**M9-C. Michael Role-play - Part III: Application for After-care Treatment**

**Background**

Initially, Michael continues to have a negative attitude and is unwilling to engage fully in the treatment process. He has been late to meetings, seminars, and group sessions. He has been called into the co-ordinator’s office because peers have reported that he constantly complains. He is confronted in encounter group sessions for this behaviour but remains emotionally unreachable and refuses to acknowledge that his complaining is self-defeating. He repeatedly says, “Nobody understands what I’m going through. It’s hard for someone my age to start life from scratch.” And in another group, “None of you lot has it as tough as me. I may be better off in prison than hearing all of you criticising me all the time.” Michael personalizes constructive criticism and wants sympathy and pity from his peers. He dwells in the past by indulging in self-pity about his life circumstances and refuses to acknowledge complaints and feedback about his behaviour.

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

Michael begins to acknowledge his difficulty with being confronted and hearing criticism. He says, “I hate hearing this stuff from you. I feel like I felt when my mother was calling me stupid.” He starts to listen to comments about his behaviour in the encounter group and occasionally acknowledges the feedback. He also makes considerable improvement in being punctual and is on time to each meeting, seminar, and encounter group session. After 3 months he is promoted to Assistant Team Manager – Maintenance Crew

During his time in this position, Michael demonstrates behaviours that are consistent with a middle phase role model. He reaches out to new residents struggling with issues of recovery and gives them positive and constructive feedback whenever possible. He helps new residents assigned to his crew.

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

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

After 2 months, he is promoted to Kitchen Team Manager. In some ways this is one of the most difficult positions in the structure and Michael’s arrival coincides with a flurry of complaints about the food – poor quality, served cold, served late etc. These complaints are not always justified (some are). After two weeks, Michael loses his temper, marches out of the kitchen, into the dining room and berates the whole community. As a result he is fired back down to kitchen crew member where he remains for the next month.

Over time, and with repeated feedback from his peers, he begins to participate in the community again and acknowledges that he knows his peers are “true friends” and are looking out for him. Michael begins to express hope in group sessions and speaks with enthusiasm about getting a job and being successful in his recovery outside the TC. After a month, he is promoted to Assistant Team Manager – Kitchen Crew. Over the next few months, he is moved to Cleaning Team Manager and ultimately Senior House Manager.

Michael has now been in treatment for 11 months. His attitude has significantly improved through that time. He has struggled, but with the support of his peers and program staff, he became engaged in the treatment process. He learned why he was unsuccessful in his past treatment experiences and the steps he needs to take to prevent relapse when he returns to the community.

Michael maintains a highly structured schedule of school (he is retaking examinations he missed many years ago), work, and TC activities. He has reconnected with his children and they now visit him occasionally. He is nearing his release date and has applied to be accepted into a residential TC-based after-care programme run by a local NGO.

**Should Michael be recommended for the after-care facility?**

**What does Michael think he has learned in the TC?**

**What should Michael be aware of for the future?**

**What does the group think the decision should be?**