

## **Extract from Therapeutic Communities Curriculum: Participants' Handbook**

### **14 Basic Components of a TC**

#### **1. Community Separateness**

- TC programs are housed separately from other agency or institutional programs.
- TC programs are located in settings that allow residents to disconnect from networks of drug-using friends and to relate to new drug-free peers.
- TC programs have their own names, often created by residents.

#### **2. Community Environment**

- The TC environment has many common areas for holding group activities and promoting a sense of community. These areas include the dining room, recreation room, family rooms, and group rooms.
- Displays and signs throughout the TC illustrate the philosophy or creed of the program and messages of recovery and right living. The displays serve as constant reminders of TC practices and principles and promote affiliation with the community. Examples of displays include the daily schedule and a bulletin board that list participants' names, seniority, and job functions.

#### **3. Community Activities**

- Treatment and educational services take place in the context of the peer community. Virtually all activities occur in groups or meetings where residents can interact and learn from one another.
- Group activities include:

At least one daily meal prepared, served and shared by all members  
Daily group meetings and seminars  
Jobs performed in groups  
Organised recreational activities  
Ceremonies – birthdays, phase graduation celebrations etc.

#### **4. Staff as Community Members**

- Each staff member is a part of the community. He or she is a manager of and elder in this community and helps residents use the community. A staff member is not a "healer" who stands apart from the community.

- Staff members function as consistent and trustworthy rational authorities and as role models, facilitators, and guides in the community-as-method approach and the self-help and mutual self-help learning processes.

- Staff members must be oriented to the TC through initial and continuing training.

### **5. Peers as Role Models**

- Senior residents are expected to demonstrate the desired behaviors and reflect the values and teachings of the community. They serve as role models for new and junior residents.

- The strength and integrity of the community as an arena for social learning depend on the number and quality of its peer role models.

- Residents serve in leadership and teaching roles in the community.

### **6. A Structured Day**

- Each day has a formal schedule of therapeutic and educational activities with prescribed formats, fixed times, and routine procedures.

- Order, routine activities, and a rigid schedule counter the characteristically disordered lives of residents and leave little time for negative thinking and boredom—factors that often contribute to relapse.

### **7. Stages of the Program and Phases of Treatment**

- The TC treatment protocol is organized into three major stages (orientation, primary treatment, and reentry) and phases of treatment that reflect a developmental view of the change process.

- The program stages and phases of treatment allow for individual goals to be established and incremental learning to take place.

### **8. Work as Therapy and Education**

- Consistent with the TC's self-help approach, all residents are responsible for the daily operation of the facility, which includes cleaning, meal preparation, maintenance, schedule coordination, and meetings.

- Job assignments provide residents with a sense of responsibility and affiliation with the TC.

- Jobs provide opportunities for self-examination, personal growth, and skill development.

## **9. Instruction and Repetition of TC Concepts**

- TC concepts embody the TC values and belief system, which are antidotes to the values and beliefs of drug and prison subcultures.
- The concepts, messages, and lessons are repeated and reinforced in group sessions, meetings, seminars, and peer conversations, as well as in suggested readings, on signs posted in the TC, and in writing assignments.

## **10. Peer Encounter Groups**

- The peer encounter group is the main therapeutic group format, although other group formats are used.
- Encounter groups are conducted to heighten residents' awareness of attitudes and behaviors that need to be changed.
- The peer encounter group process includes confrontation, conversation, and closure.
- Encounter groups provide an opportunity to teach TC recovery principles, such as

Feeling compassion and responsible concern  
Being honest with self and others  
Confronting the reality of addiction and one's behavior  
Seeking self-awareness as the first step in making behavior changes  
Using other people for emotional support and caring.

## **11. Awareness Training**

- All therapeutic and educational interventions involve raising residents' consciousness of the effect of their conduct and attitudes on themselves and others.

## **12. Emotional Growth Training**

- TC residents learn to identify feelings, express them appropriately, and manage them constructively in stressful situations.
- The interpersonal and social demands of living together in the TC provide many opportunities to experience this training.

## **13. Planned Duration of Treatment**

- A period of intense treatment is needed to ensure the internalization of TC teachings.
- The length of time residents must be in the TC program depends on their progress in achieving individualized behavioral goals in each program stage and phase of treatment.

#### **14. Continuation of Recovery After TC Program Completion**

- Completion of primary treatment is followed by aftercare services (e.g., vocational, educational, mental health, and family support services) that must be consistent with the TC views of recovery, right living, self-help, and support of a positive peer network.