

# PRISON-BASED THERAPEUTIC COMMUNITIES (TCs):

A HANDBOOK FOR PRISON ADMINISTRATORS,  
TREATMENT PROFESSIONALS AND TRAINERS





# **PRISON-BASED THERAPEUTIC COMMUNITIES (TCs):**

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TREATMENT PROFESSIONALS AND TRAINERS

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Council of Europe

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# INTRODUCTION

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## About the Handbook

### COMMISSIONING THE HANDBOOK

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This handbook was commissioned by the Pompidou Group of the Council of Europe as part of its project ‘Strengthening human rights based responses to substance use disorders in prisons’, in order to provide a practical guide to establishing and managing in-prison therapeutic communities (TCs) in correctional or custodial settings. The brief for the authors was to produce a comprehensive handbook which summarised the unique TC methodology, offered guidance on design, planning and establishment, and a curriculum for staff training. The intention was to include lessons learned from the Pompidou Group’s experience in establishing the first in-prison therapeutic community in the Republic of Moldova, which became operational in 2018, to offer advice for other administrations in setting up a TC in prison.

### THE AUTHORS

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*Rowdy Yates, Hon. Senior Research Fellow, University of Stirling & Hon. Vice-President, European Federation of Therapeutic Communities*

Rowdy Yates has worked professionally in the field of drug addiction since 1971, when he was a founder member of a self-help support community for people recovering from addiction, strongly influenced by the early therapeutic community movement. That support group later became the Lifeline Project; until recently, one of the United Kingdom’s largest and longest established drug treatment and advice services, where he worked in various capacities for over twenty years. He subsequently worked as a senior academic in addiction studies within the University of Stirling, Scotland from 1993. He has published widely on addiction issues; including an edited book on drug-free therapeutic communities; a handbook on the commissioning of drug and alcohol services for the Scottish Government; a staff and members handbook on therapeutic communities for Phoenix Futures; and an edited book on recovery and pathways out of addiction. In addition, he has written and co-written a large number of articles in various peer-reviewed journals. He is Executive Director of the European Working Group on Drugs Oriented Research (EWODOR); and former President (current Honorary Vice-President) of the European Federation of Therapeutic Communities (EFTC).

*Rod Mullen, Co-Founder/President, Amity Foundation*

Rod Mullen began his career with Synanon Foundation in 1967, shortly after completing his bachelor’s degree at the University of California, Berkeley. After twelve years with Synanon, holding a number of executive positions, he joined his partner, Naya Arbiter in 1982 at Amity Foundation. During his career he and Ms. Arbiter worked extensively with the California Department of Corrections and Rehabilitation and developed the first and most successful therapeutic community for incarcerated men and women, which was then followed by many additional prison programs over the past 30 years. He held the position of Chief Executive Officer for over three decades, and now serves as President, where he is working on the challenge of keeping a large multi-state, multi-modality organization firmly grounded in “community as method.”

*Naya Arbiter, Co-Founder/Vice President Services and Training, Amity Foundation*

Naya Arbiter began her TC career at Synanon, where she came for addiction treatment in 1970. She worked for several years as a research assistant on a National Institute for Mental Health grant studying the innovative Synanon child care programs, and also held several executive positions within the organisation. At Amity she has been the primary designer of services and has written over fourteen volumes of a therapeutic community curriculum which has been credited for improving the outcomes of a wide variety of populations, including Japan’s first restorative justice prison. She was the first woman to receive the prestigious *Eric Broekaert Award* for the greatest contribution to therapeutic communities by the European Federation of Therapeutic Communities.

*Robert Teltzrow, Criminal justice and drug policy expert  
Principal Project Consultant for the Pompidou Group of the Council of Europe*

After studying political and social sciences at Freie Universität and Humboldt University in Berlin and public health at Harvard Medical School in Boston, Robert Teltzrow began his career as a researcher, consultant and project manager. Since 2010, he has worked as the Principal Project Consultant for the Criminal Justice and Prison Programme of the Pompidou Group of the Council of Europe. As an expert, he has advised the Moldovan prison administration on drug treatment programmes in places of detention. A result of his work has been the creation of the first in-prison therapeutic community «Catharsis» in the Republic of Moldova that opened its doors for the first residents in 2018. Within this Handbook, he has shared his experience in planning and implementing a Therapeutic Community in a prison.

## THE PROCESS

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The project of developing a Handbook began with an extensive literature review of TC practices and outcomes. Whilst this concentrated upon TCs operating within custodial institutions, community-based TCs were also included since – as far as possible – the overall methodology remains the same, with only minor adjustments to accommodate the physical, structural and institutional limitations and expectations of the respective settings. This review allowed the authors to map out a structure for the Handbook and, in consultation with the Pompidou Group secretariat, to set up a series of online interviews with TC experts and practitioners, researchers and trainers.

Following the interview process, the authors began to put together a first draft of the Handbook and to design the training curriculum which would form an important element of it. The curriculum was based upon the (now out of print) Therapeutic Community Curriculum: Trainers Manual, which was published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the USA in 2006. After having obtained copyright, the authors rewrote and revised this content adding additional exercises, case-studies and lecture slides and adjusting the content to focus upon in-prison TCs. Once the first draft had been submitted, the handbook was peer-reviewed by a panel with extensive expertise and experience in the substance use field in general and in-prison TCs in particular. These reviews led to a substantial revising of both the content and structure of the Handbook.

## INTERVIEWS

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Interviews were conducted online with a group of practitioners, managers, trainers and researchers with extensive experience of TC methodology and the practical issues arising when a TC is established within a prison setting. Some individuals were interviewed more than once. They included:

- ▶ Laura Aslan (NHS Foundation Trust, UK)
- ▶ Doug Bond (Amity Foundation, USA)
- ▶ Vlad Busmachi (National Administration of Penitentiaries, Republic of Moldova)
- ▶ Virginie Debaere (Universiteit Gent, Belgium)
- ▶ George De Leon (New York University, USA)
- ▶ Oriol Esculies Plou (Asociacion Proyecto Hombre, Spain)
- ▶ Florence Fowler (Phoenix Futures/Wymott Prison TC, UK)
- ▶ Rune Hafstad (Phoenix Haga, Norway)
- ▶ Phaedon Kaloterakis (Kethea/EFTC, Greece)
- ▶ Pauline McKeown (Coolmine TC, Ireland)
- ▶ Anja Schillebeeks (TC Katarsis, Belgium)
- ▶ Cristina Teoroc (Phoenix TC/Jilava Penitentiary, Romania)
- ▶ Ina Vutcariov (NGO Initiative Pozitiva, Republic of Moldova)

## REVIEWS

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The first draft of this Handbook was peer-reviewed both by the Pompidou Group secretariat and a selected group of experts in TC methodology, prison rehabilitation and staff training. Their insights and comments were extremely helpful in refining this publication. They included:

- ▶ Vlad Busmachi (National Administration of Penitentiaries, Republic of Moldova)
- ▶ Alla Shut (Vita Valens Charitable Foundation, Ukraine)
- ▶ Heino Stöver (Frankfurt University, Germany)
- ▶ Cristina Teoroc (Phoenix TC/Jilava Penitentiary, Romania)
- ▶ Ina Vutcariov (NGO Initiative Pozitiva, Republic of Moldova)

## How to Use this Handbook

### AIM OF THE HANDBOOK

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This Handbook aims to provide a comprehensive guide to understanding the Therapeutic Community in the context of substance addiction, planning & establishing a TC in custodial settings and training the personnel to run it effectively. It is intended to be a resource of value to prison managers and administrators, correctional officers, treatment staff and trainers working on setting up or improving a TC programme.

### UNDERSTANDING THE TC APPROACH

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The TC is a well-developed treatment approach aimed at treating substance use disorders. TCs provide a drug-free environment in which people with substance use disorders live together in an organised and structured way that promotes change and enables them to live a drug-free life in the outside world. It offers a methodology that has been introduced worldwide and modified to suit local cultures, settings and traditions. A TC consists of a combination of behavioural and psychological interventions to help the resident change from a lifestyle structured by the need to use drugs to a life without drugs.

The main distinguishing feature of TCs is the use of the community itself as a fundamental means of change («community-as-method»). There are a number of defining features of the *community-as-method* approach, including the use of a range of structured activities in which both staff and residents are expected to participate, and the use of peers as role models who set a positive example and show how to live in accordance with the philosophy and value system of TC. The TC is a 'high dosage' treatment. Changing the habits of a lifestyle embedded in self-destructive drug use and criminality is hard and difficult to sustain but each individual will face different challenges and obstacles in making those changes. Whilst some individuals may achieve change through 'low dosage' interventions – say a weekly recovery group meeting – others will require the sort of immersive and intensive intervention that a TC provides. TCs have been provided within various settings: stand-alone services in the community; within homeless shelters; in mental health settings; and in prisons. In this handbook, the focus is upon TCs in prison and other custodial settings but it is important to recognise that in all these various settings, although some necessary modifications may be required, the basic TC methodology remains the same.

### TC AS PART OF A COMPREHENSIVE DRUG TREATMENT SYSTEM IN PRISON

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Individuals entering prison do not leave their human rights at the gate and their need for social and healthcare services must be recognised. Like all healthcare interventions the therapeutic community in prison must adhere to all prison health principles mentioned in standard-setting documents (Mandela Rules, Council of Europe Prison Rules, United Nations). When planning and setting up an in-prison therapeutic community the prison health principles of integration, equivalence and confidentiality should be respected. An in-prison therapeutic community must be integrated into a comprehensive drug treatment system that comprises medical, psychological, harm reduction and psychosocial interventions that are provided in prison and outside.

People in prison must be made aware by prison officials, health care and therapeutic staff that they can choose between different treatment interventions with different treatment objectives and rules. Choosing to stay in the therapeutic community will not exclude the possibility of leaving the community in order to participate in a different treatment programme. When the therapeutic community is not able to deliver the service essential for the health and well-being of a resident it must refer the person to services that can cater for these healthcare needs.

The principle of equivalence states that health care in prison should meet the standards of health care outside the prison walls. People in prisons should not be punished by poorer health care provision in addition to the punishment of deprivation of liberty. This handbook gives instructions on how to build and implement a therapeutic community whose quality and efficacy is – at least - comparable to similar residential drug treatment settings outside prison.

In a prison, anonymity and confidentiality are difficult to maintain. Nevertheless, TC staff should establish clear protocols to ensure confidentiality in the therapeutic relationship. For example, during group sessions in which the residents talk about sensitive issues, security officers should only be present when it is required for safety reasons, and even then, be kept out of hearing range.



## STRUCTURE OF THE HANDBOOK

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### **Section One – History & Origins of the Therapeutic Community**

Section One covers the origins of the TC, its evidence base and its particular approach to achieving lasting change in its members. The section provides a brief description of the history of therapeutic communities in prison settings and the researched outcomes in respect of reduced recidivism and recovery.

### **Section Two – Understanding the Therapeutic Community**

In Section Two, the concept of *community-as-method* is described and the use of the hierarchical structure through which each TC member is expected to progress is explained. It is the inclusion of the staff team as members of the community – rather than as therapist and their patient or a social worker and their client – that marks out the TC as a quite different approach. The section explains the use of community empowerment to create a pro-social culture within the community and to regulate its smooth running.

### **Section Three – The Planning Process**

Section Three offers advice on setting up a multidisciplinary planning team and identifying appropriate partner agencies; either for their input in the planning process or their potential for joint service delivery. The section also provides advice and guidance on the recruitment of staff and their initial and ongoing training requirements. Practical advice is also offered on the physical siting of an in-prison TC, its overall environment and the hugely important issue of post-release after-care.

### **Section Four – The TC Catharsis**

#### **Project: a Case-study**

Section Four recounts the process undertaken in order to establish TC Catharsis in Prison No. 9 in the Republic of Moldova. The process was initially triggered by senior prison authority staff recognising that there were gaps in their provision of substance use treatments. Subsequently, Moldovan prison managers, visiting Phoenix TC in Jilava Penitentiary, Romania, recognised that an in-prison TC might offer a solution. The section explains the process undertaken with international expert assistance. The section maps out, step-by-step the decisions taken and the reasons for them and illustrates each point with a commentary outlining the thinking behind the actions.

### **Section Five – The Training Curriculum**

Section Five offers a sample 10-module staff-training curriculum as a guide for trainers preparing and implementing training sessions. The course suggests delivering the course in five 3-day sessions, although other delivery formats would be possible. Each of the 10 modules is supported by a handout pack of PowerPoint slides, exercises, case-studies and background reading materials. The handout packs can be downloaded from the Pompidou Group website at:

<https://www.coe.int/en/web/pompidou/tctraining>

It is recognised that experienced trainers may prefer to design their own curriculum and materials but the authors strongly recommend following the basic framework provided which is based upon the very detailed training manuals designed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the USA in 2006.

### **Section Six – References, Glossary & Online Resources**

Section Six provides a series of additional resources. Firstly, all the references cited in the text are listed. Where the sources cited are available in the downloadable handouts, this is indicated. Also included is a short glossary of TC terms – though recognising that these often differ from one community to another. The section finally lists a series of freely available online training videos and details of various downloadable assessment and evaluative instruments.

SECTION ONE  
**HISTORY & ORIGINS**  
**OF THE THERAPEUTIC COMMUNITY**



## THERAPEUTIC COMMUNITY: HISTORY & ORIGINS

### Origins of the Therapeutic Community

The history of the drug-free therapeutic community began in California in the late-1950s. Former Alcoholics Anonymous member, Charles Dederich began to experiment with running groups for people with alcohol and heroin addiction in his own apartment. Soon, this emerging community had been named Synanon and moved to occupy a derelict store on the Santa Monica waterfront and bolstered their programme with a tough work schedule within a tight hierarchical structure<sup>(1,2)</sup>.

This programme – a tough work regime counter-balanced with free-for-all encounter groups began to show significant results and attract a good deal of attention from psychosocial and medical treatment commissioners. Their interest was hardly surprising given that this was a period when virtually all interventions aimed at “curing drug addiction” appeared to be failing. And yet, here was a group of people with substance use disorders apparently achieving the impossible without any professional input<sup>(3,4)</sup>.

Within a short space of time, leading doctors, sociologists, criminologists and psychologists were arriving in Santa Monica eager to learn the secret of Synanon and replicate its system. Abraham Maslow, Carl Rogers and Lewis Yablonsky were amongst the respected figures to visit Synanon and give this new system their approval. Maslow was told, in no uncertain terms that Synanon could not be categorised within the existing terminology. “Synanon is NOT drug treatment”, insisted Dederich. “It’s a school where people learn to live right. Stopping shooting dope is just a side-effect”<sup>(5)</sup>.

The therapeutic community (TC) model began to be replicated. Initially, in New York - with Daytop Village and Phoenix House - and subsequently, across the USA. During this period, there was a gradual professionalisation of the staffing of this second wave of TCs although almost all of these second wave TCs included TC graduates in their staff teams<sup>(6)</sup>. In the late 1960s and early 1970s, the model began to be established in Europe. It was seen by many psychiatrists as a natural, if radical, extension of the earlier work of Maxwell Jones and Ronald Laing in the UK and Franco Basaglia in Italy in democratising psychiatry and encouraging an element of patient self-governance and group counselling, initially described as ‘social psychiatry’ and later as ‘democratic therapeutic communities’<sup>(1,7,8)</sup>.

Initially established in the UK and the Netherlands, they soon spread across Europe. Within a few years, there were drug-free TCs in Austria, Belgium, Denmark, Finland, Germany, Greece, Ireland, Italy, the Netherlands, Norway, Spain, Sweden and Switzerland<sup>(6,8)</sup>. Most were founded by psychiatrists and, whilst they initially retained the American terminology of the original model, they were staffed with multi-disciplinary teams which included medical and social care professionals in addition to graduates of other TCs.

### KEY POINTS

The TC is in many respects, more complex than a simple treatment intervention. It is more like a special school where members learn new attitudes and behaviours through experimentation and instruction from their peers.

•••

The first TC – Synanon – was a radical, non-professional experiment. Later TCs, built upon the original model, had more ‘professional’ staff but still included TC graduates in the staff team.

•••

In Europe, the TC was seen as successor to the so-called ‘democratic’ therapeutic community experiments of Jones, Laing etc. There was as a result, a readiness in mainstream drug treatment to accept this new approach.

•••

The TC movement began to spread across Europe, often with technical support from existing TCs and the temporary loan of senior TC members.

•••

By the 1980s, there were TCs in: Austria, Belgium, Denmark, Finland, Germany, Greece, Ireland, Italy, the Netherlands, Norway, Spain, Sweden and Switzerland.



## Other Threads and Roots

Inevitably, the development of drug-free TCs in Europe has not followed a single simple path. Other influences have impinged upon the story. In a number of East European countries (where the notion of democratic TCs was considered bourgeois and therefore intrinsically suspect), TCs such as TC Magdalena in Czechia and Monar in Poland, arrived at a similar structure through the adaptation of the collective farm structure heavily influenced by behaviourist traditions; particularly the legacy of Pavlov. Here too, some were influenced by the “anti-psychiatry” approach of Laing and (to a lesser extent) Basaglia; creating essentially self-governing communes <sup>(7, 8, 9)</sup>.

Still others grew out of Christian missionary initiatives and were built around a traditional Christian pastoral monastic model best exemplified by Geel, the healing village in Belgium which has functioned as an informal and largely unfunded retreat for those with poor mental health since the Middle Ages. From this tradition sprang large village TCs like San Patrignano in Italy. San Patrignano houses some 1,200 former drug-dependent people and is now largely self-financing. In part, this has been achieved by astute business development with community members producing high quality (and thus high-end) fabrics, pasta, wine etc <sup>(10)</sup>.

Others reverted to a more traditional Alcoholics Anonymous structure whilst still others (generally springing from the Christian tradition) used mixed population communities where many community members did not have drug problems and usually volunteered to be community members. Interestingly, this approach has echoes of the use of non-problem members called “lifestylers” or “squares” in the early Synanon <sup>(2, 11)</sup>.

Perhaps more significantly in the European context, it is also reminiscent of a European tradition of mixed communities and special schools for socially dislocated or ‘maladjusted’ youths which flourished in Europe during the late 19th and early 20th Centuries. Notable examples included Homer Lane’s Little Commonwealth and David Wills’ Hawkspur Camp in the UK and Rudolph Steiner’s Camphill Movement across much of Europe <sup>(7)</sup>. Arguably, these - often small-scale - interventions with children and young people in trouble with the law or otherwise socially disadvantaged and underserved provide a more compelling antecedent for the concept-based drug-free therapeutic community <sup>(2, 8)</sup>.

Although these separate developments were largely outside of the spread of TCs throughout Europe in the 1970-80s, they all include identifiable TC characteristics. All are based upon the self-help ethos. All see addiction as a disorder of the whole person requiring adjustment at the psychological, social-network and environmental level rather than just a medical issue to be ‘cured’. Most are now members of the European Federation of Therapeutic Communities (EFTC) <sup>(6, 8)</sup>.

## KEY POINTS

Other TC-based services have sprung from various pathways and traditions but have developed a clear service template that incorporates the essential characteristics of the TC.

...

In many former Soviet states, including Poland, Czechia, Slovakia etc. TCs have grown out of the adaptation of the collective farm concept.

...

In some countries TCs have developed out of a long-standing Christian pastoral tradition of retreat.

...

These Christian community services will often be mixed communities and will include members who do not necessarily have any problems with substance use.

...

These mixed communities in many ways echo the early structure in Synanon and the much earlier schools and communities for young people and children with mental health issues or behavioural problems.

...

Although they may have a different history, most of these communities are now members of the European Federation of Therapeutic Communities (EFTC).

# THERAPEUTIC COMMUNITIES IN PRISONS

## The History of In-prison TCs

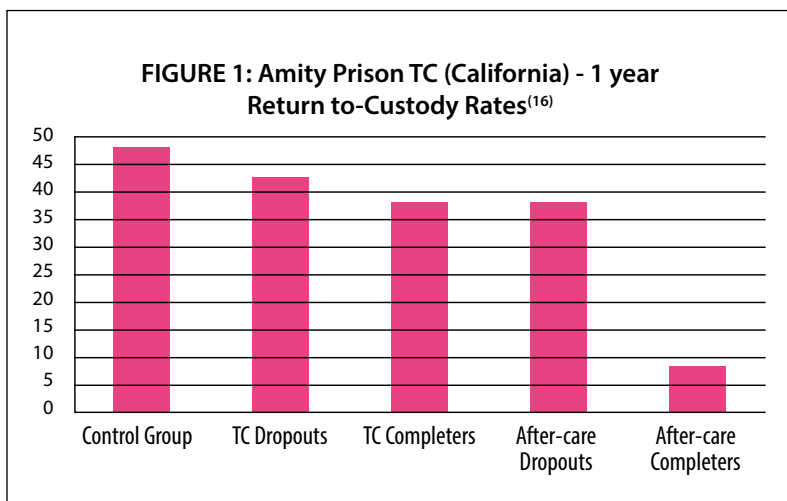
TC-based interventions in prisons have a long history. Probably the earliest example is August Aichorn's work with young prisoners in Vienna shortly after World War I. Sigmund Freud, in an introduction to Aichorn's biography described this as his finest work<sup>(7)</sup>. In the 1960s, the psychiatrist Max Glatt began a TC for inmates with alcohol use disorder in the English prison, HMP Wormwood Scrubs. That intervention operated successfully for almost 50 years<sup>(12, 13)</sup>.

In 1962, Synanon, the original TC, had begun to run groups within Terminal Island Correctional Facility, USA. The experiment lasted only 2 years – partly because the organisation was only attending the facility on a weekly basis and partly because the prison authorities balked at the cost of expanding the project to a full-time prison TC<sup>(14)</sup>.

Although Synanon subsequently ran a prison TC in Nevada State Prison, which demonstrated impressive reductions in re-imprisonment, the experiment was terminated four years later for largely political reasons<sup>(14)</sup>.

In 1978, a Phoenix House TC graduate established a prison TC in New York called Stay N' Out. This was the first prison TC to undergo detailed academic evaluation. Researchers reported that whilst 41% of the control group were re-imprisoned within one year, this figure dropped to 27% for the TC completers. In addition, their use of drugs had reduced and their psychological wellbeing had improved<sup>(15)</sup>.

A subsequent larger scale double study of Amity Foundation's Californian prison TCs - initially assessing one-year outcomes (FIGURE 1) and subsequently three-year results (FIGURE 2) - replicated these findings and reported that the re-imprisonment rates dropped even more sharply for those inmates who attended a TC-based after-care facility<sup>(16, 17)</sup>.



## KEY POINTS

The idea of using a self-help corrective model within prisons is not new. Aichorn's work in a junior prison in Vienna in the early part of the 20th Century showed the potential.

...

A number of early experiments with in-prison TCs indicated that this model had potentially serious benefits: both in terms of reducing re-arrest but in terms of also reducing re-addiction and improving physical and psychological functioning.

...

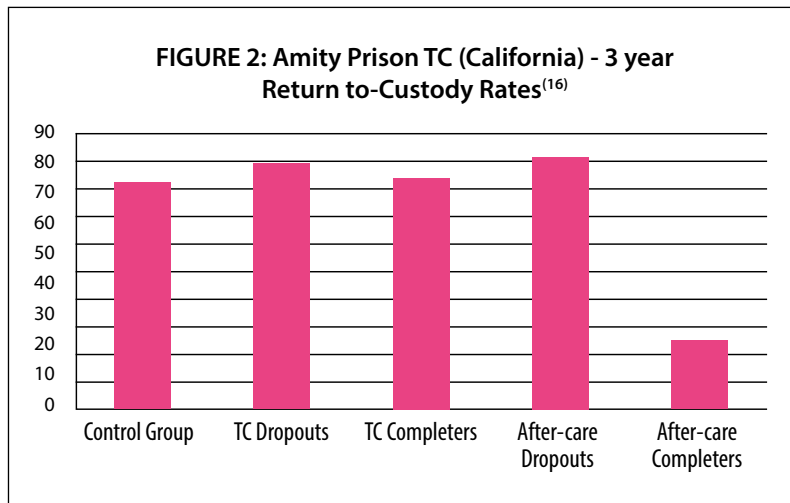
Early research into the impact of prison TCs found reductions in both re-imprisonment and substance use relapse rates.

...

Research also showed that these results could be further improved if prisoners went on to complete a TC-based after-care programme on release.

...

In one study, 1 year return-to-custody rates had dropped from 40% for prison TC completers to 8% for prisoners who also completed an after-care programme. The control group, meanwhile remained stubbornly at 50%.



### Developments in Europe

In the 1980s, this approach spread to Europe. In the UK in particular, there had already been extensive use of Maxwell Jones' democratic TC model within the prison estate where its use had proved effective for prisoners with mental health and personality disorders but less useful for substance use disorders<sup>(18)</sup>. As with prison TCs in the USA, the experience in Europe has been confounded by political, governance and contractual changes. But where TCs have been allowed to 'put down roots' and have fully implemented the model, the resulting reductions in recidivism and substance use have been recorded within a growing evidence base<sup>(18-24)</sup>. It remains the case, however, that there is a continuing need for more European-based research into the impact of in-prison TCs upon substance use and recidivism<sup>(22)</sup>.

### Impact on Prison Discipline and Costs

Perhaps one of the most significant results of prison TCs – and, in many respects, at least for the commissioning agencies and prison authorities, a largely unexpected one – has been its impact upon prison discipline. During the Amity TC study, the prison warden (governor) in R J Donovan prison noted that disciplinary 'write-ups' had decreased from an average (in the rest of the prison) of 53 in a 6-month period to just 7 in the TC wing. This inevitably had a cost-saving impact upon levels of staff stress and sick leave<sup>(14)</sup>. In 1997, the *Californian Legislative Analyst's Office* reported: "If the Amity results could be replicated through an expansion of substance abuse treatment to 10,000 beds over seven years:

- ▶ California would not have to build an additional 4,700 prison beds
- ▶ Result? A capital outlay saving of \$210,000,000
- ▶ With annual savings of \$80,000,000 a year."<sup>(25)</sup>

It may also be considered that important costs related to running a residential TC such as accommodation and meals are already provided in a prison environment in comparison with community TCs.

### KEY POINTS

In Europe, there have been numerous experiments with in-prison TCs. However, there has been a lack of continuity and a failure to adequately evaluate the impact of the method.

...

The impact upon prison life was not entirely surprising to TC practitioners but was probably not expected by the prison services which commissioned the TC.

...

In R J Donovan prison, USA, the warden in charge noted that disciplinary 'write-ups' had reduced from a prison average of 53 in a six-month period to just 7 in the TC wing.

...

These changes in the disciplinary life of the prison had a cost-saving impact upon staffing, with reductions in prison officers taking sick-leave for injuries or stress.

...

In 1997, the Californian Legislative Analyst's Office reported that the Amity TC programme in that state's prisons could offer huge savings if it could be expanded over the coming years (see quotation in the main text).





SECTION TWO  
**UNDERSTANDING THE  
THERAPEUTIC COMMUNITY**



# THERAPEUTIC COMMUNITY: METHOD & STRUCTURE

## Community-as-Method

At the heart of the TC modality lies the careful balancing of two complementary but polar-opposite elements. First and foremost, the TC is characterized by its use of the community itself in creating a day-to-day environment that is designed to aid recovery and learning. Leading TC authority, George De Leon notes:

*“What distinguishes the TC from other treatment approaches and other communities is the purposive use of the peer community to facilitate social and psychological change in individuals.”* <sup>(26, p22)</sup>

Thus, the daily routine and structure is controlled to ensure that each member of the community is presented with appropriate and relevant challenges and rewards. A therapeutic environment is not necessarily the same as a supportive one, although challenges must be set in a community within which each individual feels safe and cared for <sup>(1, 26, 27)</sup>. The rigidity and daily pressure of the work routine is counterbalanced by the use of encounter and other groups where the hierarchy and the rules and ideology can be challenged through confrontation, discussion and resolution. This encounter or resolution group system provides the safety valve for emotions such as sadness, fear or anger which is purposively generated by the daily work schedule <sup>(1)</sup>.

This careful juxtapositioning of two opposing elements is at the core of the early success of TCs. Indeed, this balance between a retaining and supportive structure and the provision of a safe haven within which to explore and share experiences of personal vulnerability is seen as central to recovery-oriented interventions in general <sup>(26, 27)</sup>.

It is important to recognise that staff in the TC are also members, sharing a common purpose rather than therapists ‘delivering’ treatment to the ‘patient’ or ‘client’. Many professional employees, entering TCs from other areas of clinical work, struggle with this concept. Many also assume that individual counselling and group work are *the* therapeutic inputs, with working “on the floor” merely occupying the spaces in between. This view effectively misses the point. The central tenet of the TC is that it is the day-to-day environment that constitutes the therapeutic input. Formal interventions such as groups merely allow release, resolution, understanding, and goal setting <sup>(1, 27)</sup>.

Thus, creating a working environment that can often be pressurised, rigorous, and even stressful is an essential component of the TC model and should be recognised as a vitally important factor in the process of change within a TC. The addition of individual treatment planning is helpful but needs to be set within the TC context. TCs work by harnessing the power and energy of the group, both staff and residents, and there is a danger that this process can be partially undermined by too great a reliance on individual work <sup>(1, 26, 27)</sup>.

## KEY POINTS

The TC is a very complex intervention which balances a hierarchical structure and rigorous daily work schedule, with a series of groups and meetings designed to resolve the issues triggered by this.

...

The overall aim is the “purposive use of the peer community to facilitate social and psychological change in individuals”.

...

The daily work regime within a TC is not simply a ‘time-filler’ to keep TC members occupied between groups and meetings (where the real treatment happens). It is an integral part of the treatment process.

...

A clear difference between TCs and other mainstream addiction treatment services is the use of staff as senior members of the community rather than therapists who are employed to ‘do’ therapy to the patient. Rather, they are peers in a community which is dedicated to seeking solutions.

...

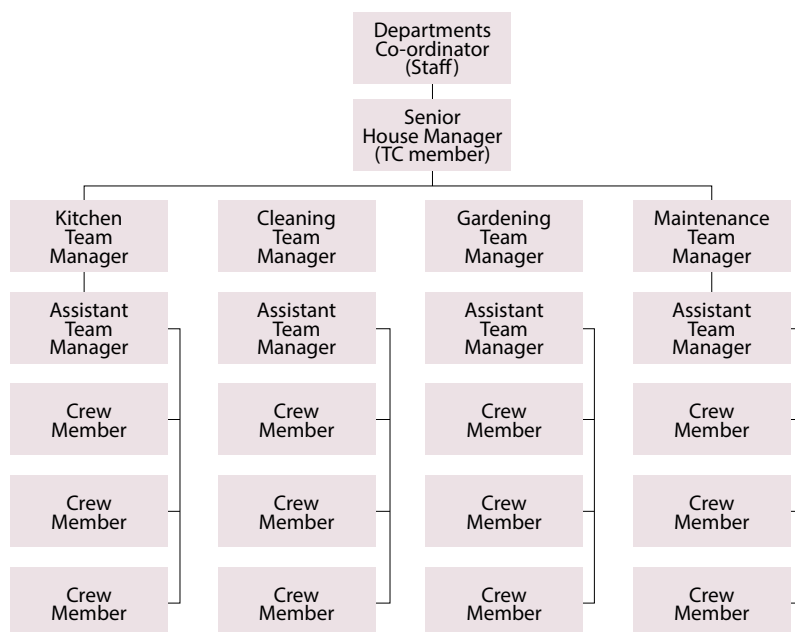
Whilst some in mainstream addiction treatment have questioned the use of confrontation, practitioners in TCs would argue that it is an essential element of the recovery process.

## Understanding the Structure

In many respects, the TC hierarchical structure (FIGURE 3) is similar to that found in any workplace. The difference in the TC context is that the structure is used as a learning tool. So, where in the wider world, workers would be assigned to a position where their skills and expertise suggest that they would best serve the organisation as a whole, in the TC, the purpose is quite different. In the TC house structure – in most cases – the individual member will be assigned to a position in the structure where they are most likely to learn a particular lesson about themselves<sup>(26, 27)</sup>.

The structure provides: stability in a life which has often been chaotic; a possibility to aim for short-term goals; a forum in which poor behaviour and attitude can be observed and challenged; an opportunity to learn how to use authority for the benefit of the community; and a forum in which to test out personal change in a safe and supportive environment<sup>(1, 27)</sup>.

FIGURE 3: A typical TC house structure



## Asset-based Recovery

Most mainstream treatments are based on “fixing what is wrong” with the individual and reducing harm (problem-based). Thus, assessment always begins with the elements of the individual’s life that have gone wrong or are going wrong. This approach usually aims to identify these issues and work to resolve them.

The TC however, is asset-based and aims to build upon the resources that the individual brings to their treatment. Very few individuals will enter a treatment facility having no strengths which they can call upon. Some will have work skills developed before their drug using took control, some will have creative, artistic abilities, others will have supportive friends and relatives they can rely upon. So, in a TC, there is an emphasis on recognising these strengths, encouraging them and celebrating achievements in rituals, celebratory ceremonies and meetings<sup>(5)</sup>.

## KEY POINTS

The hierarchical structure of the TC is similar to the organisation of work in the wider world. But in the TC, this structure is used as a basic learning process and individuals are assigned to positions in the structure not for their talents but for the innate potential learning opportunities.

...

The structure is a standard ‘command structure’ type hierarchy which encourages each individual TC member to take responsibility for their own position in the community and have ‘responsible concern’ for others.

...

The TC is, at heart, an asset-based approach to recovery and behaviour change. It seeks to encourage and develop the individual member’s existing resources through recognising and celebrating them.

...

The TC deliberately seeks to ‘find people doing right’ and celebrate their victories over their issues. Rituals and celebrations are very much a part of the TC approach to encouraging the good whilst challenging the bad (see: push-ups, p. 25).



# THERAPEUTIC COMMUNITY: SELF-HELP & SAFETY

## A Self-help Approach

Since the TC is based upon the theory that recovery can only happen when the individual is fully engaged in – and feels in control of - their own recovery journey, there is a strong emphasis on the self-help context of the process. TC members are encouraged to recognise that they must take responsibility for their own recovery and understand the processes involved. Thus, all TC members are encouraged to present seminars on recovery issues, TC methods and approaches and TC concepts<sup>(1, 26)</sup>.

This use of TC community members to provide guidance, instruction and explanations to the rest of the community, means that the TC operates more like a learning environment than a treatment regime. As a result, some TCs (such as Amity Foundation in the USA) have chosen to refer to their members as 'students' and their staff (paid members) as 'faculty'<sup>(14)</sup>.

## Seminars

Whilst staff members might present occasional seminars, as far as possible, seminars should be provided by the TC members themselves. This ensures that the presenter is given an opportunity to learn and reflect upon his/her own recovery and reflects educational research which has established that student-to-student learning is more effective than lecturer-to-student<sup>(28)</sup>.

TC members should be given adequate time to prepare their seminars and encouraged to seek advice and instruction from more senior members (including staff). Seminars may be formal lectures to the rest of the community or presentations on aspects of the programme to visitors to the community. They will normally be focused upon a specific aspect of the programme; perhaps the purpose of encounter groups, the use of pull-ups or push-ups, or the meaning and value of one of the TC concepts (*see below*). This process not only improves the TC members' understanding of how the TC works but encourages a feeling of ownership and responsibility for the success of the community as a whole.

## Concepts

A major way in which the TC creates a living environment which is conspicuously different to the world that members have left behind, is in the use of concepts. These concepts have special meanings and are displayed throughout the TC and quoted in meetings. Some, like "*Today is the first day of the rest of your life*" are from the early days of the original TCs. Others have developed as simple slogans to explain the TC philosophy. "*Act as if*", encourages members to avoid impetuous responses to problems, whilst, "*Being big about the little things is a big thing*" encourages members to concentrate on the small things and being the best they can be. Central to the TC philosophy is the concept, "*You can't keep it without giving it away*", which refers to the value of helping other members with their recovery and feeling good as a result<sup>(26, 27)</sup>.

## KEY POINTS

The TC, above all else, is a self-help approach to the individual's recovery. Both staff and members are seen as part of that process. Thus, staff (and senior members) are viewed as role models and other members can learn from them how the TC can help both them and their peers.

...

Seminars are presented to other community members (and occasionally visitors) by members. Topics will generally be aspects of the TC approach and the concepts which describe them. This helps all members understand the TC and how it can work for them.

...

Concepts – which are displayed throughout the TC and often recited in meetings - are simple slogans describing an aspect of the TC approach.

...

Concepts are part of a TC language which deliberately marks out the TC as a completely different environment to the one they have been used to.



## Creating Safety

The behavioural and attitudinal changes which the TC expects of its members are significant, coming as they do, after many years – perhaps even a lifetime - of chaotic and self-destructive behaviour. It is inevitable that such changes will leave members – at least initially – feeling frightened and vulnerable. In the early stages there will be strong resistance to change and at these times, it is vital that senior members can offer support and encouragement. But it is quite clear that such changes will only be possible within an environment which feels safe and supportive <sup>(5, 26, 27)</sup>.

In the TC, this is achieved through encouraging a sense of ownership allied to a belief in community members that they (and *not* staff members) are primarily responsible for the safety of the community and the members in it.

## Encouraging Ownership

TC members are encouraged to feel a sense of ownership and a responsibility for the effective running of the community by giving them increasing control over the decisions made by and about it. Members are involved in assessment of new recruits; decisions about moving members around within the structure; welcoming visitors to the TC; acknowledging and rewarding pro-social behaviour (push-ups); and identifying and challenging unhealthy behaviour (pull-ups) <sup>(26)</sup>. All of this should take place within a clearly defined community which is physically and organisationally autonomous and largely self-supporting: with all cleaning, cooking and minor building maintenance undertaken by the community members <sup>(1, 14, 26)</sup>.

## Pull-ups and Push-ups

Pull-ups are a crucial part of keeping the community safe and secure. Serious problems within the community – such as smuggling drugs into the premises or incidents of violence or threats of violence will need to be dealt with by staff members, but everyday poor behaviour and organisational problems should be resolved by community members at an appropriate level of seniority. Where a community member's behaviour is found to be unsatisfactory, they may be given a pull-up. Pull-ups are verbal challenges which are intended to point out to the recipient what is wrong with their behaviour. A *pull-up* should have three elements: (i) I like you, this is not about you, it's about how you are behaving; (ii) this is what is wrong with your behaviour; (iii) this is what you could have done/ how you could have behaved, instead <sup>(27)</sup>.

A *push-up*, on the other hand, is identifying and celebrating things that have gone well, or behaviour which is conducive to a more supportive community. As with pull-ups, push-ups will be handled in different ways as is appropriate. Serving up a particularly good dinner might elicit a public comment and round of applause from the community; a job well done may simply be noted and commended by a senior member; or a promotion within the structure may be announced at an evening meeting to all <sup>(26, 27)</sup>.

## KEY POINTS

Significant change can only occur within a safe environment. A feeling of safety and security is created through a sense of ownership of the whole community.

...

This sense of ownership is developed through a system which encourages active involvement of community members in the decision-making processes involved in the day-to-day running of the community.

...

It is crucial that the TC is, as much as possible, an autonomous, self-supporting entity, separate from the wider community and responsible for its own cooking, cleaning and general maintenance.

...

Challenging poor performance or bad behaviour is a community responsibility and will often result in a pull-up. Pull-ups should be a learning experience and should therefore include advice on how to improve.

...

Similarly, push-ups can be used to recognise good behaviour or particularly appreciated contributions. Both pull-ups and push-ups can be delivered individually or community-wide as appropriate.



SECTION THREE  
**THE PLANNING PROCESS**



## PLANNING AND STAFFING

### Establishing a Planning & Commissioning Team

It is critically important that the impetus for developing an in-prison TC originates from within the prison authority itself. In order to successfully establish a TC, there needs to be a strong and sustained commitment to the model.

Ideally, the planning team should also identify a local drug/alcohol treatment service which would be able to recruit and manage the TC 'treatment' element of the staff team and – if possible - provide the required after-care service. A detailed protocol should be agreed within the planning team for the overall management of the TC and a clear division of responsibilities between custody staff and those employed to deliver the treatment elements of the TC <sup>(24)</sup>.

It will inevitably be necessary to assess and evaluate the TC as it develops and it is recommended that the planning team prepares for this from the outset, perhaps involving a local university to advise on an appropriate research strategy. (See: Section Six for suggested assessment and evaluation instruments).

### Recruiting a TC Staff Team

Ideally, the TC staff team should include both prison officers and experienced TC treatment staff.

*Prison Officers* – recruit the prison officer element of your team by asking for volunteers. Understandably, many prison officers will be sceptical about the possibility of recovery since they mostly see those who have failed to change. The planning team should seek to enrol officers who appear to have compassion for people with substance use disorders and a belief in recovery – possibly from personal experience through friends or family members. These should if possible, be permanent postings. Ideally, prison officer staff working with the TC team should not be assigned elsewhere in the prison unless in an emergency. If possible, they should be out of uniform. It is important that TC members can see visible signals that the TC is genuinely different to the main prison.

*TC Treatment Staff* – if at all possible, recruit TC staff with experience of working in another TC. If that proves not to be feasible, staff can be recruited from other relevant disciplines such as community nursing, psychology, social work etc. If possible, it will be useful for this element of the team to be provided by a local NGO. Ideally, the team should also include some TC graduates or individuals who have recovered through treatment in a local addiction service. Having some formerly substance dependent members on the staff team will again send out an encouraging signal to both TC members and potential recruits <sup>(14, 24)</sup>. It should be noted that formerly substance dependent staff are likely to be also ex-offenders. The planning team will need to ensure that the prison regulations and national legislation will allow this.

### KEY POINTS

A multidisciplinary team should be established to agree detailed plans for the development of the prison TC. This should include agencies with established expertise in the TC model.

...

Planning for the TC should include a research strategy in order for the service to be evaluated from the first TC member recruited.

...

The TC team should be a permanent one (not a rotating duty) and should ideally include both prison officers and TC treatment staff.

...

The TC treatment team could potentially be managed by a local drug treatment NGO.

...

Prison officers on the TC team should preferably be out of uniform.

...

Ideally, the team should also include some formerly substance dependent members – preferably TC graduates.

## Staff Training

Section Five of this Handbook sets out a suggested training course curriculum. The planning team should ensure that they are able to recruit a trainer who is both experienced in delivering in-service short training courses and knowledgeable about the TC approach to treatment and recovery.

The suggested training course curriculum consists of 10 modules to be delivered preferably in 5 three-day sessions. Each module includes a handout pack of exercises, PowerPoint slides and background reading to guide trainers. These handout packs are available to download from:

<https://www.coe.int/en/web/pompidou/tctraining>

It is recommended that the planning team also studies this background reading as it offers important insights into the model, its evidence base and its efficacy.

## Immersive Training

It is recommended that members of the TC staff team – certainly those involved in the clinical work of the TC – should also spend some time in an established TC; either one in a prison or in the community (both types will use broadly the same approach, regardless of physical setting). This will provide a more subjective experience of how a TC works and how it should ‘feel’.

As with other aspects of the planning and development process, assistance and support can be provided by the relevant regional TC federation. In Europe, this would be the European Federation of Therapeutic Communities (EFTC). The EFTC has been in existence for almost 40 years, has a wealth of experience amongst its member organisations and can thus be relied upon to direct the planning team to an appropriate service <sup>(6, 8)</sup>.

## Ongoing Training

It will be important for the TC staff team to refresh their training and review progress on a regular basis. The planning team should include resources to allow for regular review training – possibly on a quarterly or half-yearly basis. As with the 10-module course, this training should include the full team regardless of discipline.

One of the major reasons for insisting upon multidisciplinary training is that it is vital that the TC programme is being run consistently by *all* its staff members. There should be a clear separation of duties; generally, with the prison officer members of the team responsible for discipline and the TC treatment members being responsible for treatment planning, groups, seminars etc. These issues can be reviewed and adjusted during the regular review-based training sessions.

## KEY POINTS

Section Five of this Handbook contains a detailed training curriculum of 10 modules delivered preferably in five 3-day sessions.

...

This course should be delivered by an experienced TC trainer and should be undertaken by the whole staff team together.

...

The handout packs that accompany this course contain exercises, case studies, role-plays, PowerPoint slides and background reading for all 10 modules.

...

The handout packs can be downloaded from: <https://www.coe.int/en/web/pompidou/tctraining>

...

If possible, the 10-module training course should be supplemented by immersive training via a placement in an established TC.

...

Regular ‘top-up’ training and review sessions should be planned for. Again, they should include the whole TC staff team regardless of discipline.

# LOCATION AND ENVIRONMENT

## Location

The choice of which prison to site a TC in will be governed by many things – not least what prison facilities are actually available. However, some thought should be given to geographical location. There are a number of examples of prison TCs failing to work to their optimum potential as a result of being sited in prisons in remote areas <sup>(14)</sup>. This resulted in either new staff finding it difficult to access appropriate housing or finding the excessive travel-to-work journeys expensive and tiring. This inevitably led to high staff turnover and poor consistency within the TC staff team.

If possible, a building should be chosen within the prison campus which can be easily separated from the main prison with enough room for sleeping and cooking facilities and with an outdoor area sufficient for sports and gardening: again, separate from the main prison.

## Environment

It is important that the TC looks and feels different to the rest of the prison. Some thought should be given to creating a family-like atmosphere within the TC itself. This will both encourage recruitment and attitude change once they have joined. TC members should be encouraged to display their own artwork on the walls and TC mottos and concepts (*Act as if; Being Big About the Little Things is a Big Thing; You Can't Keep It Without Giving It Away etc.*) should also be displayed in both public and private areas. It may be helpful to consider naming rooms after TC graduates as people begin to complete the programme and forge new lives outside the prison.

If possible, all TC staff should be out of uniform and use first names in all exchanges (no “sir” or “mister” or “ma’am”). All of these measures will encourage change in attitude and behaviour.

## Establishing a Hierarchy

The process by which the TC hierarchy (*see part 'Understanding the Structure'*) is established in a new TC is a gradual one. In many community-based TCs the hierarchy is established through a 'loan' of senior residents from another already established TC. In a prison-based TC this is unlikely to be an option.

The simplest solution is to temporarily fill the senior positions with staff members during the initial period. In this case, the full structure should still be displayed so that TC members can see the positions they might be able to aspire to as they progress.

The structure board should always be displayed in a prominent position in a central area of the TC building. It should show the appropriate first name of the holder of each position. Where a staff member is temporarily holding a position during the initial phase, this should be indicated to avoid confusion.

## KEY POINTS

It is most beneficial to establish the TC in a prison which is not remote, otherwise logistical problems will undermine progress.

...

The TC building must be separate from the main prison and, if possible, this physical separation should include any attached outdoor area.

...

The TC building should preferably look and feel different to the rest of the prison with artwork and TC mottos displayed on the walls.

...

Creating a family-like, homely atmosphere will encourage recruitment and aid behavioural change.

...

During the initial phase, TC staff members may fill the senior positions in the TC hierarchy on a temporary basis.

...

The full structure board should ideally be displayed in a prominent position within the TC with names of the position holders attached. Positions which are currently vacant should also be shown.

## Recruitment and Evaluation

Suspicion amongst people in prison about the new TC will be inevitable. It will be important that all recruits are volunteers. Former substance dependent (preferably TC graduate) staff members can be extremely helpful in this situation <sup>(14)</sup>. The staff team should have already developed clear criteria for acceptance/refusal and this should include an understanding on the part of the candidate that their problem is themselves and not the substance; that they have a need and desire for change; and a belief that change is possible. Initial assessment (and subsequent reviews) will need to use designated assessment tools to enable later evaluative research.

Timing will be important in terms of when to admit new recruits. It will be important – *if at all possible* – to avoid sending TC programme completers back into the main prison where much of their progress may be undermined. Therefore, it will probably be appropriate to recruit new members who have around 12 to 18 months of their sentence remaining. This will allow the timing of their programme completion to coincide with their scheduled release date.

As new recruits are admitted as TC members, they should each be assigned a senior member to act as their mentor during the early stages of their programme: explain the TC structure and rules to them and encourage them to put their trust in the TC model. This ‘mentor’ or ‘big brother’ approach will have a number of benefits. For the new recruit there will be someone there to turn to when they feel vulnerable. For the senior member it will provide an opportunity to prove their ability to handle responsibility and for the TC, it will offer an ‘early warning’ system if a new recruit is struggling.

## After-care

Extensive research on prison TC outcomes has clearly identified after-care provision as an essential element in achieving high rates of both sobriety and desistance from offending. Where possible, the planning team should ensure that an after-care service is available. This should be TC-based and preferably residential. The staff team from this facility should be trained alongside the prison TC staff team. Established community-based addiction treatment agencies may be well placed to offer such a facility <sup>(14, 16, 17)</sup>.

Where a facility of this kind is not possible, the planning team should have explored the possible use of mutual-aid groups such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery etc. Planning in this event should include an awareness that there are significant philosophical differences between these groups and the TC model and this will need to be accommodated <sup>(1, 27)</sup>. One possible alternative option would be to encourage programme completers to return to the prison TC to take part in groups and act as role models for junior members.

## KEY POINTS

New recruits should be volunteers, have a strong desire to change and a belief that change is possible.

...

Recruitment into the TC should be timed in order to ensure that TC members complete the programme at around the same time as their release date.

...

It is preferable for initial assessment (and for any subsequent evaluative research studies and/or progress reviews) to make use of validated instruments to enable evaluation at a later stage.

...

After-care arrangements are critical. Preferably, these should be TC-based and residential.

...

Where this is not possible, other support services such as AA/NA could be considered or programme completers could be encouraged to return to the TC as senior members and role models.





SECTION FOUR  
**THE TC CATHARSIS PROJECT:  
A CASE-STUDY TC**



## SUMMARY

### Catharsis: A Summary

The impetus for developing a therapeutic community in a Moldovan prison came directly from staff working in the National Administration of Penitentiaries (NAP; formerly: Department of Penitentiary Institutions) of the Republic of Moldova.

At a workshop in Chisinau in 2013, Moldovan prison doctors and psychologists concluded that harm reduction and medication assisted treatment (MAT) – at that point, already well-established in Moldovan prisons – would not cater for the needs of *all* drug-dependent persons in their prisons.

During a study visit to Bucharest organised by the Pompidou Group, Moldovan prison managers visited and were impressed by an in-prison TC in Jilava Penitentiary in Romania, which had been established with support from the Pompidou Group and technical assistance from the well-established Norwegian TC, Phoenix Haga. The NAP subsequently requested support from the Pompidou Group to make use of this experience to build their own prison-based TC.

Financial support came from the European Union: in 2014 the EU agreed to fund the creation of one or two TCs in Moldovan prisons. Luxembourg, a member state of the Pompidou Group, also provided a voluntary contribution in support of the project. In early 2015, the NAP signed a Memorandum of Understanding (MOU) with the Pompidou Group, which formed the cornerstone of a fruitful cooperation.

The Norwegian NGO, Phoenix Haga contributed as a full partner to the success of the project through their expertise and guidance in the initial design and planning phase and in ongoing support. In the following two years, German, Norwegian and Romanian experts travelled regularly to Moldova to train an interdisciplinary group of psychologists, doctors, prison officers and social workers to run the in-prison TC. In interactive trainings, the trainees learned how to manage a TC: from the understanding that substance use disorders have a chronic and often relapsing nature, to the different stages of recovery, they acquired the skills to bring about cognitive change through psychological interventions in the framework of the TC.

With the help of the Pompidou Group, the NAP refurbished a prison ward in Prison No. 9 (Pruncul Prison). The refurbished area accommodates the TC and has space for 26 drug dependent inmates. It fulfils European standards as regards to space, equipment and living conditions. At the opening ceremony of the TC in November 2017 it was named “Catharsis” because it is intended to be a safe place where emotional discharge and recovery from substance use disorder is possible. Since opening its doors in July 2018, several generations of TC residents have successfully completed the therapeutic programme and reintegrated into society.

### KEY POINTS

The initiative to create an in-prison therapeutic community within the Moldovan prison system came from the National Administration of Penitentiaries (NAP) itself rather than being suggested by external agencies.

...

A major trigger for the initiative was a visit by senior prison staff to see TC Phoenix in Jilava Penitentiary, Bucharest. In planning an in-prison TC, it is vital that those involved in the project actually see a TC in action.

...

The role of the TC service run by the Norwegian NGO, Phoenix Haga, was critical in moving the project forward. There are a large number of well-established European TCs – many in prisons - and their expertise can be extremely valuable.

...

The training programme provided for the prospective staff of the TC Catharsis is largely replicated in this Handbook in Section Four.

...

Establishing a TC within a prison should be seen as a long-term investment and both start-up funding and ongoing financing must be confirmed before the TC is established.

## Creating the Space

The location of the TC must be large enough (depending on the anticipated number of TC members) and adequately constructed and must satisfy European standards as regards to space, equipment and living conditions.

It is advisable to find an area in the prison that is more or less separate from the other areas of the prison, as it is critically important to prevent the role-related hierarchy of the TC being negatively influenced by the pre-existing informal 'pecking order' culture among prisoners who do not live in the TC. Additional security measures may be required to ensure both that only TC members have access to the area and that it remains demonstrably drug- and alcohol-free.

Separation should ensure that the TC is sufficiently autonomous without the residents having to give up rights and opportunities they have in the rest of the prison (e.g. the possibility to do sports, undertake work duties etc.). A sufficiently large and liveable environment is both an incentive for detainees to participate in the TC programme and helpful in achieving the therapeutic goals.

### EXAMPLE

During the Moldovan TC project, the planning team followed the recommendations of Phoenix Haga, which had already acted in an advisory capacity during the construction of in-prison TCs in Romania. The following minimum requirements for 26 residents were outlined for the TC space:

- Separate bedroom areas (one large bedroom with 16 beds, one medium with 8 beds and one small bedroom with 2 beds)
- Separate bathroom area
- Separate large room for community activities with enough space for therapeutic and creative group activities
- Room for preparing and eating meals (could also be two separate rooms)
- Resident office with desk for one person
- Staff office with desk for one person
- Place to store food, cleaning equipment, clothes, toilet paper etc.
- Outside area (garden area with plants, flowers, space for small animals)

The TC was also equipped with furniture and household items, including beds, tables, cupboards, crockery and materials for therapeutic community activities (flip-charts, pens, art materials, etc.). In addition, a computer room with three workstations was provided, which can for use by both residents and staff.

## KEY POINTS

An in-prison TC must, as far as is possible, be separate from the rest of the prison estate and this may require new construction.

...

Separation of the TC from the rest of the prison reduces the negative impact of prison sub-culture on the very positive ethos being built within the TC.

...

Additional security measures may be required to ensure that only TC members have access to the area and that it remains demonstrably drug- and alcohol-free.

...

The TC should be able to house all its members so that they do not have to return to the main prison at night.

...

It is helpful if the sleeping arrangements/rooms can be varied in order to allow the TC to reward those achieving promotion within the TC hierarchy with more attractive (and less public) rooms.

...

It is also extremely helpful if the space assigned to the TC allows members to prepare their own meals. Meal preparation and dining together enhances the sense of community.

# GOAL-SETTING AND FEASIBILITY

## Initiation: Defining Goals and Assessing Feasibility

To gain clarity about the desired aims, the planning team should first define the anticipated impact and goals of the project and then identify the actions and means to achieve these goals. A good project plan helps to maintain the direction of the project and enables measurement of progress and consumption of resources. Existing project management literature is widely available and can help with the development of a robust project plan. An appropriate project plan should be in line with the objectives of all the partner organisations involved.

### EXAMPLE

The implementation of an international cooperation project such as that of the Moldovan in-prison TC presupposed that the impact and goals of the project were in line with the priorities of the Council of Europe's Pompidou Group as well as the national objectives of the Republic of Moldova. By aligning the goals of the project with the Council of Europe's Action Plan for Moldova, both the backing of the Council of Europe and the support of the member state Moldova could be achieved. This was because the Action Plan was based upon the priorities of the National Action Plan for the fulfilment of Moldova's commitments to the Council of Europe, as agreed by the Moldovan Parliament.

## Feasibility

The planning team should ensure that the time is ripe for project implementation. The national policy framework and Criminal Code of the prison administration will need to be checked to ensure that changes are not required to implement the project. Changing regulations or national policies is often very time-consuming and might not be achieved within the agreed timeline. For that reason, project management should anticipate and initiate policy changes early in the process of project implementation, so that the regulatory foundation for effective and efficient implementation of project plans is in place when needed.

### EXAMPLE

The Pompidou Group Secretariat analysed the policy framework together with the national partners before the project was implemented. Although it was found that nothing stood in the way of building an in-prison TC in Prison No. 9 (Pruncul Prison), the regulations of the Moldovan prison administration prevented the TC programme from being extended to other prison regimes. The result: people incarcerated in other prisons could not be transferred to the TC "Cathasis" and some free capacities in the TC could not be used because only inmates from Prison No.9 were eligible as TC members. To give potential beneficiaries from other prisons the opportunity to participate in the TC programme, a draft law was submitted to the Moldovan Government by the NAP and was in the process of adoption at the time of writing.

## KEY POINTS

It is important in planning an initiative of this kind to begin with an understanding of the ultimate goals.

...

This should include a detailed plan setting out the steps to be taken to achieve the desired goals and anticipating the possible barriers to achieving those goals.

...

The project should be both practical and feasible and should be in line with existing policies and legislation.

...

It should be considered that changing legislation can be an extremely slow process even where there is general agreement and the 'political will'.

...

Where problems are identified with the feasibility of the initiative, these must be addressed at the outset. Changes to the original plan may be required and some elements of the plan may have to be set aside for future implementation.

## Non-policy related Feasibility Factors

Apart from the necessity of a legal basis for implementing the project, the planning team must ensure that the project partners have the technical competence to achieve the project aims and are committed to establishing a TC and supporting it in the long term. Strengths, weaknesses, opportunities and threats (SWOT) must be examined and the planning team must establish precisely what a successful implementation will cost.

### EXAMPLE

In November 2013, the Pompidou Group sent an expert team to Moldova to conduct interviews and meetings with representatives of the National Prison Administration, the Ministry of Justice, prison governors and other potential partners. The team visited two prisons for male inmates and one prison for women. Following a SWOT analysis, the team concluded that establishing TCs in Moldovan prisons was possible in principle. The feasibility study that was produced by the experts recommended that it is crucial to sustain the support of the TC by the Moldovan prison administration, which had to cover the running costs for the maintenance of the TC even after the project was completed and entrust staff members with the task of managing the TC on a long-term basis.

## Memorandum of Understanding

Depending on the structure of the partnership it may be advisable to draw up a Memorandum of Understanding (MOU) that describes the roles and responsibilities of each organisation, the timeframe for achieving the desired results, practical cooperation and communication arrangements and how the parties will authorise and pay all costs incurred in achieving the project goals. It is unlikely that an in-prison TC can be successfully established by a prison service acting entirely independently and there will almost certainly be a need to co-opt into partnership with various other services including health and social services and any appropriate NGOs specialising in substance use disorder.

### EXAMPLE

In May 2015, the Pompidou Group and the National Prison Administration of the Republic of Moldova signed a Memorandum of Understanding (MOU) with the aim of consolidating effective co-operation in the implementation of the project. The joint discussion of the division of tasks in the process of writing the MOU helped all project partners to get a clearer idea of how to work together. A signing ceremony was organised which strengthened the motivation and determination of all project partners to succeed with the project.

## KEY POINTS

It is crucial that in the process of determining feasibility, an objective assessment is made of the capacity of the host agency to deliver the desired service in the long-term.

...

This will probably require an early initial assessment by external experts. With an initiative which is intended to establish a prison TC, assistance will be available from the various international and regional organisations.

...

In estimating the feasibility of establishing an in-prison TC, a useful starting point may be to undertake a Strengths, Weaknesses, Opportunities and Threats (SWOT) exercise involving all the prospective partners.

...

Since the initiative will inevitably be one involving a number of partner agencies, it will be appropriate for the role of each contributing agency to be set out in a formal document which can be confirmed by all parties.

# IMPLEMENTATION AND ESTABLISHMENT

## Staff Training

Since sufficiently and appropriately qualified staff will be necessary to lead a TC, the training programme must be designed in such a way that the practical and theoretical contents described in this manual can be conveyed and internalised. Where the aim is to use a multidisciplinary team (as is the case with TC Catharsis) the team should ideally be trained together (for an example training curriculum, see Section Five in this Handbook).

### EXAMPLE

With the help of experienced international TC practitioner-trainers, the Pompidou Group organised a series of four 3-day training workshops for correctional and treatment staff working in (or scheduled to work in) Pruncul Prison. Most trainings took place in the prison, which:

- reduced the cost of the training
- allowed for a more immersive training experience within the participants' workplace.

The interactive workshops were held in two languages (Romanian and English).

## Selection of TC Members

Throughout this handbook, we have used the term "TC members" or just "members" to emphasise the central tenet of the TC approach that both staff and the client group (residents, guests, prisoners etc.) are all members of a single healing community.

The selection of future members should be implemented in a transparent and demand-oriented manner. Clear criteria must be worked out for this purpose. Candidates must be sufficiently informed about their rights and duties so that they can make an informed decision. As far as possible, they should be voluntary members.

### EXAMPLE

In the Catharsis project, local NGO and TC provider, *Initiativa Pozitiva* played a crucial role in initial recruitment and continue to be active partners. The selection criteria developed between the Pompidou Group and the National Administration of Penitentiaries, state that all persons are eligible to enrol in the TC programme provided they:

- have an addiction problem
- are due for release soon after completing the programme
- do not need to return to general enforcement

In addition, candidates must be sufficiently motivated to get their substance use disorder under control.

## KEY POINTS

Staff should be trained in using the TC methodology during the planning period and well before the establishment of the TC. This is undoubtedly unlike any work-setting and method they will have experienced in the past.

...

If the project intends to use a multidisciplinary team (the best results have been achieved with teams which included correctional staff, TC treatment staff and TC graduates) – then the team should be trained together.

...

The planning team should establish appropriate criteria for accepting new members into the TC. The best results will be achieved if members volunteer for the programme.

...

New members should have a history of substance use disorder which they are willing to try to change.

...

If at all possible, any TC members who have completed their TC programme, should not be returned to the main prison.



## Civil Society Involvement

Prisons cannot be rehabilitative institutions without the cooperation and support of the wider society. Cooperation with civil society organisations is essential, especially for prison systems that operate with very few resources, as NGOs often provide much needed human and material support. Furthermore, NGOs can build bridges to society beyond the prison walls.

### EXAMPLE

The Pompidou Group project in Moldova involved from the beginning not only the Norwegian NGO *Phoenix Haga*, who offered training, technical advice and counselling, but also the local NGO, *Initiativa Pozitiva* (Positive Initiative), who brought with them an extensive experience with peer-to-peer programmes for drug dependent and incarcerated people and a depth of knowledge of the local drug subculture.

*Initiativa Pozitiva* also runs a therapeutic community in a village close to the capital Chisinau where residents can work or continue their therapy. Their TC is a full member of the European Federation of Therapeutic Communities (EFTC). *Initiativa Pozitiva* was commissioned by the Moldovan prison administration to enrich the therapeutic programme in the prison and support the rehabilitation and reintegration of the released programme completers.

## Finalisation and Continued Support

It is crucial to reserve sufficient time and money to support the critical first phase of implementation after the opening of the TC, to monitor its progress and assess the effectiveness of the intervention. The importance of continuity – both of staff and of the model itself - cannot be stressed too strongly. In many cases, prison TC initiatives have failed because of poor staff support leading to an increased turnover of personnel. High turnover usually results in a lowered understanding of the TC ethos and that in turn often undermines the fidelity of the model.

### EXAMPLE

After the opening of TC Catharsis, both the Norwegian and Romanian experts travelled regularly to Moldova to assess the progress of the TC and to give recommendations to prison managers and NGO staff involved in the TC programme. In addition, in 2020-21, a team of researchers conducted interviews and collected data to assess the effectiveness of the TC starting from this early state. The findings and recommendations of these activities were intended to be used to further support and strengthen the programme of the TC and introduce appropriate evaluative systems to measure the long-term effectiveness of the programme.

The project took around 3 years from initial interest to formal opening which is probably a reasonable expectation for such a complex undertaking.

## KEY POINTS

Wherever possible, the prison authorities should seek to include appropriate local NGOs in the venture.

...

Local NGOs should be encouraged to develop their resources in such a way that they are able to provide TC-based after-care services for prison TC programme completers.

...

The venture should be seen as a continuing process. The planning team should ensure that there are sufficient resources to audit and evaluate the TC after its establishment.

...

As with the initial planning process, technical advice, assistance and support can be sought from experienced TC experts; for example through the various regional federations of the World Federation of Therapeutic Communities (WFTC) including the European Federation of Therapeutic Communities (EFTC).

...

TC Catharsis has now been operating a TC within Pruncul Prison for three years. A short video of TC Catharsis and its members can be accessed from Section Six.





# SECTION FIVE THE TRAINING CURRICULUM



# TRAINING CURRICULUM - INTRODUCTION

## Structure of the Curriculum

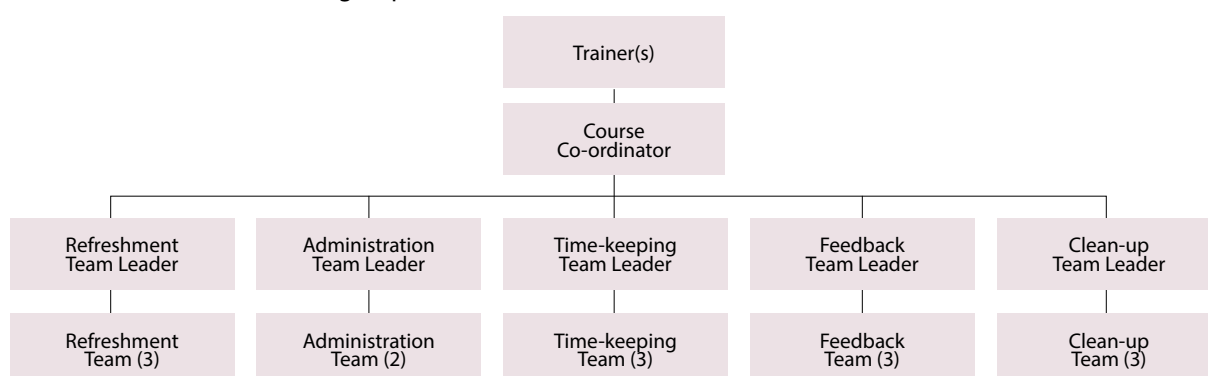
Experienced trainers with an extensive knowledge of therapeutic communities will of course, have their own ideas about how to structure and deliver an appropriate training course. What we have set out here is our suggestion for a comprehensive curriculum. In our view, an appropriate training course should include all the elements outlined in these pages and would be offered as an addition to an immersive training by secondment in an established TC. The course, as set out here, would be delivered in five three-day sessions, with two of the ten modules being delivered in each session. These modules are:

- Module 1: Introduction to the Therapeutic Community
- Module 2: Treatment and Recovery
- Module 3: The Community-as-Method Approach
- Module 4: Social Structure and Physical Environment
- Module 5: Peer & Staff Relationships
- Module 6: TCs in Custodial Settings
- Module 7: TC Treatment Methods
- Module 8: Work as Therapy and Social Reintegration
- Module 9: Stages of the TC Programme
- Module 10: How Members Change in a TC<sup>1</sup>

Downloadable handout packs<sup>2</sup> are available for each module at: <https://www.coe.int/en/web/pompidou/tctraining>

## Preparation for the Training Course

We strongly suggest that the whole curriculum is delivered within a therapeutic community structure in order to intensify the teaching objectives and the overall learning experience. (A sample slide is included – M1-1 – in the Module 1 handout pack). This will involve allocating all students to an appropriate point on the course delivery structure. For illustrative purposes, we have assumed a course of 20 students and 4 break-out groups of 5 students each. Obviously, the trainer(s) will need to adjust the structure according to the number of students and the number of break-out groups.



Students should be advised before attending that they will be expected to keep a journal of their reflections on each day to be completed each evening. This should be repeated at the start of Module 1. The trainer(s) should ensure that they have notebooks and pens for students who fail to bring their own. We have chosen NOT to include timings (other than for breaks) since these will vary according to the knowledge and needs of the student body and, where appropriate, language translation.

1. This curriculum is based upon the (now out of print) curriculum recommended in Therapeutic Community Curriculum: Trainers Manual, which was published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the USA in 2006. It was further adapted by the authors who refocused and refined the structure and created additional new content.
2. Background reading articles, chapters etc. provided within the handout packs are for the sole use of the trainers and students in conjunction with this curriculum. Copyright (where applied) remains with the author(s) and/or publishers.

RESPONSIBILITIES	
<b>Course Co-ordinator</b>	Liaison between the Trainer(s) and the Team Leaders; demonstrating role plays with the trainer(s) if required.
<b>Team Leaders</b>	Ensuring that their team members are present and prepared; demonstrating role plays with the trainer(s) if required
<b>Refreshment Team</b>	Ensuring that refreshment breaks are prepared as required
<b>Administration Team</b>	Ensuring that handouts and timetables are distributed to all students; ensuring that the break-out groups (4 groups of 5 students) have the appropriate handouts.
<b>Time-keeping Team</b>	Ensuring that break-out groups are in the correct location and start and finish on time and that times within sessions are appropriate (one team member allocated to each group by the Team Leader).
<b>Feedback Team</b>	Responsible for note-taking in break-out groups; ensuring that notes and other feedback are relayed to the Team Leader and thence to the Course Co-ordinator (one team member allocated to each group by the Team Leader).
<b>Clean-up Team</b>	Ensuring that any refreshment breaks are appropriately cleared away; ensuring that training rooms are clean and tidy at the close of all training sessions.

### Introductory Exercise

At the outset of the course, the trainer(s) should introduce themselves and explain the whole course structure and stress that it is expected that the students will commit to attending the whole course. They should also explain the notion of the 'slip-box' for students to ask questions throughout the three days. This should be a shoebox type container - with a posting slot in the lid - managed by the Course Co-ordinator. Students should be invited to write out queries/questions and leave them in the slip-box. This advice should be repeated throughout the three days. At this point, the model structure should be projected onto the screen (*a sample slide is included – M1-1 – in the Module 1 handout pack*) and the trainers should explain that this structure reflects a standard structure used within therapeutic communities around the world and that this particular structure will be used for the whole curriculum in order for the students to experience what a therapeutic community might feel like for its members.

Initially, it is suggested that the trainer(s) begin Module 1 with a simple exercise aimed at establishing the various levels of TC knowledge/awareness amongst the student body. *A sample exercise is included (M1-A) in the Module 1 handout pack.* This exercise can then be used to allocate places within the structure, ensuring that those most knowledgeable of TC methodology are placed in the leadership roles. Teams should then be allowed a short time to meet together and confirm that they understand their respective roles during the course.

Ideally, it is hoped that the student body will include three discreet cohorts: prison/correctional staff; therapeutic community staff (most likely from an NGO); and therapeutic community programme graduates. This will of course depend upon the agreements reached between the various parties during the planning stage (see *Section Two*) but we would stress here that a multidisciplinary approach such as we have suggested has been shown – over many years – to result in the best outcomes.

While the teams are meeting, the Course Co-ordinator should prepare a large flip-chart version of the structure-board with the trainer(s), making sure that the boxes are large enough to allow for the names of the members to be added. This should then be stuck to the wall in a prominent position.

Once the teams have finished their discussions and introductions, they should be brought back into the full group. At that point they will be asked one by one to come up and introduce themselves by writing their name into the appropriate square on the structure board and then turning to the rest of the students to say:

*"My name is Peter/Mary and I am a member of the Time-keeping Team (or whatever the appropriate position is)".*

## Module 1

# INTRODUCTION TO THE THERAPEUTIC COMMUNITY

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### Day 1

The introductory exercise is described in some detail on the preceding pages. Once the student body has been allocated to an appropriate point in the structure, the trainer(s) should then display a sample set of rules for the course. *(A sample slide is included – M1-2 – in the Module 1 handout pack).*

Ask students to identify which team should be responsible for which rule (or whether the responsibility should lie with the whole student body). Rewrite these on a flip-chart paper and stick it to the wall.

Ask students to identify additional rules and discuss. Which team is responsible for these additional rules? Add these to the flip-chart.

*Refreshment Break (Suggested – 30 minutes)*

### LECTURE – THE HISTORY OF THE THERAPEUTIC COMMUNITY APPROACH

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Explain to all students that they should now be taking notes and that the lecture will be a short presentation of some of the origins of the therapeutic community approach to addiction and recovery. *(A sample set of slides is included – M1-3 – in the Module 1 handout pack. It is recommended that the trainer(s) prepare handouts of all slides used for all students to keep).* The lecture should outline earlier developments in working with so-called maladjusted children (Aichorn, Lane, Wills etc.); early experiments with patient self-help in hospitals (Mayo & Pratt, Jones, Laing etc.); and the history of drug-free TCs from the establishment of Synanon in 1958. *(Sample background papers are included – M1-i - M1-v – in the Module 1 handout pack).*

On completion of the lecture, separate students into 4 groups of 5 (ensuring that the Feedback Team Leader and the Time-keeping Team Leader allocate one member of their team to each group and join the group remaining). Ask the groups to spend around 20 minutes discussing the lecture, exchanging views and raising questions for the plenary.

*Lunch Break (Suggested – 1 hour)*

When students return from their lunch, allow approximately 30 minutes for questions and discussion around the morning's lecture. Do this by first calling on the various members of the Feedback Team (including the Feedback Team leader) to present the pre-lunch discussions in their group and then throw the discussion open to the whole student body.

### LECTURE - THE HISTORY OF THE THERAPEUTIC COMMUNITY APPROACH

---

Explain to all students that the lecture will be a short presentation of some of the basics of the therapeutic community. *(A sample set of slides is included – M1-4 – in the Module 1 handout pack).* The lecture should cover the phases of treatment, the 14 components and the balance between the structure and groupwork. *(Sample background papers are included – M1-iii & M1-iv – in the Module 1 handout pack).*

*Refreshment Break (Suggested – 20 minutes)*

On return from the break, separate students into their groups. Ask the groups to spend around 20 minutes discussing the lecture, exchanging views and raising questions for the plenary.

Once the groups return – as before – ask the members of the Feedback Team to report on their group's discussions and raise any questions. Allow for a short open discussion and then instruct students to consider the background papers overnight for a question-and-answer session on Day 2. Invite the Course Co-ordinator to elect one of the students to come to the Day 2 Morning Meeting with a favourite poem (or part of a poem or the lyrics of a song) and a further student to prepare a thought for the day. *(This final instruction should be repeated at the end of each Morning Meeting for the rest of the course).*

## Day 2

### MORNING MEETING

---

Day 2 begins with a Morning Meeting. Begin the meeting by displaying the TC philosophy (*Sample slide: M1-5*) and explaining that this was written many years ago, by a graduate of Phoenix House New York and continues to be used (with slight variations) in TCs around the world. Continue the meeting with the chosen student's favourite poem. Outline the plan for today and invite the other chosen student to offer their thought for the day. This should be written up on a flip-chart and posted on the wall. Invite the Course Co-ordinator to select two new students to provide a poem and thought for the day for the following day's Morning Meeting. Allow 10 minutes at the end of the Morning Meeting for students to write down in full the TC philosophy.

Ask all students to write down the following definition of a therapeutic community:

"The therapeutic community is a structured method and environment for changing human behavior in the context of community life and responsibility". (Richard Hayton, 1998)

Explain that each word of this definition is important. Assign one of the following elements to each group (*as before, 4 groups of 5*) and ask them to separate into those groups and discuss its meaning:

- ▶ Structured method
- ▶ Structured environment
- ▶ Context of community life
- ▶ Context of responsibility

*Refreshment Break (Suggested – 30 minutes)*

Bring back all students into a plenary group and – as before – ask for a report back on the different group discussions from the Feedback Team before throwing the discussion open to the whole group.

Disperse students into their groups once again and ask them to discuss and select two or three issues raised during Module 1 for which they would like further instruction or clarification.

Re-assemble into a plenary group once more and repeat the feedback process as before. Write up all the questions on flip-chart paper and take time to discuss each one in detail. This should provide a lengthy summary of the content of Module 1; including the history and evolution of the therapeutic community, the basic elements of the approach and how it differs from other types of addiction intervention. The trainer(s) should feel free to add in any critical elements not covered in the group questions which they feel require further emphasis.

*Lunch Break (Suggested – 1 hour)*

## Module 2

# TREATMENT AND RECOVERY

---

### Day 2

Introduce students to Module 2 and explain its objectives. Module 2 is intended to give students a clearer idea of the TC view of addiction and the concept of right living. It will also explain the concept of *community as method*.

#### LECTURE – TREATMENT AND RECOVERY: THE TC VIEW

---

This lecture is a short presentation of some of the distinctive features of the TC (language, community as method, rational authority and the TC view of the disorder, recovery and right living). (*A sample set of slides is included – M2-1 – in the Module 2 handout pack*). The lecture should outline the reasons for these distinctive features and explain how they work in practice. (*A sample background paper is included – M2-i – in the Module 2 handout pack*).

#### SMALL GROUP DISCUSSION

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On completion of the lecture, separate students into their four groups. Ask each group to spend around 20 minutes discussing a particular element of the lecture. One group should discuss TC language and compile a list of words and phrases used. Another should discuss community as method and suggest reasons why this might be more effective than traditional therapist-patient interventions. A further group should discuss rational authority and suggest events where staff might need to intervene and what form those interventions should take. The final group should discuss the TC view of the disorder and list the ways in which this differs from other traditional assumptions about addiction.

*Refreshment Break (Suggested – 20 minutes)*

When students return from their refreshment break, ask the Feedback Team to present their groups findings/ thoughts/reflections. Then throw the discussion open to the whole student body taking each of the four discussion areas in turn. Ensure that all students have a clear view of the nature and meaning/purpose of these elements.

#### LECTURE – RAY: A CASE STUDY

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Explain that this presentation will cover the basic elements of the case study and that students are expected to read the full case study overnight and be prepared to discuss it in detail the following day. (*A sample set of slides is included – M2-2 – in the Module 2 handout pack. The full case study can be found – M2-A - in the Exercises folder in the same handout pack*).

As before, summarise the Module 2 session at the end of the day and answer any questions. Remind the selected students that they are required to prepare a favourite poem (or part of a poem) and a thought for the day.

### Day 3

#### MORNING MEETING

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Open the day with a Morning Meeting as on Day 2. Display the TC philosophy as before. If the trainer(s) feel it is appropriate, students can be encouraged to recite it out loud. Invite up the poem reciter and the student with the thought for the day.

Return to the case study (M2-A). Invite students to suggest examples of Ray's cognitive and behavioural issues. Write these up on flip-chart and post to the walls. Continue in the same way with examples of perceptual issues; emotional issues; and social issues.



## SMALL GROUP DISCUSSION

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Send students back into their four groups. One group should be tasked to discuss how the TC could motivate Ray: (a) to change his behaviour; (b) another, his emotional/psychological life; (c) a third, his intellectual and spiritual life; and (d) the final group, his work and vocational skills.

*Refreshment Break (Suggested – 30 minutes)*

Bring students back into a plenary group and seek feedback in the usual way. Ensure that all the elements of the TC are discussed in terms of their potential impact on Ray's behaviour and motivation to change.

## LECTURE – THE TC VIEW OF RECOVERY

---

This lecture should explain the TC view of recovery as being something much more than simply stopping the misuse of drugs and/or alcohol. (*A sample set of slides is included – M2-3 – in the Module 2 handout pack*). The TC emphasises instead a wholesale change in behaviour and attitudes – both towards others and towards the self. Explain the difference between rehabilitation and habilitation. This focuses on the assets and resources which every TC member brings with them into their recovery programme whether that be a supportive family or partner; job skills; financial resources; artistic/creative abilities etc. It is important to stress that unlike many other treatment methodologies which tend to see their role as managing the symptoms or reducing the harm, the TC is an instinctively asset-based intervention. At the end of the presentation ask the students to explain whether Ray will require rehabilitation or habilitation and for what particular issues he has problems with.

*Lunch Break (Suggested – 1 hour)*

## SMALL GROUP ROLE-PLAY

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When students return from lunch, hand out the role-play scenario (*M2-B*) and ask students to read it through and ask any questions that arise. Go through the four elements of right living from the earlier slides – honesty, responsible concern, work ethic, active & continuous learning. Discuss each element before assigning one person in each group to play Ray and one to play Frank (Frank can become Frances if a woman is selected for this role). Students should break into their groups and begin to role-play the meeting. Other members of the group should take notes of what was said and once the role-play is finished the groups should discuss the interview. Was Ray convinced? Did Frank/Frances manage the interview well? What could he/she have said to make a bigger impact on Ray (etc.)?

Once back in the full group, this can be fed back in the usual way and fully discussed. The trainer(s) should make sure that all aspects of the role-play are discussed and be assured that the students fully understand the concept of right living as an alternative aim to sobriety

*Refreshment Break (Suggested – 20 minutes)*

## WRAP-UP

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The final exercise of this session should be a comprehensive summary of both Modules 1 and 2. The trainer(s) should summarise the core elements of each module and invite discussion and questions. The Course Co-ordinator should check the slip-box and read out any questions submitted (alternatively, this can be done at the close of each of the three days). If the time between the Module 1/2 session and the Module 3/4 session is significant it may not be appropriate to assign Morning Meeting roles and students may be advised that they can volunteer for this at the next session. The trainer(s) should also consider whether it is appropriate to alter the course delivery structure (the expectations of the Feedback Team is perhaps more than for the other teams). The trainer(s) should finally summarise Modules 3 and 4 and ensure that all students have the details and will attend.



## Module 3

# THE COMMUNITY-AS-METHOD APPROACH

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### Day 4

#### MORNING MEETING

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Day 4 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. Invite the Course Co-ordinator to select two new students to provide a poem and thought for the day for the following day's Morning Meeting.

#### LECTURE – SOCIAL LEARNING VERSUS DIDACTIC LEARNING

---

Explain the difference between social learning and didactic learning. Emphasise that they tend to be better for different types of knowledge and behaviour. *(A sample set of slides is included – M3-1 – in the Module 3 handout pack).* Make sure that students understand these differences. Ask for examples of social learning from the students' own experience and discuss.

*Refreshment Break (Suggested – 30 minutes)*

#### SMALL GROUP EXERCISE

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On return from the refreshment break, separate students into their 4 groups. Each group member should independently recall a situation where they learned a valuable life lesson from peers, family members or co-workers. They should then write this down and add to the description of the event, the lessons they learned. Each group member should then share their experience with the rest of the group. (Members of the Time-Keeping Team in each group should ensure that around a third of the allotted time is given to the period of private reflection and two-thirds to the group presentations).

When students return from their groups, allow enough time for feedback from each team in the usual way. Encourage the group to discuss what they feel they have learned from this exercise. Summarise the session as follows:

- ▶ By listening to others, a person can learn from their experiences and change his/her behaviour or thought processes
- ▶ Listening to others relating their experiences is a very good example of social learning

*Lunch Break (Suggested – 1 hour)*

#### LECTURE – COMMUNITY-AS-METHOD

---

Explain to all students that the lecture will be a short presentation of some of the basic approaches of Community-as-Method; which is the bedrock of the TC approach. *(A sample set of slides is included – M3-2 – in the Module 3 handout pack. The trainer(s) should also distribute the more detailed description in the handout, M3-A).*

Ensure that these basic concepts are fully understood by the students. Take each one of the eight concepts and ask students how they have seen this concept work in their own working environment or family group. Ask students how they could promote this concept in their own working situation. Encourage questions and discussion.

*Refreshment Break (Suggested – 20 minutes)*

#### SMALL GROUP ROLE-PLAY

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After the break, distribute the role-play handout (M3-B) and break the students into their four groups. Each group should agree three members to play the three characters. Once they have completed the play and commented on it, they should return to the main group to feedback and discuss in the usual way.

The trainer(s) should then summarise the training content of the day. The summary should stress the difference between social learning and didactic learning and should remind students of the basic elements of the concept, Community-as-Method.

1. *Member Roles* – each TC member assigned a role and moved as appropriate
2. *Continual Feedback* – all TC members observe and feedback for both affirmation and correction
3. *Role Models* – senior members provide models of pro-social behaviour to other members
4. *Relationships* – gradually building new positive friendships and sharing feelings
5. *Collective Learning* – TC members work, learn and heal in group settings
6. *Internalisation* – TC members gradually internalise the language and culture of the TC
7. *Hierarchy* – the TC hierarchy provides structure and allows for short-term goals and opportunity to display leadership and responsibility
8. *Open Communication* – honesty is encouraged and dishonesty is challenged by the community itself

The session can then be closed.

## Day 5

### MORNING MEETING

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Before the start of the meeting, the trainer(s) should explain to the Course Co-ordinator that it will not be necessary for him/her to select students to participate in the Day 6 meeting. Start the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc.

### LECTURE – SELF-HELP AND MUTUAL-HELP

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Explain to all students that the lecture will be a short presentation of the concept of self-help and mutual-help (sometimes called 'mutual self-help' or 'peer support') in the TC model. (*A sample set of slides is included – M3-3 – in the Module 3 handout pack*). On completion of the lecture invite all students to discuss and ask questions. Ensure that all the students are clear about the difference between self-help and mutual-help and the role of each in a TC. How do these elements play out in their own work teams?

*Refreshment Break (Suggested – 30 minutes)*

### SMALL GROUP EXERCISE

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After the break, send the students back into their small groups to discuss the elements of Community-as-Method. Each group should be assigned two of the 8 points to discuss. What does it mean? What is its purpose? How could it be promoted in a prison TC? Re-assemble into a plenary group once more and repeat the feedback process as before. The trainer(s) should then provide a detailed summary of the content of Module 3; including Community-as-Method, self-help and mutual-help. They should feel free to add in any critical elements not covered in the earlier discussions. At this point the trainer(s) can formally close Module 3

*Lunch Break (Suggested – 1 hour)*

## Module 4

# SOCIAL STRUCTURE & PHYSICAL ENVIRONMENT

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### Day 5

The trainer(s) should introduce Module 4 and explain that the content includes an overview of the rules in a TC and what they are there for. It also includes a detailed outline of the various meetings that punctuate the daily routine and what their purpose is.

#### LECTURE – TC RULES

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Explain to all students that the lecture will be a short presentation of some of the basic rules of the TC. (*A sample set of slides is included – M4-1 – in the Module 4 handout pack*). Carefully distinguish between cardinal, major and house rules. At the close of the lecture, ask students to write down the sorts of rules that apply either to their home or work setting. Which of the three categories of rules do these fall into? Once they have written down their set of rules, they should share them with another student and discuss what sanctions would apply if the rules were broken. In the full group, ask all students to feed back the prison rules and how they fit (or don't fit) with the TC rules.

*Refreshment Break (Suggested – 20 minutes)*

#### LECTURE – TC SOCIAL STRUCTURE & PHYSICAL ENVIRONMENT

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This is a fairly lengthy and detailed presentation of the social structure, meetings agenda and physical environment of the TC. (*A sample set of slides is included – M4-2 – in the Module 3 handout pack. The trainer(s) should also distribute the more detailed description in the handout, M4-A*). At the end of the presentation, explain to the students that on the following day (Day 6) the course will start with a full simulated Morning Meeting. Distribute the Morning Meeting Simulation handout (*M4-B*), briefly explain the task, select the part-players as appropriate and leave the students around 30 minutes to plan. (It may be necessary to ensure that the Administration Team has access to Wi-Fi and a printer to print out lyrics for the chosen song etc.)

The session can then be closed.

### Day 6

#### MORNING MEETING

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The Day 6 Morning Meeting should be self-running. The trainer(s) should bear in mind that this meeting will necessarily take longer than on previous days. Also, if the time between the Module 3/4 session and the Module 5/6 session is significant it may not be appropriate to assign Morning Meeting roles and students may be advised that they can volunteer for this at the next session. At the close of the meeting, discuss with the students how they feel about the exercise. Was the meeting well handled? What might have been done better? Did the meeting have the desired energising effect?

Briefly explain how the TC structure (hierarchy) works. Explain in particular, two critical issues relating to the structure. Firstly, unlike a hierarchy in the real world, members are not assigned to positions where they are particularly suited. Rather they should normally be allocated positions which will test them. Secondly, it is important that as members move into positions of more authority, this should be acknowledged with accompanying rewards. In a community-based TC this might include: more privacy in their living space; more family visits; more freedom to make excursions outside the TC etc.

*Refreshment Break (Suggested – 30 minutes)*

## **LECTURE – THE TC STRUCTURE**

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Display a typical community-based TC structure (*A sample set of slides is included – M4-3 – in the Module 3 handout pack*).

*NOTE: the actual structure might have been agreed in the planning stage. If that is the case, the trainer(s) should ensure that the structure used in the slides is replaced with the one already agreed.*

Explain that senior positions (Team Manager and above) will normally be decided by staff, whilst the other positions will be agreed between staff (often just the Departments Co-ordinator) and senior members. Changes in the structure are normally announced at the Evening Meeting. Explain what each department does and the rewards that might come from attaining a position like Assistant Department Head or higher. Note that in some prison TCs there are rewards even for basic crew members since this encourages the wider prison population to volunteer for the TC. In many community-based TCs, this will be phone access, sharing a personal room with fewer/no other members, trips out to the shops/cinema etc. Ask the students to break into their groups and discuss what sort of structure would be possible/appropriate in their particular prison and what rewards might be possible/appropriate.

*Lunch Break (Suggested – 1 hour)*

Redraw the structure and post it to the wall. As the students agree the rewards note them against the relevant part(s) of the structure. Ensure that there is full agreement. This feedback session will be crucial to the smooth running of the TC. It is therefore important that the trainer(s) allow sufficient time for disagreements between students and that a consensus is reached regarding both the shape of the structure and the resulting rewards and responsibilities.

*Refreshment Break (Suggested – 20 minutes)*

## **LECTURE – TC SYSTEMS & SYSTEM BREAKDOWNS**

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Explain that this presentation will cover the systems used in the TC, how and why they work and what to do if they break down. (*A sample set of slides is included – M4-4 – in the Module 4 handout pack*). Contents include the systems used, the importance of clear communication and the value of a clear daily routine.

At the close of the lecture the trainer(s) should seek feedback and discussion in the usual way. Encourage questions and make sure that students are clear about these processes.

## **WRAP-UP**

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The final exercise of this session should be a comprehensive summary of both Modules 3 and 4. The trainer(s) should summarise the core elements of each module and invite discussion and questions. The Course Co-ordinator should check the slip-box and read out any questions submitted (alternatively, this can be done at the close of each of the three days). If the time between the Module 3/4 session and the Module 5/6 session is significant it may not be appropriate to assign Morning Meeting roles and students may be advised that they can volunteer for this at the next session. The trainer(s) should also consider whether it is appropriate to alter the course delivery structure (the expectations of the Feedback Team is perhaps more than for the other teams). The trainer(s) should finally summarise Modules 5 and 6 and ensure that all students have the details and will attend.

The session can then be closed.

## Module 5

# PEER & STAFF RELATIONSHIPS

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### Day 7

#### MORNING MEETING

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Day 7 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. Invite the Course Co-ordinator to select two new students to provide a poem and thought for the day for the following day's Morning Meeting.

Review Modules 3 and 4 with the whole student group to ensure that they are still clear on the content of those modules.

#### LECTURE – PEER AND STAFF RELATIONSHIPS

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Discuss the mind-set and self-image of members on entering a TC. Explain that many will be coming from a pro-drug, anti-authority culture which is likely to be strongly opposed to diversity in terms of ethnicity, social class, authority status etc. Describe how the TC responds to these attitudes and issues. Emphasise that the TC strongly promotes positive, healthy relationships. *(A sample set of slides is included – M5-1 – in the Module 5 handout pack. Trainer(s) should also distribute the handout – M5-A – within the same pack).*

At the end of the lecture ask students to reflect individually on positive, healthy relationships they have with family, friends and work colleagues. They should write down the benefits of these relationships, what could harm them and what they can do to maintain and improve them. They should then share these thoughts with another student.

*Refreshment Break (Suggested – 30 minutes)*

#### LECTURE – PROMOTING HEALTHY RELATIONSHIPS

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This lecture should cover the various ways in which members, on entering the TC display behaviour which indicates poor relationship skills and the reasons for these deficits. The lecture should also cover the role of TC staff members in addressing these issues at both the individual and community level and the skill areas required to develop and sustain healthy relationships. *(A sample set of slides is included – M5-2 – in the Module 5 handout pack. At the end of the lecture, the trainer(s) should leave the final slide visible.*

Ask each student to choose a partner. Give each resulting pair a sheet of flip-chart paper and a marker pen. Assign one of the six relationship areas to each pair and ask them to list specific ways in which TC staff members can encourage TC members to develop in that area. Allow a short time for this and then take feedback from the whole group in the normal way.

*Lunch Break (Suggested – 1 hour)*

#### LECTURE – DEVELOPING RELATIONSHIP SKILLS

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Use this lecture to outline some of the basic tools that TC staff members can use under four headings/areas: encouraging mutual self-help; promoting family-like relationships; promoting healthy peer relationships; and encouraging role models. *(A sample set of slides is included – M5-3 – in the Module 5 handout pack).* Take a little time with the whole student group to check these against their suggestions made before the lunch break. Make sure that all students understand these interventions, how they can be implemented and their purpose.

*Refreshment Break (Suggested – 20 minutes)*

## LECTURE – BEING A ROLE MODEL

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After the break make a presentation which covers the issue of role modelling within a therapeutic community. The lecture should cover what constitutes role modelling, the role modelling concepts of *act as if*, *responsible concern* and *seek and assume*. It should also include the rewards experienced both by the individual and the community. (A sample set of slides is included – M5-4 – in the Module 5 handout pack).

The trainer(s) should then summarise the training content of the day. The summary should stress the importance of developing healthy interpersonal relationships in the TC.

The session can then be closed.

## Day 8

### MORNING MEETING

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Day 8 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. Invite the Course Co-ordinator to select two new students to provide a poem and thought for the day for the following day's Morning Meeting.

### SMALL GROUP EXERCISE – WHAT DOES A ROLE MODEL LOOK LIKE?

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Distribute flip-chart paper and marker pens as appropriate and divide the students into their four groups. Instruct each group to draw a picture of what a positive peer role model would look like. The picture can be anything that illustrates the behaviours of a role model and/or the benefits they experience. The trainer(s) can, if they wish, hand out old magazines, scissors and glue-sticks and suggest that the groups could create a collage or a drawing.

Bring the students back into a single body and ask them to present their pictures/collages. Invite discussion.

*Refreshment Break (Suggested – 30 minutes)*

### LECTURE – DIVERSITY AND COMMUNITY

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After the break make a presentation which covers the issue of diversity within a therapeutic community. Overcoming prison culture is a major issue in prison TCs and is one of the reasons for maximising the separation from the rest of the prison and ensuring as far as possible that programme completion and release from prison happen at the same time. However, the TC is constructed in such a way that prejudice and negativity can be challenged and channelled into more positive behaviour. The lecture should include discussion of cliques, side groups and 'tips'. It should include strategies for discouraging them. (A sample set of slides is included – M5-5 – in the Module 5 handout pack).

### SMALL GROUP EXERCISE

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After the lecture, send the students back into their small groups to discuss what aspects of culture in their prison(s) most concerns them in terms of running a successful TC. What strategies can they think of to discourage these behaviours and actions? Re-assemble into a plenary group once more and repeat the feedback process as before. The trainer(s) should then provide a detailed summary of the content of Module 5. At this point the trainer(s) can formally close Module 5.

*Lunch Break (Suggested – 1 hour)*

## Module 6

# TCs IN CUSTODIAL SETTINGS

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### Day 8

The trainer(s) should introduce Module 6 and explain that the content is largely based upon the 14 characteristics of the TC explained earlier in the course (Module 1). The intention here will be to examine each of these characteristics and consider how they can be applied in custodial settings – what is appropriate, what is practical, what might be the barriers.

*Note that this is a critically important part of the course and the trainer(s) should allow as much time as possible for debate and discussion.*

### LECTURE – TC CHARACTERISTICS – PART 1

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Explain to all students that the lecture will be a short presentation of the first 7 of the 14 characteristics: community separateness; community environment; community activities; staff as community members; peers as role models; a structured day; stages of the program and phases of treatment

*(A sample set of slides is included – M6-1 – in the Module 6 handout pack). The purpose of this lecture and the following exercise is to map out how these characteristics will look in the students' own prison.*

*Refreshment Break (Suggested – 20 minutes)*

### SMALL GROUP EXERCISE

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After the break, ask students to break into their four groups. Each group should take one of the characteristics: community separateness; community activities; staff as community members; structured day.

Each group should discuss the practicalities of this characteristic – how can it be done in practice in their prison, what are the barriers, what do they fear could go wrong?

Inform the students that although three characteristics have been omitted, this is because they have been - or will be - dealt with in detail elsewhere in the course.

Bring the four groups back to feedback to the main group in the normal way. Allow time for discussion. Remind the students that the details do not all need to be agreed here but that unless the planning stage has already addressed these issues, they will need to be resolved before the TC opens.

*(If time and technology allows, the trainer(s) might then wish to show the students one or both of the Amity Foundation videos on the research evidence base for prison TCs. Both videos are around 30 minutes long and can be accessed via M6-vii in the Module 6 handout pack).*

If there is insufficient time for the videos or the appropriate equipment is unavailable, the trainer(s) should direct students to them and suggest that they watch them (preferably as a group) in their own workplace. The trainer(s) should then summarise the training content of the day. The summary should stress the importance of role-modelling in the TC, the intrinsic value of replacing prison/drug culture with the TC culture and the practical steps required to deliver a precise and coherent TC programme within their prison.

The session can then be closed.

### Day 9

### MORNING MEETING

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Day 9 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. If the time between the Module 5/6 session and the Module 7/8 session is significant



it may not be appropriate to assign Morning Meeting roles and students may be advised that they can volunteer for this at the next session.

## LECTURE – TC CHARACTERISTICS – PART 2

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This is a continuation of the presentation on the previous day, dealing with the second 7 of the 14 characteristics: work as therapy and education; instruction and repetition of TC concepts; peer encounter groups; awareness training; emotional growth training; planned duration of treatment; continuation of recovery after TC programme completion

*(A sample set of slides is included – M6-2 – in the Module 6 handout pack).* The purpose of this lecture and the following exercise – as with the previous day - is to map out how these characteristics will look in the students' own prison.

*Refreshment Break (Suggested – 30 minutes)*

## SMALL GROUP EXERCISE

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After the break, again ask students to break into their four groups. Each group should take one of the characteristics: work as therapy & education; instruction & repetition of TC concepts; planned duration of treatment; continuation post TC completion. Inform the students that although three characteristics have been omitted, this is because they have been - or will be - dealt with in detail elsewhere in the course.

Again, they should discuss the practicalities of this characteristic – how can it be done in practice, what are the barriers, what do they fear could go wrong. As before, ask the groups to feedback to the main group in the normal way. Allow time for discussion. Remind the students again that the details do not all need to be agreed here but that if the planning stage has not already addressed these issues, they will need to be resolved before the TC opens.

*Lunch Break (Suggested – 1 hour)*

## SEMINARS

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Instruct students to break into their four groups and decide on one member of the group to present a 15 minute seminar on one of the 8 characteristics they have discussed. Seminars should summarise what their group learned from their discussions. Feedback team members should ensure that each group chooses a different characteristic. Allow time for groups to discuss and prepare their seminar and make sure that all points are agreed. Suggest to students that there will be no formal refreshment break in this session and that they should take refreshment as needed. Allow at least 90 minutes for presentation and discussion. Ensure that the similarities in findings are emphasised.

## WRAP UP

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Leave time for a short wrap up summarising the content of the three days. Check that all students are aware of the details of the Modules 7 & 8 training session and that they are committed to attending.

The session can then be closed.

## Module 7

# TC TREATMENT METHODS

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### Day 10

#### MORNING MEETING

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Day 10 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. Invite the Course Co-ordinator to select two new students to provide a poem and thought for the day for the following day's Morning Meeting.

Briefly review Modules 5 and 6 with the whole student group to ensure that they are still clear on the content of those modules.

#### LECTURE – COMMUNITY TOOLS

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This lecture should consider the tools available to the community in organising effectively its routine and effecting change amongst its members. In particular, it examines the role of 'reinforcers' and 'sanctions'. *(A sample set of slides is included – M7-1 – in the Module 7 handout pack. Trainer(s) should also distribute the handout – M7-A – within the same pack).*

#### AFFIRMATION EXERCISE

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Ask the students to line up across the room in two equal lines (A & B). Both lines should turn to face each other. Each member of Line A should now give an affirmation to the Line B student opposite them (tell them it can be about anything). The Line B student says thank you for the affirmation.

Now instruct the student at the far end of Line A to move to the nearer end and all the other Line A students to move up one place. Now instruct the Line B students to give the Line A student opposite an affirmation. Ask the group how it felt to be affirmed. Ask them how they felt when they offered an affirmation.

*Refreshment Break (Suggested – 30 minutes)*

#### SMALL GROUP EXERCISE

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Distribute flip-chart paper and marker pens and instruct students to break into their small groups and consider the exercise M7-A. They should read all 4 scenarios but only write out their answers to one they have been allocated. Allow a reasonable period of time for this and then bring the whole group back. Encourage feedback and discussion in the normal way. Ask students which tools they felt most/least comfortable using and why?

*Lunch Break (Suggested – 1 hour)*

#### LECTURE – ENCOUNTER GROUP

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Use this lecture to outline the core elements of the encounter group: the rules; the processes; the phases; and the tools used. *(A sample set of slides is included – M7-2 – in the Module 5 handout pack. The trainer(s) should also tell the students that on the following day there will be an encounter group role play and distribute the role play instructions – M7-B).*

Allow some time for students to discuss the lecture on encounter groups and to ask questions. Make sure that all students understand and are comfortable with the concept. Check that they have an understanding of the three-phase format and the group process tools used.

*Refreshment Break (Suggested – 20 minutes)*

## PREPARATION FOR ROLE-PLAY

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After the break students should return as a full group to discuss the following days activities. Specifically, the trainer(s) should seek volunteers for the following mornings role-play. It is important that students are reassured at this point that the trainer(s) will provide the facilitation of the mock encounter group and ensure that it remains safe. Note that volunteers are required for four characters in the role-play:

- ▶ Lou, 22yrs, Kitchen Team Crew Member – to be confronted about not working
- ▶ Joe, 28yrs, Kitchen Team Crew Member – has 'dropped a slip' on Joe about this
- ▶ David, 38yrs, Gardening Team Crew Member – to be confronted about joking about leaving
- ▶ Peter, 29yrs, Kitchen Team Manager – has 'dropped a slip' on David about this

Explain that all the other students will be required to contribute to the role-play as crew members from one of the two teams. If names and genders are to be changed it should be agreed now. It is important that students are made aware that encounter groups can be high intensity often with loud voices and sharing and that is fine. Check whether any students have seen or been involved in such a group and what their thoughts are.

The trainer(s) should then summarise the training content of the day. The summary should stress that all students should study the role-play handout overnight and think about how they would feel about the issues raised.

The session can then be closed.

## Day 11

### MORNING MEETING

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Day 11 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. Invite the Course Co-ordinator to select two new students to provide a poem and thought for the day for the following day's Morning Meeting.

### ROLE-PLAY – MOCK ENCOUNTER GROUP

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Arrange the chairs as in a circle and sit Lou and Joe (and David and Peter) opposite each other in the circle. The trainer(s) can begin the role-play. Allow the role-play to run as long as is necessary, making sure that both scenarios run through the three phases. The trainer(s) should be present throughout the following refreshment break – which can be allowed to run a little longer than normal.

*Refreshment Break (Suggested – 30 minutes)*

### FEEDBACK - MOCK ENCOUNTER GROUP

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After the break bring all students back for a feedback session. Check first with the four students who played the four characters. How are they feeling now? How were they feeling during the role-play? Open the discussion to all the students. How did they think the role-play went? Could it have been run differently? Did they think the group could have gone any other way?

Once the feedback session has been drawn to a close, the trainer(s) should summarise the main points of Module 7. At this point the trainer(s) can formally close Module 7.

*Lunch Break (Suggested – 1 hour)*

## Module 8

# WORK AS THERAPY AND SOCIAL REINTEGRATION

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### Day 11

The trainer(s) should introduce Module 8 and explain that the content is based upon the concept of 'working on the floor' (called 'floor-work' or 'working the structure' in some TCs). It will refer back to some of the issues touched upon in earlier modules and examine them more thoroughly.

#### LECTURE – WORK AS THERAPY AND EDUCATION

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Explain to all students that the lecture will be a presentation of the use of floor-work in a TC: its essential purpose, how issues are addressed, what staff members should be doing to aid this process and how the structure allows a developing sense of responsibility and purpose.

*(A sample set of slides is included – M8-1 – in the Module 8 handout pack).* Once the lecture has been presented, allow time for students to raise questions and discuss in the usual way.

*Refreshment Break (Suggested – 20 minutes)*

#### SMALL GROUP EXERCISE

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After the break, distribute the handout (M8-A) to all students and ask them to break into their four groups. Each group should read the handout individually (the Time-keeping Team will need – as with other small group activities – to allocate appropriate timings) and then discuss in their group. They should identify which characteristics apply/don't apply to Ray and why they think that is.

Bring the four groups back to feedback to the main group in the normal way. Allow time for discussion. Explain that the purpose of using the hierarchical structure is multifold. It seeks to:

- ▶ Provide structure in a life that has been typically chaotic
- ▶ It provides short-term goals to be achieved by individuals who have often been serial under-achievers
- ▶ It tests out attitudes and behaviours in a safe & structured environment
- ▶ It allows individuals to practice positions of authority & responsibility
- ▶ It builds responsibility, self-awareness and self-esteem

Explain that the ultimate aim is to improve the individual quality of life (rather than focus on the addiction) by concentrating upon the individual's innate resources and strengthening them. Improving quality of life is a central aim of the TC approach and is really at the core of the whole approach.

The trainer(s) should then summarise the training content of the day. The summary should stress the importance of the balance between a carefully constructed and manipulated work structure and the release provided by various groups, rituals and meetings in the TC.

The session can then be closed.

### Day 12

#### MORNING MEETING

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Day 12 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. If the time between the Module 7/8 session and the Module 9/10 session is significant it may not be appropriate to assign Morning Meeting roles and students may be advised that they can volunteer for this at the next session.

## SMALL GROUP EXERCISE

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Before breaking into groups, hand out the exercise regarding Ray's progress through the work structure (M8-B). Assign one of the scenarios to each of the four groups. The groups should read their allocated scenario carefully and then discuss in their groups how they would propose to help Ray by: encouraging self-help; being a role model; educating and explaining; and promoting community-as-method and mutual self-help.

Bring the students back into a full group and seek feedback presentations in the usual way. Make sure that the students are clear about the differences between these four types of intervention.

*Refreshment Break (Suggested – 30 minutes)*

## LECTURE – TC WORK STRUCTURE AND QUALITY OF LIFE

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Explain to all students that the lecture will be a presentation of the issue of quality of life and its relevance to TC work and structure. *(A sample set of slides is included – M8-2 – in the Module 8 handout pack. The slides are based upon the Broekaert et al paper M8-ii - also included in the pack).*

Although there are only a few slides, this presentation is very complex and the trainer(s) should allow a substantial amount of time for discussion and debate afterwards. It is important that students understand the relationship between using the structure to develop self-awareness and self-esteem and the idea of quality of life as a measure of improvement and recovery. Peer relationships (within the TC) and the rebuilding of pre-existing relationships will also be crucial in the after-care stage.

*Lunch Break (Suggested – 1 hour)*

## INDIVIDUAL AND SMALL GROUP EXERCISE

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Distribute the two case studies to all students – M8-C and M8-D. Two groups should role-play M8-C and two M8-D. Instruct students to break into their four groups and to individually read both exercises and then allocate roles for the case study assigned.

*Refreshment Break (Suggested – 20 minutes)*

Bring the students back into a full group and seek feedback presentations in the usual way.

## WRAP-UP

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The final exercise of this session should be a comprehensive summary of both Modules 7 and 8. The trainer(s) should summarise the core elements of each module and invite discussion and questions. The Course Co-ordinator should check the slip-box and read out any questions submitted. The trainer(s) should finally summarise Modules 9 and 10 and ensure that all students have the details and will attend.

The session can then be closed.

## Module 9

# STAGES OF THE TC PROGRAMME

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### Day 13

#### MORNING MEETING

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Day 13 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. Invite the Course Co-ordinator to select two new students to provide a poem and thought for the day for the following day's Morning Meeting.

Briefly review Modules 7 and 8 with the whole student group to ensure that they are still clear on the content of those modules.

#### LECTURE – STAGES

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This lecture should consider the three main stages of the TC:

- ▶ Orientation (or Induction or Welcome House)
- ▶ Primary Treatment
- ▶ Re-entry (or After-care).

It explains what is expected of members in each stage and ways in which each stage might be further sub-divided. *(A sample set of slides is included – M9-1 – in the Module 9 handout pack).* Allow for discussion and debate before distributing the role-play handout to be used after the break. Explain that they are intended to illustrate the progress of a single member through the programme. *(Distribute the handout, M9-A to all students).*

*Refreshment Break (Suggested – 30 minutes)*

#### SMALL GROUP ROLE-PLAY

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After the break, ask the students to break into their four groups. Each group should read the handout individually. They should then, as a group, decide upon three players to role-play the interview: Michael; a TC worker; a TC member acting as a peer mentor (the peer mentor should be encouraging and supportive). They should run a short interview – feeling free to extemporise – and then discuss within the group whether Michael should be admitted to the first Stage and any reasons for refusing admission.

Bring the four groups back to feedback to the main group in the normal way. Allow time for discussion and examine commonalities.

*Lunch Break (Suggested – 1 hour)*

#### SMALL GROUP ROLE-PLAY

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After lunch, ask the students to return to their four small groups to repeat the exercise with the second handout *(M9-B)*, which features the same member further along in the programme seeking to move into the next stage. As before, they should read thoroughly and then, as a group, decide upon three players to role-play the interview: Michael; a TC worker; a TC member acting as a peer mentor. They should run a short interview – feeling free to extemporise – and then discuss with the group whether Michael should be admitted to the Primary Treatment Stage and any reasons for refusing admission. This is a more detailed picture of the member's attitude and behaviour and the trainer(s) should allow somewhat longer for the process.

*Refreshment Break (Suggested – 20 minutes)*

After the break, once again, bring the four groups back to feedback to the main group in the normal way. Allow time for discussion and examine commonalities.

At this point, the trainer(s) should summarise the two stages and what is expected in each stage. If an alternative stages arrangement for their particular TC has been agreed at the planning and preparation stages, this should be discussed in detail. Students should be clear what is required to move from one stage to another.

The session can then be closed.

## Day 14

### MORNING MEETING

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Day 14 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. Invite the Course Co-ordinator to select two new students to provide a poem and thought for the day for the following day's Morning Meeting.

### SMALL GROUP EXERCISE

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Before breaking into groups, hand out the third exercise in the series on the member's progress through the programme (M9-C). As before, they should read the case study thoroughly and then, as a group, decide upon three players to role-play the interview: Michael; a TC worker; a TC member acting as a peer mentor.

They should run a short interview – feeling free to extemporise – and then discuss the group whether Michael should be admitted to the After-care Stage facility and any reasons for refusing admission. This again is a more detailed picture of the member's attitude and behaviour and the trainer(s) should allow somewhat longer for the process.

*Refreshment Break (Suggested – 30 minutes)*

After the break, bring the students back into a full group and seek feedback presentations in the usual way. Make sure that the students are clear about the differences the expectations in each stage.

### LECTURE – STAGE GOALS

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Present a short lecture which summarises the expectations (or goals) in completing each stage. (*A sample set of slides is included – M9-2 – in the Module 9 handout pack*).

Allow time for discussion. It is critically important that students are clear on how members can progress from one stage to another and what the goals of each stage are. Students will presumably want to discuss how these aims and objective fit with their day-to-day experience of working in their particular prison.

*Lunch Break (Suggested – 1 hour)*



## Module 10

# HOW MEMBERS CHANGE IN A TC

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### Day 14 (cont.)

The trainer(s) should introduce Module 10 and explain that the content is based upon understanding how and why people change and through this, understanding how to organise the TC to best nurture change in its members.

#### LECTURE – SELF-CHANGE AND INTERNALISATION

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Explain to all students that the lecture will be a presentation on what we know about how people change. This is not specifically TC knowledge – there is a broad understanding of the processes involved in change and desistance. *(A sample set of slides is included – M10-1 – in the Module 10 handout pack).*

Once the lecture has been presented, allow time for students to raise questions and discuss in the usual way.

It is important that students understand the nature of internalisation as a gradual process where TC members slowly move from following the TC procedures because disobeying or ignoring them might have worse consequences for them to a point where this becomes simply how they behave naturally. *(Act as if, Think as if, Feel as if, Be as if).*

*Refreshment Break (Suggested – 20 minutes)*

#### SMALL GROUP EXERCISE

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After the break, distribute the handout (M10-A) and the background paper (M10-i) to all students and ask them to break into their four groups. Each group should read the handout and background paper individually (the Time-keeping Team will need – as with other small group activities – to allocate appropriate timings) and then discuss in their group. They should identify an agreed list of responses to each of the three questions:

1. What elements of the Trauma Informed Care approach are echoed in the TC?
2. Why are these elements helpful in encouraging the internalisation process?
3. What types of trauma have you seen in inmates in your own prison?

They should then prepare their responses for presentation to the full student group and a member of the group to present them.

Bring the four groups back to feedback to the main group in the normal way. Allow time for discussion. Explain that most members entering the TC will have experienced some form of trauma which will have impacted upon their previous lifestyle and their use of substances. It is important to recognise that this will have established modes of behaviour (probably over many years) which will almost certainly present a barrier – or barriers – to the internalisation and self-change process.

The session can then be closed.

### Day 15

#### MORNING MEETING

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Day 15 begins with the Morning Meeting. Begin the meeting by displaying the TC philosophy. Continue the meeting with the usual elements – poem, thought for the day etc. Remind all students about the use of the slip-box for any questions. This will be the last Morning Meeting of the course and the trainer(s) should ensure that the good work of each of the teams (and the Course Co-ordinator) are recognised and celebrated. The trainer(s) should make sure that everyone has been included and appropriately applauded.

## LECTURE – ESSENTIAL PERCEPTIONS IN THE TC PROGRAMME

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Explain to all students that the lecture will be a presentation covering the need for members to believe in the efficacy of the TC approach and in their own ability to change. Point out that the majority of people entering the TC will already have tried to change on their own without success. Many will also have had experience of other unsuccessful treatment episodes. *(A sample set of slides is included – M10-2 – in the Module 10 handout pack).*

Once the lecture has been presented, allow time for students to raise questions and discuss in the usual way.

*Refreshment Break (Suggested – 30 minutes)*

## INDIVIDUAL AND SMALL GROUP EXERCISE

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Distribute the exercise – M10-B and explain that this again looks at Michael during his period in Orientation. Instruct students to break into their four groups and to individually read the case study and note down their answers to the two questions and then discuss them. They need to prepare a short (5-10 minute) presentation on the two issues and select a presenter.

The feedback session should consist of short presentations from each group (via their chosen presenter) with questions, corrections and discussions at the end.

*Lunch Break (Suggested – 1 hour)*

## REVIEW

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Explain to the students that the remainder of the day will be taken up with a review of the previous Modules. The trainer(s) should summarise each of the 10 modules and invite questions and discussion. The refreshment break can be taken at any appropriate and convenient point during this session.

## WRAP-UP

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This is the final session of the course. The Course Co-ordinator should check the slip-box and read out any questions submitted. The trainer(s) may want to finish the day by repeating the affirmation exercise from Module 7.

The session can then be closed.



SECTION SIX  
**REFERENCES,  
GLOSSARY &  
ONLINE RESOURCES**



## REFERENCES

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## GLOSSARY OF TC TERMS

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**Act As If** - is one of the basic philosophies of the TC programme. Acting as if is acting how you should behave rather than how you want to behave. To Act 'as if' is to imagine who you would be, how you would feel and what you would do if you were a person who behaved in a pro-social manner.

**Acting Out** - displaying negative behaviour in response to an incident which is often unrelated to the triggering event. Acting out is often due to poor emotional management.

**Being Big About the Little Things is a Big Thing** - a central TC concept directing members to be aware of the small things in their life which, if changed, can help in changing the bigger picture. It also encourages TC members to be thorough in their work assignments.

**Collusion** - is an agreement between people for a deceitful purpose.

**Consequential Thinking** - the process used to consider the potential impact or consequences of our actions or decisions.

**Commitments** - a resident who has been challenged in an encounter group will be expected to make a commitment to change. This is usually a specific target to help the resident reflect on their behaviours and attitudes and make changes.

**Community as Method** - it is the community itself which brings about change in the individual. As community members, we not only need to be able to monitor and give feedback to others but to also be receptive to feedback ourselves. By learning about others, we learn about ourselves and as a result we all mutually benefit.

**Denial** - is when a member consciously refuses to admit the truth or identify and explore thoughts and feelings that might be painful.

**Deflection** - not taking ownership of your part in the event by putting the onus on others (*See: Ownership*).

**Dropping a Slip** - submitting a written request to challenge another community member in a forthcoming Encounter Group. Slips are put in the slip- box and checked by staff before each group (*See: Encounter Group, Slip Box*).

**Encounter Groups** – the encounter group is one of the main features of the TC. It is an exchange of conversation between a resident displaying negative behaviour and another resident who has observed the behaviour. The aim of an encounter group is to challenge a resident's negative behaviour in order for them to recognise how this behaviour affects not only themselves but other community members too.

**Facilitator** - facilitator is the staff member or TC graduate/senior member who delivers group sessions or meetings.

**Feedback** - information that is provided in response to a person's behaviour, attitude or progress. This can be either negative or positive.

**Internalising** - using self-awareness to put skills acquired into practice

**Ownership** - taking responsibility for individual behaviours and attitudes (*See Deflection*).

**Peers** – the TC put great emphasis on the use of the peer group to effect both individual and group change. TC members are encouraged to build new social networks beginning with their immediate TC peers.

**Pro-social** – adoption of a fulfilling and responsible lifestyle according to society's norms. (*See: Right Living*).

**Pull Ups** - verbal or written challenges (*see Challenging*) of negative behaviours or attitudes.

**Push Ups** - used to affirm positive behaviours and attitudes on the TC. Push ups allow the peers involved to give and receive positive feedback.

**Responsible Concern** – the process of showing concern for the wellbeing of other community members as well as the community as a whole by offering challenges and affirmations. (*See: Pull Ups, Push Ups*).

**Right Living** – a pro-social positive citizenship which shows concern and empathy for others without recourse to the destructive use of substances.

**Role Model** - a person regarded by others as a good example to follow. Usually a senior member or staff member.

**Sanctions** – usually the result of a Pull Up or a challenge in a group. Sanctions should help the member to address negative behaviours and should be related to the behaviour being highlighted.



**Slip Box** - a sealed box with a letter-box type slit in the lid. TC members wishing to challenge another member can write out their request on a pre-printed form and post it in the slip-box. This is so that members learn not to act out and to use the appropriate time to resolve issues (See: *Encounter Group, Dropping a Slip and Act as If*).

**Street-talk** - the glamourising or idealising of past events. This is often done to increase credibility, an attempt to increase self-esteem or to minimise the negative impact of these past actions on yourself and others. Street-talk is strongly discouraged.

**Structure** – The hierarchy through which every member must progress to graduate. The term “using the structure” describes the process of addressing issues on the TC by using the appropriate channels.

**Staff as Rational Authority** - although staff are an integral part of the community, at certain times decisions or judgement calls need to be made relating to the peers on the programme to ensure the integrity of the programme.

**TC Concepts** - the teachings, mottos and values from the TC perspective focusing on its principles of self-help recovery.

**TC Members** - the members of the TC (including staff members) are generally described as “TC members”. This emphasizes the TC view that all those within the community – whether paid or not – have a responsibility for the health and well-being of the community.

**Substance Use Disorder** – a TC view of the disorder which says that substance use is a symptom of other problems. The TC aims to interrupt the cycle of disruptive behaviour and address ‘the whole person’.

**Working on the floor** – undertaking designated duties within the Structure.

**You Can't Keep It Without Giving It Away** - a critical TC concept that acknowledges the understanding that in helping others with their recovery your own sense of worth – and thus, your own recovery – is bolstered.

# ONLINE TC TRAINING & EVALUATION RESOURCES

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## Training

Amity Foundation is a major TC provider in Arizona, California and New Mexico. The organization provides both residential and non-residential TC services. Amity is also an acknowledged leader in the provision of in-prison TCs. In addition, Amity produces professional quality training videos primarily for its own staff and TC members but makes these videos publicly available. The authors recommend that you use these videos – preferably in a staff group to extend your knowledge and understanding on the TC.



**Therapeutic Community Training Series** - presented by renowned TC authority, George De Leon as part of their Therapeutic Community Training Series, this is a detailed presentation of the history of therapeutic communities, how they work, their unique approach and their recovery outcomes. The three volumes cover the TC perspective on addiction, the concept of community-as-method, and the components of a generic TC.

Volume 1



Volume 2



Volume 3



**TCs in Prisons** – the late Harry Wexler was for many decades, the leading researcher in the field of TCs in correctional settings. In this two-part video, Harry talks about the theory and practice of in-prison TCs and the results of his many studies of their effectiveness.

Volume 1



Volume 2



**Improving Encounter Groups** – the encounter group is a critical component of the TC process. It is an easy thing to get badly wrong. Here, Rod Mullen of Amity Foundation presents a three-part training series on the theory and practice of the encounter group, how to start them off, how to facilitate them, how to draw them to a close. What to do and what not to do.

Volume 1



Volume 2



Volume 3



**The Ten Stages of Recovery** – George De Leon, introduced by David Deitch, presents his model of the ten stages of recovery. This presentation both delineates the TC view of substance use disorder and maps out how those stages are achieved within a TC programme.



**Ceremony and Ritual** – days in a TC programme are marked out by a series of regular (sometimes daily) rituals and ceremonies. For instance in most TCs, the day begins with the recitation of the TC philosophy by all members at the start of the Morning Meeting. These seemingly rote events have a crucial purpose. Here Robin Rettmer of Amity Foundation discusses the difference between ceremony and ritual and the role of each in encouraging change and affinity with the TC process.



**Two Discussions** – these two videos feature three long-standing proponents/advocates of the TC model. In the first, filmed at Amity Foundation in 2017, Naya Arbiter and George De Leon discuss the use of modified TCs for specific populations. The second show excerpts of a half-day workshop run by George De Leon and Rowdy Yates in conjunction with the EFTC at Coolmine TC, Ireland.

Naya  
and George



George  
and Rowdy



**Videos of the Moldovan TC Catharsis** – these videos introduce the first in-prison TC established in the Republic of Moldova: the programme, facilities, daily activities and staff working with the residents, as well as stories of recovery from the residents themselves.



## Evaluation Instruments

We *strongly* advise you to address the issue of evaluation from the planning stage. Inevitably, you will want to see how well your TC is performing and it will help if you are able to collect appropriate data using validated scientific instruments from the very first TC member recruit. It may be that other services in your organisation are already using such instruments and you wish to use them for comparative purposes. Alternatively, we suggest a few possible options below.

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**European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** – the EMCDDA website provides an extensive instrument bank for measuring and evaluating drug and alcohol interventions. Most of the instruments are available in a series of European languages.



**Maudsley Addiction Profile (MAP)** – the MAP offers a simple assessment tool that is easy and quick to administer. The MAP provides initial assessment of the extent of drug/alcohol use, mental & physical health, social functioning etc.:



**Addiction Severity Index (European Version)** – the EuropASI is a more detailed and comprehensive assessment tool, which is widely used as the framework for an initial assessment interview:



**World Health Organisation Quality of Life scale** – the WHOQOL-BREF is a useful instrument for measuring TC outcomes since the TC focuses upon changing lifestyle and social interaction rather than reducing substance use. This is a simple measure of the respondent's perceived quality of life, available in 76 languages:



**Outcome Star** – A number of European TCs now use the Outcome Star. This instrument was originally designed for working with the homeless but is now available for a number of issues. It can be used for progress reviews and respondents like it because it offers a visual representation of progress:







Prison is a high-risk environment – for detainees and staff alike. People who inject drugs in prison are exposed to various health risks, such as overdosing, abscessed infections of injection sites, and the transmission of blood-borne diseases such as Hepatitis C or HIV. Consequently, drug policy experts around the world recommend developing drug treatment services and harm reduction interventions in prisons and criminal justice policies that include alternatives to imprisonment for people who use drugs and are in trouble with the law.

The Pompidou Group's Criminal Justice and Prison Programme provides support in developing evidence-based criminal justice policies and comprehensive drug treatment systems in prisons. The various projects carried out under the Programme have assisted governments, public administrations and civil society organisations in improving drug treatment programmes and the social re-integration of detainees with a history of drug use in an effort to reduce relapse and recidivism and improve the health and wellbeing of people.

The Handbook on Prison-based Therapeutic Communities (TCs) was elaborated under this Programme and aims to provide a comprehensive guide to understanding the Therapeutic Community in the context of substance addiction, planning & establishing a TC in custodial settings and training the personnel to run it effectively.

[www.coe.int](http://www.coe.int)

The Council of Europe is the continent's leading human rights organisation. It comprises 47 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.