment process includes a program of educational instruction and skills acquisition conducted in a therapeutic environment that permits clients the opportunity to practice and reinforce the implementation of pro-social change tools and behavior to support successful re-entry and interaction in their communities. Objectives of treatment include increasing client understanding of problems associated with their incarceration, reducing resistance and ambivalence to resolving those problems, and increasing motivation and sustained commitment to practice change behavior. Methods used to achieve these goals and objectives include structured educational groups built around a workbook audio/visual format to permit information

transference and skills acquisition; facilitated group settings to promote relationship building and socialization skills; and community interaction to encourage the development of a pro-social belief/value system.

THERAPEUTIC COMMUNITY EDUCATIONAL TREATMENT BLOCS

1 Month	<p style="text-align: center;">ORIENTATION/STABILIZATION PHASE BLOC</p> <p>Rules Group Intake & Orientation - Community Hierarchy and Structure - Introduction to the Group Therapy Process - Encounter/Issue Group - Confrontation Group - Focus Group Daily Interaction in the Treatment Community.....Continuous</p>	} Phase I
	<p style="text-align: center;">CHEMICAL DEPENDENCY AS A PROBLEM BLOC</p> <p>Denial Management Alcohol & Drug Education</p>	
5 Months	<p style="text-align: center;">COGNITIVE/BEHAVIORAL DEVELOPMENT BLOC</p> <p>Life Without a Crutch Criminal & Addictive Thinking Samenow Video Lecture Series Anger Management Journaling Group</p>	} Phase II
	<p style="text-align: center;">POSITIVE COGNITIVE REFRAMING BLOC</p> <p>Managing Feelings and Emotions (REBT) Socialization Reflective Therapy Groups How the Group Sees Me</p>	
3 Months	<p style="text-align: center;">RELAPSE INTERVENTION BLOC</p> <p>Relapse Intervention HIV/AIDS Seminar</p>	} Phase III
	<p style="text-align: center;">RELEASE AND REINTEGRATION BLOC</p> <p>The Family in Recovery Module Release & Reintegration Goals Group</p>	

CSATP/TC Transformation Steps

1. **I admit** my life is disorderly and has become chaotic and unmanageable.
2. **I accept** that I am in need of guidance to put order in my life.
3. **I feel** I need enlightenment and redirection to achieve order in my life.
4. **I can** open my mind up by choice, accept facts, make changes, and become self-actualized with ORDERLY DIRECTION.
5. **I will** recognize, reflect, and redirect all patterns of my disorders, becoming mindful of other people's feelings, accept life on life's terms.
6. **I possess** the power to change in my life through my attitudes, beliefs, actions, and will consistently challenge my self-awareness.

NOTE: The reading of these steps by a member of the Groups Department, or a Designee is to open all educational and didactic groups.

11-99RDC

General TC Meetings Schedule

Tuesday	House Meeting	7:00 - 7:50am
Tuesday	Community Development Meeting	Noon-12:50pm
Tuesday	Community Circle Group	1:00 - 1:50pm
*Monday (Mandatory)	Study Period	7:00 - 7: 50pm
*Tuesday (Mandatory)	Study Period	8:00 - 8: 50pm
*Wednesday (Mandatory)	Study Period	7:00 - 7:50pm
**Thursday	Study Period	7:00 - 7: 50pm
*Saturday (Mandatory)	Study Period	10:30-11:20am

[Note: Day and Time for Scheduled Meetings may vary by Unit]

All program activities require mandatory attendance by all clients and Peer Guides.

*Mandatory Study Period. Any absence from these activities must have prior approval by Staff and must be made up by the client. If a client is in the community during mandatory community activities he must attend the activity.

**Clients may attend Library Call on regular scheduled nights in lieu of Study Period. Other Library use that conflicts with program activities must be by prior approval of Staff. You must have prior approval from TC Staff to miss any scheduled activity

NOTE: Program staff with the approval of the Project Coordinator may schedule other community groups as needed.

Mission and Intent of Program Information

Intake & Orientation

Mission Statement

Intake & Orientation is a CSATP bloc that permits for the introduction of the basic concepts related to the treatment approach, including the TC model, the community as the basis of treatment, hierarchy and structure, program rules and process, the group process, and the importance of engaging in the treatment process. Participation in the bloc is intended to assist in reducing client ambivalence to treatment and enhancing motivation and commitment to successfully completing the treatment process. Clients are encouraged to recognize the positive benefits of treatment by gaining information, skills and tools to reduce negative life consequences and successfully engage in the pro-social community environment.

Alcohol & Drug Education

Mission Statement

Alcohol and Drug Education is a CSATP education treatment bloc that provides the clients with an understanding of chemical dependency/abuse as a disease and an appreciation of its negative impact on all areas of their lives. The information provides clients with the tools to challenge their personal beliefs about their own drug using behavior and establishes a realistic understanding of its nature and negative consequences and effects on their lives.

Participation in the education bloc is intended to assist clients in recognizing substance use and abuse as a problem for the treatment population, its negative life consequences, and establishes a basis to discontinue all drug use. Clients will gain the information, skills, and tools for understanding the nature of chemical dependency and basis for their own commitment to recovery.

Criminal and Addictive Thinking

Mission Statement

Criminal and Addictive Thinking is a two-part CSATP education bloc intended to assist the clients in developing the basis to reduce the anti-social behavior associated with their incarceration. In Part I of this education bloc the clients are introduced to cognitive behavior therapy as a tool to assist the recovery process from antisocial behavior and how problems related to their thinking and how it influences negative behavior. In Part 2 of this bloc, the clients develop an awareness of faulty thinking patterns, distorted beliefs and values that lead to inappropriate actions, and then recognition and acceptance of their own similar patterns of thought. It also provides the clients the informational basis to begin the process of change necessary to correct the behavioral results of faulty thinking patterns and implement a more acceptable belief and value system.

The workbook format of the model assists the client in gaining an understanding of the difference between antisocial and socially acceptable values and beliefs, recognizing their own inappropriate thinking and how it affected their ability to positively interact in society, and offer constructive alternatives to these inappropriate values, beliefs and behaviors, which if adopted could lead to healthy social readjustment.

Samenow Video Lecture Series

Mission Statement

The **Samenow Video Lecture Series** is a CSATP education bloc that uses video/DVD formatted lectures in a group setting to reinforce the clients' understanding of thinking problems and errors that support their anti-social behavior and negative life consequences. Through the use of this treatment bloc clients gain a better recognition of patterns of thinking and behavior and acquire information, skills, and tools to challenge their negative thinking patterns and avoid adverse life consequences.

The format and structure for this model permits for an interactive method of learning and exchange that serves to increase client recognition, understanding and awareness of the differences in the thinking of the criminal offender and those who do not commit crimes, accept the non-beneficial value of the consequences of that behavior, and begin to consider offered solutions to change the behavior.

Rational Emotive Behavior Therapy

Mission Statement

Rational Emotive Behavior Therapy (REBT), which is based on the work of Albert Ellis and his Rational Emotive Behavior Therapy, is a process that helps clients to better understand their feelings and to change any unwanted behaviors. Benefits that the client can expect to receive from REBT include; a better understanding of their behavior, recognizing and changing self-defeating attitudes, a chance to set new attainable goals and practice new problem-solving skills and learning new ways of thinking, feeling and acting. Teaching clients to learn to think before they act, will positively change the outcome of their actions and make them a better person and more productive member of society once again.

By practicing REBT regularly, the clients can help themselves through the process of recovery from addiction and mental health problems. REBT is their key to a new way of living. Many of the individuals are not aware of their feelings and how they influence emotions. The education bloc provides clients with cognitive techniques that will allow them to manage their feelings rather than being controlled by their emotions. Learning to manage their feelings, controlling their behavior, and changing their irrational thoughts and beliefs are important parts of the self-improvement necessary for recovery and change in the clients' lives.

Anger Management

Mission Statement

Anger Management is a CSATP education bloc directed at understanding helping the clients to understand anger as a problem; understanding its origin and nature; recognizing high-arousal situations; and then to learn and practice skills for coping with anger appropriately. For the client population, the failure to deal with anger appropriately is a threat to continued or eventual freedom from incarceration. Anger and violence should be considered high-risk situations for relapse and the return to a vicious cycle of repeated failures.

The education bloc uses a structured format built around Men's Work workbook lessons, journaling, and video enhanced sessions to assist clients in learning cognitive behavior techniques and approaches for managing anger appropriately. Clients learn to understand the basis of their anger, recognize anger causing situations and coping skills as important components of the anger management process.

Socialization

Mission Statement

Socialization is a CSATP education bloc that encourages clients to examine attitude and beliefs in order to support changes in thoughts and perceptions that hinder positive re-entry into society. The bloc assists clients in recognizing that relationship skills are one of the primary areas of dysfunction as evidenced by antisocial (criminal) personality traits in the client, the education bloc is used as a mechanism to assist the client in developing and implementing skills to increase and enhance interpersonal relationships and positive goal setting. Participation in the Socialization model should provide the client with a better understanding of the components of a healthy personality, which has been a primary area of deficiency, identify areas of strength and weakness in their present personality and use the course material and information to correct weaknesses and build on strengths to develop healthy, functional skills to assist in building and restoring relationships.

Relapse Intervention

Mission Statement

Relapse Intervention is an interactive informational/educational bloc that is meant to assist the treatment population in building or strengthening the skills needed to relate to self, others, and to society in effective and healthy ways. The overall goal of the module is to help the clients learn the skills to put their commitment to change into action. The therapeutic objective is to give the client the self-confidence and skill mastery to bring about change in their lives and to strengthen positive thoughts about self and how to relate to others and their community.

The information bloc is meant to help the clients to acquire and implement the information, skills, and tools for taking ownership of change and accept responsibility for high-risk thinking, high-risk actions, and high-risk

situations that lead to relapse and recidivism. In addition, it is intended to permit the clients to revisit and review the skills and ideas that are important to and prevent relapse.

Release & Reintegration Preparation

Mission Statement

Release & Reintegration Preparation is a CSATP education bloc to assist the community re-entry process for clients by providing them with information with which to make a realistic assessment of assets and resources on-hand to support a healthy lifestyle change. And as well, identifying the availability of resources and support to assist the re-entry process.

Participation in this education bloc should provide the client with additional skills and tools for continuing to challenge old beliefs and thinking patterns that have served as an obstacle to asking for help; promote willingness; and encourage the positive commitment to practicing change behavior in their daily life course.

Family in Recovery

Mission Statement

Family in Recovery is a program education bloc that encourages clients to consider the negative effects their behavior, including their incarceration has had not only themselves but as well, their families. Available information suggests that the ability for successful recovery and change is greatly enhanced when a positive support system is in place to encourage that process. Also, the chances for relapse are greatly increased when this system is not available. The treatment module uses a workbook format with video reinforcement and the group process to assist in understanding the importance of this area of recovery and provide skills and tools to promote reconciliation in life area.

Chop Shop

Mission Statement

Chop Shop is a Peer generated interactive group process that is conducted weekly to permit the clients to discuss their understanding of information learned during the program's educational process. The group is used to assist in the processing of educational group information. Chop Shop utilizes the interactive group process and is facilitated by a member of the Peer Hierarchy to help clients further their understanding of program information developed in educational groups. During chop shops clients are encouraged to express their individual understanding and application of the educational group material.

Chop Shop goals include: helping to clarify educational material so all program participants gain a sufficient "understanding", and serve to help clients relate the interconnectedness of program information to their problems and developing healthy solutions. Chop Shops use a discussion group format focused on processing educational group information.

Primary/Rules Group

Mission Statement

Primary Group is a Staff or Peer generated group held weekly to discuss program rules, structure, and clients understanding or questions about the program process. It is an interactive group process to insure clients' are continually aware of program developments and to clarify clients' questions and insure that there are no deviations from program structure being put in place in the community.

Goals Group

Mission Statement

Goals group is a peer guided, client generated interactive process that is meant to serve a two-fold therapeutic purpose. First, it is intended to serve as a vehicle through which clients can utilize the group process to address objectives that have been established towards their completing the clinically developed goals of their Comprehensive Treatment Plans. Secondly, it is meant to serve as a forum to assist clients in identifying, developing, and implementing plan towards realizing realistic pro-social goals to assist their maintaining their recovery on completion of the treatment process.

Through the process of development of the clients' Comprehensive Treatment Plan, the client and Counselor identify particular areas of treatment needs. The interactive process of the Goals group should serve as a method for the client to address certain of the those treatment areas in a manner that encourages openness, permits honest input and assessment from others, and assists the development of skills such as assertiveness, tolerance, and acceptance of others.

Gender Specific Programs (McPherson)

Many practitioners who have studied men often see addicts as self-focused and perceive their task as breaking that obsession with self. Men who are addicted typically build up grandiose false selves that must be challenged before they can discover and cultivate their true selves. The descriptive terms used in AA include *king baby*, *inflated self ego* and *grandiosity* (Alcoholics Anonymous, 1976). The confrontation used in traditional therapeutic communities and early treatment programs was designed to break through this false, grandiose self of men. Addicted women, however, generally have a diminished sense of self. They have learned to negate and neglect their true selves in favor of other people and their drug(s) of choice. Female addicts may appear self-obsessed because their lives are constricted around their drugs, while healthy give-and-take with others recedes into the background. However, their obsession with their drugs hides their true selves. (Covington, 2002)

Gender Specific Programs create an environment that reflects an understanding of the realities of women's lives, and is responsive to the issues of female clients. The following groups have been incorporated into the programming at the McPherson Unit.

Helping Women Recover by Stephanie Covington, PhD addresses the special concerns and issues of substance-abusing women in correctional settings. The innovative program integrates the theories of women's psychological development, trauma and addiction treatment in an approach specifically designed to meet the needs of chemically dependent women. The program is organized into four topics: self, relationships, sexuality, and spirituality.

Beyond Trauma by Stephanie Covington, Ph.D. explores the inter-relationship between substance abuse, trauma, and mental health. It draws on multiple therapeutic techniques—psycho-educational, cognitive behavioral, expressive arts, and relational therapy-- help women explore the impact of trauma on their lives and develop a sense of safety.

Moving On: A Program for At-Risk Women, provides women with alternatives to criminal activity by helping them to identify and mobilize personal and community resources. The program content is organized around four main themes; 1.encouraging personal responsibility and enhancing motivation for change, 2.expanding connections and building healthy relationships, 3.skill enhancement, development and maintenance and 4.relaxation and stress management skills.

Houses of Healing offers guidance in stress management techniques and healthy, practical coping strategies. It address, in depth, the necessity of self-forgiveness and forgiveness of others – subjects that are often overlooked and misunderstood despite the fact that they are essential to the cultivation of empathy and emotional maturity.

Connections: a 12-Session Psycho-educational Shame-Resilience Curriculum by Brene Brown Ph.D. draws on empirically based strategies to help clients recognize shame as a universal experience and embrace authentic living as a foundation for shame resilience. Topics include; defining shame, practicing empathy, exploring triggers and vulnerabilities, practicing critical awareness, reaching out to others and creating, embracing and inspiring change.

Feelings Journal

Mission Statement

Feelings Journals: Upon admittance into the TC program, each client is given a Feelings Journal that contains blank pages of notebook paper that is to be used to maintain a Feelings Journal. The client will be expected to maintain a personal logbook of the different feelings, thoughts, behaviors, etc. they experience on a daily basis. Several of the educational groups offered by the program, such as REBT and Relapse Intervention, require the clients to examine their own thoughts, beliefs, emotions, and behaviors, and the Feelings Journal can be used to inventory these on a regular basis in order to help in identifying what areas need to be modified and/or changed to support recovery. **Journals** are tools for directing client attention to individual areas of their lives to which they most need to pay attention. **Journals** are not diaries of "what happened today," but are **a focused and organized process of studying some specific part of your thinking.** **Journals** are always used with a specific target and a specific goal.

Journal projects may include:

- (1) Keeping track of situations and behaviors that have caused problems in the individual's life;
- (2) Recording thoughts and feelings about situations;
- (3) Finding patterns in the individual's thinking;
- (4) Finding cycles of thinking and behavior; or
- (5) Practicing changing and controlling those cycles.

Additional paper for journals will be provided upon written request. Journals are not for writing letters. Periodic journal reviews by staff will be conducted to ensure the clients have a reasonable understanding of their feelings.

CLIENT GROUP PROCESSES

Goals Group Guidelines

Assessment of the treatment population indicates that many of those clients lack realistic plans for their recovery process beyond the treatment experience. Imperative to their ability to successfully abstain for the problematic behaviors of drug use and criminal activity will be the clients' need to develop attainable goals on their release from treatment that support pro-social behavior. The Goals Group process should also serve as an avenue and venue for the treatment population to realistically assess their options on completion of treatment, select reasonable alternatives, develop appropriate plans, and identified methods for the implementation of goals that support positive lifestyles on their release from treatment. The Goals Group is meant to serve as a forum to challenge the irrational belief system and negative thinking of the client and encourage the development of the skills of critical thinking, personal insight, honesty, and willingness to utilize available resources. The process should require the client to identify and assess information beyond that within their personal awareness in order to respond to group dictates, which require a realistic approach to the responsibilities of life, thus encouraging the recognition of those responsibilities.

A. Goals Group Format:

1. Written Work Assignments completed by the Client
2. Scheduled reports by the client on progress made on assigned projects
3. Group assessment of client progress

B. Goals Group Process:

- I. Introduction Lecture
 - a. Discussion on Purpose of Group
 - b. Group Process
 1. Interactive
 2. Challenging
- II. Discussion of What "Goals" are
 - a. Assist clients to develop a Definite Major Purpose

- b. Written essay: "What are Goals"
 - 1. Discuss your concept as well as Group and traditional concepts of "Goals"
- III. Discussion on Individual group participant's Goals
 - a. Written essay: "My Goal is...."
 - 1. Include Objectives (short-term goals towards overall goal)
 - 2. Discuss Methods (means by which to achieve objectives and goals)
 - 3. Set a timeframe
- IV. Discussion on "Resources"
 - a. Things that are available that will help be get a better life.
 - b. Identify specific "resources" that for each group member will help them reach the specific goal they have identified
- V. Develop letters to request information and assistance on goals from Resources that have been identified
- VI. Write letters to Resources seeking information and assistance

Group Summary Group

Group Summary Group is a client generated interactive group process that is conducted weekly to permit the individual to discuss their application of information, tools, and skills that they have learned as the result of the program's treatment processes.

Group Summary Group Guidelines

Group Summary Group is a client generated treatment block that permits the group members to share personal assessment of their progress in identifying problems or areas of concern and applying information, skills or tools that they have gained during their treatment towards their resolution. It also permits for feedback from fellow group participants as to the individual's progress in the identified problems/area.

1. After a client has identified their problem, shared the information that they have gained to address this problem, and told the group the actions they have taken to implement this information in their life or to address the problem, the client should not give additional input to justify or rationalize their actions; but rather, listen to, process, and write the input given them by the group.
2. Input should be relevant to the actions taken by the client.
3. In order to get the maximum benefit from the time available and permit others to provide input, do not repeat input that has already been given client by someone else.
4. Do not try to heal, or make someone well, just give the positive input that you have.
5. Do not permit one individual to monopolize the group.
6. Group summary is not a focus group, and there should be no personal attacks made on group members; only positive input on the actions taken by the client that may assist personal growth and progress, and the client's effort to change.
7. Learn to recognize and identify inappropriate behavior in other group members that does not contribute to the group members developing healthy skills for positive interaction and which may itself be addressed in an appropriate setting.

Journal Week

Journal Week is a client-generated process that utilizes Peer direction to assist the client and community in the assessment of their Journaling activity. Each client on entry into the Community will be issued a Feelings Journal, which is to be used by the client in observing and recording their actions, thoughts, and feelings during their progress through the treatment experience.

During Journal Week, which is held monthly during the course of the program, each client will discuss journal entries of their selection that they have made from the period since the last Journal Group during an interactive group process that will permit for feedback from their peers for the purpose to assist the client in assessing their progress on identified areas of concern while in treatment. Since program goals include **increased self-awareness and increased self-discipline**, the object of this process is to pay more attention to our thinking and learn to direct and control that thinking.

A Journal entry shared in group should at the minimum include:

1. A brief, objective description of a situation or event.
2. A list of all the thoughts you can remember having at the time about the situation or event.
 - (a) Without explanation
 - (b) Without justification
 - (c) Without censorship
 - (d) Without personal criticism
3. A list of the Feelings you experience about the situation or event.
4. Your attitudes and beliefs about the situation or event.

Journal Week Guidelines

The structure of a Journal Week group is from the podium. Clients will be given the opportunity to read entries from their journal that were made since the previous Journal Week group. The client should identify which of the **journal projects** that was being used for the journal entry that is being shared with the group; whether the client was: (1) keeping track of situations and behaviors that have caused problems in the individual's life; (2) recording thoughts and feelings about situations; (3) finding patterns in the individual's thinking; (4) finding cycles of thinking and behavior; or (5) practicing changing and controlling those cycles.

A journal entry should include more than one date, as it should show the client's progress on the particular **journal project** that has been chosen. After the individual shares their journal entries, each member of the group will give their input or assessment of the client's progress with the **journal project** that was shared. Each client will complete a written assessment of the individual's progress as being one (1) of the below:

- a. **Real Dude** – individual has awareness of the work to be done on self and is progressing with this as is reflected by their actions.
- b. **Slipped the Grip** – the individual had positive personal work going on but appears to have lost interest and has started thinking relapse.
- c. **Bogus** – the individual is a phony, fake, and is not real.
- d. **Smacker** – the individual talks treatment well, but is not a Real Dude.
- e. **Fronting** – the individual is putting on a false image for everyone else to admire.
- f. **No'er** – the individual refuses to join the community, not committed to the program and sees themselves as above problems. Knows it all.
- g. **Projector** – the individual thinks everything is a problem but self, and is able to take everyone else's inventory, but their own.
- h. **Lost in Space** – the individual is in major denial about problem(s) and cannot see reality of self.
- i. **Flexing** – the individual is trying to intimidate others in order to be left alone.
- j. **Trippin'** – the individual is way off base and needs to refocus their priorities.
- k. **Player** – the individual is into games, playing too many games to list; a manipulator.

Note: This written assessment on each client will be turned in to staff at the end of the group session.

Faulty Thinking/Value Clarification

Faulty Thinking/Value Clarification is a Phase completion requirement in order to transition to Phase III and requires the client to present a 10 minutes seminar from the podium in which they first discuss the distorted thinking that resulted in their incarceration; and then consider the shift necessary in their belief/value system in order to support recovery and change. At the completion of each client's presentation they will entertain comments and input from the group relating to their presentation Input should challenge distorted thinking and encourage positive change. **Each client should prepare an outline of their seminar for inclusion in their clinical file.**

How the Group Sees Me

How the Group Sees Me is a client generated interactive group process that encourages the community to adopt and implement more prosocial values by encouraging the positive growth and progress of fellow group members. The process is also another tool that is utilized to encourage individual client **self-awareness** and **self-discipline**.

Periodically during the treatment process (a minimum of every 3 months), the entire community will conduct a 1-on-1 to be completed over a 3 to 5 day period. At the completion of the 1-on-1, the community will

then have interactive group sessions during which each community member will share their assessment of the feedback they received as the result of the 1-on-1.

How the Group Sees Me Guidelines

The structure of **How the Group Sees Me** is from the podium. The client will first give their assessment of themselves and their behavior and/or progress in the program. The group is then encouraged to give their honest assessment of the individual.

Community Development Meetings (CDM)

The purpose of this meeting is to: bring the community together and to motivate the treatment process with a positive outlook. In addition to announcements, a major part of CDM is dedicated to inspirational activities such as reading a “thought for the day” and fun activities, such as songs, jokes or entertainment. The inspirational and fun activities often require clients to appear in front of the community. This helps to instill confidence, break down images and fears, and to develop trust in the community. A CDM agenda might look something like the following:

All coordinators are seated at the front of the room. The community is seated “theater style.” At the start time, the Expeditor Coordinator promptly begins CDM.

EXPEDITOR (stands)

“Good evening community, my name is _____.”
(The community responds in unison with, “Good evening _____.” “Today is _____ (day, date). CDM has now begun. All are present (or any absences are announced). At this time I will turn the meeting over to the House Coordinator.”

HOUSE COORDINATOR (stands)

“Good evening community, my name is _____.”
The community responds in unison with “Good evening _____.”

“At CDM, we bring the community together and end our day on a positive note.”

“Could I have a volunteer to present the evening reading?” (Community members volunteer by a show of hands and come to the front when selected by the House Coordinator)

Volunteers come to the front of the room and state, “Good evening community, my name is _____.” (The community responds in unison with “Good evening _____.”
(two or three volunteers read and comment on their interpretation of the reading or what significance it has for them)

“I would like to welcome our new residents” (the purpose is to acknowledge new admissions and make them feel welcome)

“At this time I will turn the meeting over to the Expeditor Coordinator.”

EXPEDITOR COORDINATOR

“Good evening community, my name is _____.” The community responds as before.
Ask for any awareness from the community regarding any pull-ups or push-ups for the community in general (not for individuals). This is to call attention to needs of the community (for example, Pull-ups dealing with: [a] lack of participation in activities, [b] cleanliness of the barracks, [c] community attitude, etc. This time is also used to acknowledge positive accomplishments for the community as a whole. (Push-ups for [a] good

community attitude, [b] cleanliness of the barracks, etc.)

The Expeditor Coordinator then announces designated sanctions/LEs, which were assigned by staff concerning the previous day's WPU.

Asks for any presentations from community members concerning sanctions, consequences, LEs, etc.

“Thank you. At this time I will turn the meeting over to the Information Coordinator.”

From this point on, each Coordinator follows the same introductory and hand off procedure as above.

INFORMATION COORDINATOR

Makes the announcements for the day. Relates a positive, life effecting current event for the day. Asks staff and other Coordinators if they have any announcements. Turns the meeting over to the Creative Energy Coordinator.

CREATIVE ENERGY COORDINATOR

Leads songs, jokes, skits and entertainment. The Coordinator will have planned some activities ahead of time for the CDM activity. The Coordinator may also have some activities that require “designated” volunteers when none are forthcoming. Ensure there is adequate time allotted amid the “business” of CDM, for these activities are what ends the day on a positive note. Turns the meeting back over to the House Coordinator.

HOUSE COORDINATOR

Makes a closing statement, summary regarding CDM (pull up/push ups, etc.). Turns the meeting over to the Expeditor Coordinator.

EXPEDITOR COORDINATOR

“CDM is now over. Members are excused, the next session is _____ at _____ o'clock.”

Expeditor Coordinator ensures the closure is punctuated by eliciting genuine applause as respect for the leaders and community as a whole.

Community House Meeting

The Therapeutic Community needs time for all community members to be present in order to discuss community needs and issues relating to the community. The Community House Meeting will be used for this purpose. Issues that can be addressed will include the following:

- A. Community Procedural Issues:** The procedures that are to be followed throughout the community which are set as guidelines and may need further clarification. Personal issues, Push-Ups, and Pull-Ups, are not to be discussed at this time. Any issue that may arise of a treatment value will be referred to Therapeutic Community staff.
- B. Community “Housekeeping” Issues:** These are issues relating to the condition of the community barracks such as the maintenance needs of any rooms and/or areas that need repair (sinks, toilets, locker boxes, etc.).

Community House Meetings Schedule

Community House Meeting will be held on Wednesday evenings from 7:30pm to 7:50pm. Other meetings can be called at when it is necessary to dispose of any TC business that cannot be disposed of during this particular meeting. A member of the Peer Hierarchy will be present to ensure proper focus of the group.

Coordinator's Meeting/Department Meetings

Coordinators' Meetings and Department Meetings are scheduled, structured activities held on Saturday afternoons (usually between the hours of 5:00 to 6:00PM). During Coordinators' Meeting, chaired by a House Coordinator or in the absence a Facilitator, information from Staff or Peer Staff may be shared with Department Heads, problems in the community may be identified and discussed, and the business of the Community for the following week may be organized, including developing Department Schedules for submission to Staff. The votes for Client of the Week and Most Improved Client of the Week should also be held. Immediately after Coordinators' Meeting, each Coordinator will meet with their respective Departments, with a House Coordinator and Facilitator present, to discuss proceedings of the Coordinators' meeting with Department members, obtain input, feedback, and clarification.

GROUP THERAPY PROCESSES

Group Goals

1. Get in touch with and express feelings properly.
2. Develop empathy skills.
3. Develop effective listening and communication skills.
4. Establish trust.
5. Improve interpersonal skills.
6. Confront and resolve conflict in order to grow emotionally.
7. To be responsible.
8. Personal growth.
9. Create support groups for common and individual objectives

Group Therapy Rules

1. Everyone should be honest.
2. No personalizing what is brought to you.
3. No getting out of your chair when the group is on you. When the Group Leader calls **TIME OUT** that means **EVERYONE** must stop talking immediately.
5. Confidentiality is a **MUST**. What is said in group must stay in group
6. No abusing the group (derailing, cutting-up, defocusing, etc.).
7. No Sub-Grouping in any group. .
8. No reading, writing, etc. while therapy group or CDM is going on. Clients may take notes during educational groups only.

GROUP THERAPY FORMATS

Inclusive in the group process is the therapeutic goal that with the individual's acquisition - through its process - of a better understanding of self (and with it a understanding of causation for the underlying negative self concept), there will be a growing acceptance by the individual of self for who self is; thereby helping them to work to address and resolve the primary area of concern for treatment and recovery: the negative self concept.

The therapeutic group process is meant to encourage community input in helping the individual to see both the behavior and its inappropriateness, which will hopefully serve to assist the individual in challenging their negative belief/value system in light of peer perception. It is a conflict-oriented process, as it encourages behavioral confrontation in an often dramatic and vivid fashion, in order to acutely bring to the subject individual's awareness not only the inappropriateness of that behavior; but as well, its problematic consequences for the individual.

Encounter Groups

A group structure that is meant to provide an occasion to confront one-on-one behavior that one client thinks to be inappropriate in another client and permits input and feedback to validate perceptions from the group. This group is also used as the appropriate forum to address what may appear to be the development of the inappropriate interaction as between two community members as may be apparent through the Written Pull-Up process or other community members observation made aware to Staff.

- Encounter Group Format (Facilitated by Program Leader):
 1. When initiated on basis that one client has developed based on another client's behavior a negative perception about the client and/or the behavior
 - A. The client having developed the perception is expected to initiate the group process (e.g., Program Leader: This is Encounter Group."
Client having developed perception: "Yeah, well I have a problem with _____. And it is based on _____....")
 - B. The client that is the subject of the perception should then respond to this confrontation expressing his position.
 - C. The group should then provide input and feedback based on their observations and perceptions on the basis of the confrontation.
 2. When used to address the apparent development of inappropriate interaction between clients the procedure should be initiated by either Staff or another community member who perceives this development.
 - A. For example Program Leader: This is Encounter Group does anyone having something they thinks needs to be addressed?"
 - B. Then either Staff or an observant community member may present their observations to the two community members having the apparent inappropriate interaction for their response.
 - C. The group should then provide input and feedback based on their observations and perceptions on the basis of the confrontation.
- The Program Leader should serve to maintain focus of the group along healthy pro-social lines.
- Besides resolving any inappropriate interactions or misperceptions the Encounter Group is meant to encourage assertiveness and develop skills in expressing self.
 - A. The group is meant to assist clients in learning healthy ways to reduce negative perceptions of others
 - B. The client interaction between the encounter should particularly focus on "I" messages and encourage direct conversation to the person being addressed.
 - C. The purpose of the group is to assist in developing pro-social skills of tolerance (allowing others to be wrong) and acceptance.
- Some appropriate Learning Experience (LE) for either or both community members involved in the interaction that will assist their resolution of any problem(s) that may become evident and may result from this group (e.g., "Buddy Contract" or "One-on-One"). In essence, though, the group is meant to encourage the resolution of problems in a more pro-social manner and thus avoid some future sanction.

Issue Groups

This is a group structure that is meant to provide a forum for an individual to present personal areas of concern for input and feedback from the group. This group setting is also used to allow group members to identify, express, and develop thoughts and concepts on issues considered relevant to their progress towards healthier beliefs about self, others, and the world.

- Issue Group Format (Facilitated by Program Leader):
 1. May proceed on the basis that some group member has some area that they consider to be problematic to their treatment/recovery process and desire group input and assistance concerning the issue.
 2. Or the group may serve on an individual basis as being an appropriate forum in which to express thoughts and feelings that the individual thinks could hinder their treatment and recovery.
 - A. The group process should proceed along this line: (e.g., Program Leader: This is Issue Group. A group member should then present to the group what their problematic "issue" is.

[NOTE: If no one responds with anything immediately, silence is okay. Usually some group member will put something on the floor.

B. The group should provide input and feedback based on their personal experience of what the treatment process has given them.

- Note that it is important for the facilitator to insure that what is presented in this group is of the nature of an "Issue" and that matters pertaining to rules or house business do not intrude into this format.
- When no one wishes to present an "issue" or if the facilitator has previously decided, a topic relevant to the treatment/recovery process may be the subject of this group.
 1. The group process should follow along somewhat so: (e.g., Program Leader: "This is Issue group. Today we are going to look at the subject of "Anger, and how it has affected my life. Discussion. Input."
 2. Group members will then begin to provide their insight and discussion on their concepts and experiences with the topic.
 - A. The facilitator insures that the group discussion is along the process of developing for the group the basis for positive, healthy beliefs and values that will support recovery.
 - B. This group process is meant to assist in identifying negative beliefs and help in developing more pro-social beliefs and developing empathy, care and concern for others.
- The facilitator should insure that the group maintains focus as to topics of "Issue" rather than being derailed or defocused to house or community issues.
- The facilitator should allow the group to do the "work" of the group process. And should mainly serve only to clear up any misconceptions or misinformation that might exist, and clarify the discussion so that the "issue" being discussed is not lost or the importance of input or feedback is not missed or disregarded.

Focus Groups

A group structure that is meant to permit the group or community to provide input and feedback on the behavior or conduct of an individual client that is deemed to be inappropriate or problematic.

- Issue Group Format (Facilitated by Program Leader):
 1. The group process is meant to target specific behavior presented by the client, and then utilize the group process to encourage the client to
 - (A) Recognize the behavior as being inappropriate;
 - (B) Identify how this behavior has previously caused problems for the individual;
 - (C) Identify possible origins for the behavior;
 - (D) Target and resolve thoughts and feelings around its origin;
 - (E) Devise some immediate alternatives to address the behavior, itself;
 - (F) Implement a specific plan to address target behavior; and
 - (G) Review progress on plan to address problem behavior.
- This group process is meant to assist the individual in the cathartic treatment progress that is necessary
 - (A) For the Understanding of self; and then
 - (B) Developing and implementing some appropriate tools to address identified problem areas or inappropriate methods that have been adopted and used by the individual as the result of their negative belief/value system that has contributed to adverse consequences for the individual.
- The group process assists the individual, not only in helping to identify and articulate the inappropriate behavior; but as well, assist to relate that behavior to possible underlying (and often unresolved) factors that may have contributed to its origin.
 - (A) Too, the group process lends itself not only in devising some alternative actions that may be utilized to address the behavior;
 - (B) And as well, serves to assist the individual by providing means for monitoring progress and commitment to changing the behavior - through adherence to the suggested plan of action.
- This group level is to be utilized if the repetitive behavior or presenting incident permits no other method.
- If a Client refuses Focus he will be placed on 30 days suspension.

Community Circle Group

Community Circle Group is a general-purpose group held weekly that permits for entire community interaction, confrontation, and consensus on matters that may relate to any area of concern for the group. The format may permit for the use of any of the basic group structures in the Therapeutic Community including Issue Group, Encounter Group, or Focus Group; but may also utilize a general format for the discussion of house issues. As most program group structures utilize a AM/PM group structure, the Community Circle Group provides occasion for the entire community to interact in a group setting.

Rant Time

If a client attempts to de-focus from the therapeutic group process (e.g., arguing about their being "put" into treatment, making "global" statements about the unjustness or inequity of life, or how the "rules" are not valid, etc.), they will be given a period of 2 minutes in which to do so. The Groups department member responsible for that group (or a designee) will time this "Rant Time". If after the completion of "Rant Time" the client refuses to adhere to the group format, they will be placed on Room (Bed) Restriction for a period of "reflection" for the rest of the group. An Encounter Group will be scheduled for this client at the next earliest possible time to address this behavior.

Client Disposition

Any client who fails to remain in their room, or on their bed, after being instructed to do so by staff, or who refuses to calm down after being directed to do so by staff, will be referred to security for possible disciplinary action. Any client who becomes volatile, throwing objects, including books, chairs, etc., in fits of anger will be referred to security for possible disciplinary action.

COMMUNITY INTERACTION PROCESSES

TC TV Rules and Procedures

When permitted, the TV will be turned on for viewing at 5:00pm Monday through Friday. On weekends (Sat & Sun) the TV can be turned on at 9:00 A.M. or after all meetings and/or barracks clean up has been completed. On Holidays the TV can be turned on at 9:00 A.M. if all scheduled groups and/or clean up has been completed. The TV will be turned off promptly at 10:30pm Monday through Thursday and at 12:00 midnight on Fridays, Saturdays and the night preceding a Holiday. Only the Creative Energy Dept. Coordinator, House Coordinators, Group Coordinator (during group times only), and Peer Elder/Mentor is allowed to operate and/or connect the TV/VCR at any time. Viewing of TV programs will be based on the following selections: (1) Therapeutic value, (2) Institutional movies, (3) Sports, (4) Other movies, (5) Cultural equality. Group requests will be taken into account. (Consult TV Guidelines on the bulletin board).

NEWS

It is a mandatory requirement that the TV will be turned to a channel for viewing the NEWS Monday through Friday, 5:00 to 6:00pm. **Note:** Mandatory News is one (1) local news program and one (1) national news program.

MOVIES

It is a mandatory requirement that the TV be placed on the channel for watching the **Institutional Movie** when it is called. The **Institutional Movie** overrides all other programs in progress when the officer calls it. **Compound** movies will have to be voted on by the community. **Note: Voting for a Compound Movie may not override a previously selected program being viewed.**

SPORTS

One (1) sporting event may be watched on Saturday and one (1) sporting event may be watched on Sunday. Sporting events may be watched during the week if enough votes have been obtained to allow one to be watched. Sporting events can be viewed on **special occasions** if approved by TC staff. Sporting events include, but are not limited to: Baseball, Football, Basketball, Soccer, Wrestling, Car Racing, Horse Racing, Fishing, Hunting, Volleyball, Softball, etc. All Gambling is prohibited in TC.

MONOPOLYZING THE TV

REMEMBER, YOU'RE IN CSATP FOR TREATMENT, NOT ENTERTAINMENT! There will be no multiple viewing of either Sports or Movies on the Same Day unless approved by staff. On days approved by Staff clients may view either two (2) sports or two (2) movies. Continuous running events (such as movies or sports) will be limited when approved to either 2 events or 2 hours.

VOTING

Creative Energy Dept. will call a House Meeting in order to allow the community to vote on TV programs. A majority of the residents should be in the community (although not necessarily in the voting area when notice is given that a vote is about to take place). Only one (1) vote per person is allowed. If you vote on a particular program, you will be required to watch it in its entirety when it comes on. If you think you might be out of the barracks when a particular program comes on (such as REC Call, Church Call, etc.), then don't vote on the program. The name of the program, including the time and channel, will be written on the community information board whenever feasible so everyone will be aware of what is going to be watched at any given time. Television Voting – Weekdays with a TV Guide: The Community TV Vote will be a channel vote between 5:00PM and 6:30PM (to allow all community members to return from Rec Call); and then an all-night TV Vote for 6:30PM until Lights Out. Weekdays No TV Guide: There will be a Channel vote between 5:00PM and 6:30PM (to allow all community members to return from Rec Call); and then channel votes will be conducted on the hour or at the end of selected viewings until Lights Out. Note: No channel vote will be held prior to completion of the current viewing. Weekends with a TV Guide: A Channel Vote will be held from 9:00AM until 12:00Noon; at 12:00Noon the Mandatory Sports vote will be held and an All-Afternoon vote until 6:00PM will be held. At 6:00PM a Vote will be held until Lights Out. Weekends without a TV Guide: Channel Votes will be held throughout the day with the Mandatory Sports vote held at 12:00Noon. Note: No channel vote will be held prior to completion of the current viewing.

REFLECTIVE SANCTION RESTRICTION: Residents who are on Time Out, Pre-Shutdown, Shutdown, Tighthouse, Room (or Bed) Restriction or other sanctions may watch the NEWS and the mandatory Institutional Movie only. They are not allowed to watch TV during their 10-minute break period or Personal Hour.

MANIPULATION: Residents will not go to the officer on duty or any other institutional staff member at any time in order to manipulate (con) them to either turn the TV on or off or to switch it to another channel.

OTHER: In order to deviate from this schedule, you must submit a request to TC staff asking for permission to do so. Programs with a therapeutic value will receive top priority consideration. The recreational TV will not be on whenever a scheduled group is in progress. The Creative Energy Dept. is responsible for turning the TV on and off and for calling the community together to allow voting to take place. They will also be available to switch channels at the designated times. The Creative Energy Coordinator should make sure that at least one (1) of its department members will be available for operating the TV at all times. Should all of the members be out of the barracks at the same times when the TV is in operation, the Coordinator is responsible for making sure someone will be in charge of the TV during the absence of the department members. Other residents who are allowed to operate the TVs are the House Coordinators, Peer Guides, Peer Mentors, Peer Elders and Senior Peer Elders. Group Department members should operate the TV during educational groups and/or when treatment videos will be viewed.

NOTE: You must be seated in the TV area while watching TV. You are not allowed to watch TV from the top balcony area and you are not allowed to stand up anywhere in the TV area while watching TV. You must be seated. This means no standing by the TV either.

Radio Guidelines

CSATP is a pro-social treatment program. Noise level will be kept very low. Keep your radios turned down. **NO RADIOS ALLOWED IN THE GROUP AREA AT ANY TIME AND ALLOWED IN THE TV AREA ONLY FOR VIEWING INSTITUTIONAL TV. IF YOU WANT YOUR RADIO, KEEP IT IN YOUR ROOM (OR BED AREA)!**

Games Guidelines

Games will be played in a quiet manner at all times. Games will be put out at 5:00pm on weekdays and will be picked up by Creative Energy Dept at 9:30pm on weekdays and at 11:30 pm on weekend nights. **THE SLAMMING OF DOMINOES WILL NOT BE ALLOWED!**

TC Shower List Guidelines

1. No shower list will be made until 4:00pm. You will shower according to the list and will mark through your name after you shower. (First person to take a shower will start the list).
2. If your name is on the list and you go to REC, or chow and miss your turn, you must mark your name off. When you return from REC or chow, you can then add your name to the bottom of the list.
3. It will not be necessary to start an “after REC” shower list. Just add your name to the bottom of the original list when you return from Rec.
4. You may not mark through a name other than your own. (Obtain permission)
5. Whenever a group interrupts showering, that same list will be active again at the end of the group. No new list will be started.
6. A shower list for weekends and holidays will be started when enough people waiting to take a shower makes it necessary to have a list.
7. Any time you leave the barracks for any reason (including to make a phone call) and miss your turn, you must add your name to the bottom of the list.
8. It is your responsibility to be ready to shower when it becomes your turn.
9. If the people ahead of you on the list are not in the barracks and their name(s) are not marked through, you may proceed with your shower.
10. It is the responsibility of the Expedito Dept. to monitor the shower list for possible violations.

Study Period Guidelines

The Groups Dept. calls study Period. The Expedito Dept. monitors it. At least one (1) member of the Expedito Dept. will walk through the barracks at 15-minute intervals to ensure that everyone is following Study Period Guidelines. During the time this member is not making a barracks check, they must participate in Study Period also.

1. No radios allowed.
2. No lying down.
3. You must use this time to do homework and/or study treatment material only. Writing letters and/or reading newspapers, magazines, etc. is not allowed.
4. Orientation Dept. is allowed to orientate new clients and/or help clients with their homework. This must be done as quietly as possible.
5. Noise level must be kept to a minimum.
6. On a regular scheduled night for that barracks you may visit the library in lieu of Study Period. NOTE: Staff must approve other excuses from Study Period prior to the event.

Scribe Log Rules and Guidelines

The position of Scribe is to be rotated between all of the Coordinators, including the House Coordinators and the Facilitators, on a daily basis. In the event that the Coordinators are unable to perform Scribe duties, the Peer Staff may volunteer to hold it. While the Coordinator is acting as the Scribe, his Department Heads and the Facilitators will handle all of his duties within his specific department.

The Scribe Log Guidelines will consist of, but will not be limited to, the following:

1. Only a Free World Program Leader, Peer Elder or higher will be allowed to make out the Scribe Schedule.
2. The Scribe’s assigned area is in front of the Main Entrance to the barracks, readily available to log movement. The Scribe Log will not be placed on the floor or left unattended by the Scribe. The Scribe Log is not to be taken into the hallway or the Control Booth for any reason.

3. The Scribe will log all movements made by individuals with reasons stated for the movements (excluding job assignments, and institutional calls, which are logged on the Daily Movement Sheet).
4. The Scribe will log all activities performed in the barracks, such as group times, visitors, etc.
5. The Scribe will also conduct a barracks count when the security officer does so and will report findings in the following manner:
 - a. Write down the total number of people in the barracks.
 - b. Write down the total number of people out and their location such as Sick Call, Church, Recreation, Library, etc.
6. The Scribe will also record any problems occurring, any altercations between individuals, any drug tests performed, any shakedowns, any inspections made, etc.
7. The Scribe will report/write down any and all activities, but will not involve them self in any altercations between individuals. If the Scribe does witness a major altercation, then the Scribe may at that time pass the Scribe Ledger to another person for a period of time long enough to intervene or confront. If the altercation is not major, the Scribe will log the incident and confront the individuals involved after the Scribe duty has ended.
8. The hours for the Scribe to record information will be from 6:00am until lights out time Monday through Friday and on weekends from 6:00am until lights out time.
9. Any attempt made by anyone to influence, coerce, threaten, intimidate, bribe, etc. the Scribe, will result in severe sanctions or discharge.
10. As the Scribe's job is to monitor at all times, they are to move around the barracks every 15 minutes on weekdays, and every 30 minutes on weekends, making an entry with each check. The Scribe also logs behavior in the ledger, such as: noise level, clients in Control Booth excessively, uncleanness of barracks, etc.
11. The Scribe is allowed to watch the Institutional Movie on TV only. The Scribe is not allowed to watch the Compound Movie or any other TV programs while holding the scribe.
12. Whenever a Coordinator cannot fulfill their obligations in connection with holding the scribe due to being under sanction, their Dept Head will be required to fill in for them on the scribe until such time as sanctions on the Coordinator have been satisfied/removed.
13. The Scribe is not allowed to look at magazines, read books, write letters, do homework assignments, fill out commissary forms, etc. while on duty. (The Scribe may eat while holding the scribe ledger).
14. In order to facilitate the training process Crew Members with more than 15 days in the program may perform Scribe duties if appropriately passed top them.

It is the Scribe's duty to be sure the following information is logged in the Scribe Ledger:

- A. The time of all barracks walk-throughs, including the name(s) of the person(s) making the walk-through and all observations and/or comments made by the one who is making the walk-through.
- B. At shift changes, the name(s) of the officer(s) coming on duty and the time of the shift change. This also includes the name(s) of the officer(s) going off duty. Any change of security officers made between shifts should also be logged.
- C. The name(s) of the Coordinator(s) calling the community together for a House Meeting and the reason for calling all of the members together.
- D. The number of votes for/against any community business/activity is to be logged. This includes House Meetings, TV programming, etc.
- E. All House Meetings start times and ending times are to be logged. The reason/topic for the TC business/activity/group also to be logged.
- F. Each Coordinator is to log the time they took over the scribe and the time they passed the scribe to the next Coordinator.
- G. All movement calls made by security are to be logged.
- H. At no time will a scribe entry be falsified for any reason. All entries to be made at time the incident occurred and/or when scribe has been notified concerning an incident. Each incident should contain a brief description. Any Scribe who enters false information is subject to termination from the program.
- I. If a Coordinator will be at work during the time they are scheduled to hold the scribe, it will be **that individual's responsibility** to trade places with another Coordinator and fulfill their scribe obligations later

or earlier that day, whichever the case may be.

J. The Scribe who will issue them on request from a client will keep WPU's. All WPU's will be numbered and that number and who it was issued to will be recorded by the Scribe.

****NOTE** IF ANYTHING IS NEEDED FROM THE OFFICER OR THE CONTROL BOOTH, YOU ARE TO FIND AND INFORM THE SCRIBE THAT YOU ARE GOING TO BE TALKING TO THE OFFICER AND FOR WHAT REASON YOU WILL BE OUT THERE, AND HAVE IT LOGGED IN THE SCRIBE LEDGER.**

Program Positive Reinforcements

Positive Reinforcements

A number of positive reinforcements are used in the Therapeutic Community treatment process in order to encourage appropriate behavior and pro-social thinking. Although not limited to, some of these tools include:

- Client of the Week
- Client Pictures
- Written Push-ups
- Most Improved Client
- Reward Chairs
- Popcorn

Client of the Week

In order to be selected "*Client of the Week*" the nominee should meet the following criteria:

1. Must have been in the program for a minimum of 60 days
2. Must have had no Written Pull-Ups on them during the previous 30 days
3. Must not have received a major disciplinary during the previous 90 days
4. Must have displayed exemplary conduct for the past 30 days inside and outside the community
5. Must have made some "measurable" progress during the past 30 days
6. Participation on their unit job must have been positive
7. Must not have previously been selected "Client of the Week"
8. Must be an "active" participant in program groups/meetings
9. Must be an overall positive role model

Most Improved Client

The selection of "Most Improved Client" is open to any community member who has completed the first 30 days "Orientation Phase" of treatment and who has shown any growth or progress from a previous observation or assessment.

Client Picture

Clients selected as either "Client of the Week" or "Most Improved Client" will have their photograph taken and placed on one of the Community Walls of Fame. **[NOTE: Anyone caught defacing any of the pictures on any of the community bulletin boards will be discharged and removed from the treatment program immediately].**

Client Reward Chairs

Reward Chairs are an additional incentive used in the Therapeutic Community to mark individual positive behavior on the part of clients. The receipt of a chair by a client is meant to serve as positive reinforcement for client conduct that is considered by Staff as an indication of pro-social growth and development. Recommendation for the receipt of a chair by a client may be received from the community in the form of a Client Request for Interview that will include the basis for the recommendation. Or staff may award a chair based on observed behavior or conduct of a client. In either instance, the award will be made in a CDM meeting at which time the basis for the reward will be made known to the community as well as the length of the reward (period of time in which the client may keep the chair).

Reward Chairs are to be kept in the client's possession at all times when awarded. They are to remain in the client's room (or bed area) even when the client is not in the community, and may be used by the client for all appropriate activities including groups, games, and television viewing.

Each Reward Chair is assigned a number, which is etched on the chair. The client assigned a chair will log that number with the Scribe and Staff on receiving a chair. A client assigned a Reward Chair will be responsible for the care and maintenance of the chair. Any damage to a Reward Chair while in a client's possession will be attributed to the client's negligence and may carry a sanction from the same for misuse of community property up to discharge from the program for willful destruction of the chair.

No other client is allowed to use a Reward Chair unless it has been awarded him. It is considered inappropriate behavior and a violation of program rules for another client to use a Reward Chair that has not been awarded him for any reason and a sanction for this behavior may include misuse of community property for the use of a Reward Chair that has not be awarded up to discharge from the program for the willful destruction of a Reward Chair.

The award of a Reward Chair is meant to be a high distinction separate from Client of the Week or Most Improved Client. The conduct or behavior to support the receipt of a Chair should reflect a consistent pattern of behavior as oppose to a single incident or act unless that incident or act is itself of some high pro-social or community distinction.

The existence of a medical condition is not basis for the receipt of a Reward chair of itself and should be addressed to medical staff for attention.

Loss of Reward Chair

Reward Chairs are to be awarded for a specific period of time up to one (1) month. There is no limit on the number of times a client may be awarded a Chair. The recommendation for the receipt of a Reward Chair should include the period of time for which the chair should be held which will be review and determined by Staff.

Negative or inappropriate behavior by a client while holding a Reward Chair may result in the loss of the Reward Chair besides any other sanction imposed and/or may of it self serve as a sanction for the behavior. In addition the imposition of a community sanction (besides Whisper Contract for noise level) will result in the loss of reward chairs.

Popcorn

Popcorn may be awarded as an additional recognition of positive conduct on the part of the entire Therapeutic Community. This incentive is usually made as a part of holiday activities and is awarded to all communities collectively.

Program Policy Statements

Sanctions on Holidays

With regard to the suspension of sanctions on holidays: The holidays referred to include only those recognized by the Department of Correction as Legal Holidays for which time-off from work is allowed. On those recognized holidays all sanctions imposed against clients will be suspended. The sanction time missed, as the result of suspension for holidays, will be required to be made up by the client(s) by adding the amount of time suspended to the end of the sanction being served.

Eating on Reflective Sanctions

Reflective sanctions are those that require the client to spend time in their living area looking at self for personal reflection and assessment. The client is expected to spend this time focusing on areas of personal accountability, growth, and development. The client should not be eating except during break periods or personal time. The only exception to this is a perishable item such as ice cream from the commissary.

2AM Kitchen Workers

Because of the mandatory group provisions for participation in TC the 2AM shift for kitchen workers (or a similar timeframe unit job assignment) poses unique consideration for the program. In order to accommodate the 6:00AM group time for TC participation the program permits 2AM kitchen workers after their participation in the 6AM At-One group to return to bed until 12:00 noon. In this way, the loss of the 4 hours of sleep from 2:00AM until 6:00AM that other program participants get is accommodated.

This arrangement makes no accommodation for the time at which a 2AM kitchen worker goes to bed or a sanction that may be in place for the client, which are totally independent of the additional sleep time provisions. If there is existent some reason that a client under sanction is unable to stay up when this is dictated by a sanction that should be addressed by the client to their counselor for any consideration reference when they may go to bed at night.

Use of Request For Interviews & Client Inquiries

Per this memo, please be informed that the appropriate method for addressing normal client concerns to staff or through the lines of communication is by use of the "Client Inquiry" form. The "Request for Interview" form should only be used in cases of emergency.

The use of the "Request for Interview" form in non-emergency situations is a violation by manipulation of program structure. And should be addressed as such by the person to whom a non-emergency concern is sent by use of a "Request for Interview" form.

In order to insure confidentiality, neither a "Client Inquiry" form nor a "Request for Interview" form is to be read by other than the person to whom it is addressed. In forwarding through the lines of communication, it is to be signed or initialed as having passed through appropriate channels and the question may be asked, "If the matter may be attended to by some one else or handled by some one else in the line of communication?," but the Inquiry or Request itself should not be read by other than the person to whom it is addressed.

Violation of lines of communication may be defined as not allowing or permitting a matter concerning program business to be handled by the next appropriate person by addressing that matter directly to someone higher in the line of communication.

Barracks Clean-Up Schedule

The regularly schedule barracks clean up will begin to meet with departmental and unit regulations. This clean-up will last a minimum of 30 minutes to ensure that the barracks meet appropriate hygiene standards and the barracks inspection will be conducted at the 6:30AM to ensure clients assigned to perform clean up duties have done so. If the barracks does not meet appropriate cleanliness standards then the clean up will last until this has been done.

Trafficking and Trading in the Program

Trafficking and trading is a violation of departmental and unit rules. Violations will be confronted and addressed in accord with ADC policy. Consideration will be given for contributions to community spreads and other community bonding occasions, including evening gatherings. Perceptions of abuse will be considered a violation of the trafficking and trading policy.

Suspension of Sanctions for Visitation

During unit regular Visitation Hours (Saturdays and Sundays between the hours of 12:00 noon and 4:00 PM) all current sanctions are on suspension and the suspension time is not to be counted against the length of that sanction.

Suspension of Programming for Approved Holidays

Treatment programming will be suspended for any holiday approved by the state. All treatment sanctions are suspended for any holiday period.

Program Furlough Policy

The policy of SATP/TC is to discourage interruption of treatment. If an inmate in treatment is granted emergency furlough, the program will inform the inmate that an equal amount of time will be placed on the end of treatment equal to the duration of the furlough. We do not endorse furloughs just to be going. These programs are designed to focus inmates for a long period of time on their drug/alcohol issues. Interrupting that process to go into possibly unhealthy situations is not good treatment, and may cause relapse.

Religion/Spirituality Disclaimer

The Alcohol/Drug Treatment Programs in the Arkansas Department of Correction utilizes program materials that have references to spiritual and/or religious aspects of treatment. Historically, 12 step programs have been the main motivational/informational material available and some reference to them may be in purchased materials. The ADC utilizes the cognitive behavioral approach as the primary therapy and intervention method of alcohol and drug programming. The Alcohol/Drug Treatment Programs does not endorse reference religious or spiritual viewpoints in the treatment process and the opinions expressed in print or video are sole property of the authors. Treatment administration views these opinions as but one of many “tools” the individual may or may not prefer. Clients in the program have a personal choice to either accept or discard any information that may be presented in print or video form concerning spirituality or religion. And agree to the primary treatment method of cognitive-behavioral therapy and intervention; and are expected to actively participate in these aspects of the programming.

Attendance at Religious Activities

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. Attendance at chapel/religious services besides those regularly scheduled denominational services have always been allowed, as long as the individual attending is able to return in time for scheduled program activities. The regularly scheduled denominational services are Sunday – Christian Services; Saturday – Sabbath Worshippers; Friday – Islamic Services. Attendance at other religious services, besides these noted regularly scheduled denominational services, that conflict with scheduled program activity requires prior staff approval.

Make Up For Excused Absence from Program Activities

In the event a client is allowed to be excused from scheduled program activities, and the excused time is required to be made up, any time required to be made up as the result of the absence must be done on the client’s personal time. The make up time may not be done when regularly scheduled program activities are being conducted.

Down Time

Down Time is a relief from all program activity that may be given a client as the result of some extreme personal crisis the client may be experiencing (such as the death of a close family member). It is for a stated period of time not to exceed three (3) days. Only Free World Staff can allow Down Time. In the event that a client has been on sanction for 14 consecutive days he may receive 24 hours down time before beginning a second sanction or continuing the current sanction (such as a re-do).

Emergency Evacuation

Emergency disaster plans are posted on the walls just inside the barracks entrance. Routine disaster drills are practiced as part of the DOC Policy. Should any questions arise concerning emergency evacuation, please contact a staff member or security personnel.