

**Her Majesty's Prison
Wymott TC**

**TC & Recovery
Dictionary**

Introduction

During your time on the programme you will be introduced to many new concepts and terms and while some may seem pretty self explanatory, others might appear less so.

The purpose of this dictionary is to give you a clearer understanding of these terms and concepts which in turn, will hopefully give you the opportunity to get the most out of the programme. As with all dictionaries it is only a point of reference, as the best way to understand anything relating to recovery is to put it into practice.

Remember we are a community, staff, graduates, seniors, primary and welcome unit included so if in doubt just ask!

Liam Heneghan, TC Graduate 2014

*Note: The TC dictionary has been written in alphabetical order and covers the TC ethos and concepts, as well as TC and recovery terms. Terms that are related are cross-referenced in italics and in brackets. Entries that are the official 14 TC concepts are marked with an asterisk *.*

A

Act As If

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.

'Act as If – Think as If – Feel as If – Be as If', if you act in a positive manner, you are more likely to think positive, feel positive and be positive.

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.

Addiction

Addiction is the continued use of a mood altering substance or behaviours despite adverse effects. In addiction we have a lack of control over the substance use or our behaviours. Addiction is largely psychological.

*** Awareness Training**

All activities on the TC involve raising your consciousness around the impact your attitudes and behaviours have on yourself and the community.

B

Blind Faith

A belief in something we cannot see. You are asked to put faith in the fact that the programme works and take part in all aspects of the

programme; even if you don't fully understand why or see the benefits of doing so. On the TC we place a lot of blind faith in other community members to talk about our feelings and past experiences, in order to do this we must trust others.

Boundaries

Personal boundaries are the rules, limits or guidelines you create to identify what are reasonable, safe and acceptable ways for others to interact with you.

C

Challenging

Challenging is the procedure we use (*see Pull Ups, Dropping a Slip, Encounter Groups and Responsible Concern*) to highlight the negative attitudes and/or anti-social behaviours of other community members. We can challenge through the structure; verbally or by issuing pull ups and encounters.

When you challenge others, you are also challenging your own values and beliefs and what you no longer find acceptable. This is mutually beneficial as when you challenge people, you are able to express your concerns in an assertive, pro-social manner and the person being challenged receives feedback to assist them in their recovery.

Clinical Need

This is the therapeutic need of an individual to help them in their recovery. Clinical needs are met through recovery plan targets set in key work or in job roles. For example, a resident might be placed as a Spur Lead in order to practice assertiveness skills or build their self-confidence.

Collusion

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 encountered will 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 Activities**

As we are in a peer community, treatment is provided in group settings (apart from individual key work and counselling sessions). These include structured group sessions, peer groups, seminars, meetings, association time and educational lessons.

***Community Environment**

The TC environment allows space for the whole community to come together such as community meetings and seminars. K wing is our Therapeutic Community and the environment we have created reflects the TC ethos, with the philosophy, artwork, group rules and information displayed on the walls. We have a structure board which identifies every resident and their job and communication boards around the wing.

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.

***Community Separateness**

Our TC is housed in an area separate from other wings and generally from the drug related environment.

***Continuance of Recovery**

Completion of treatment is a stage in the recovery process. All residents will receive support for aftercare whilst they are on the programme and after they have completed the programme.

Core Issues

Significant past events that have influenced or affected the way we have lived our lives. Typically these issues will have contributed to substance use (*See the View of the Disorder*).

D

Denial

Denial is when we consciously refuse to admit the truth or identify and explore thoughts and feelings that might be painful. Denial can be harmful to recovery as when we are in denial we cannot explore our old values, attitudes, beliefs and behaviours, which is a process we need to go through to change.

Dependency

Dependency on substances is when the body needs a substance to function normally. When the body is not given the substance it goes into withdrawal.

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 Encounter Group (*See Challenge, Encounter Group, Slip Box*).

E

***Emotional Growth Training**

To help you grow as a person, the TC aims to help you identify your thoughts and feelings, express your feelings appropriately and manage your feelings constructively. This is done through the everyday demands of the programme, such as peer groups, key work sessions and the objectives you are set.

Empathy

Empathy is the ability to understand or imagine the feelings or perspective of another person. Developing the ability to empathise is an important part of our recovery, as we need to be able to understand the feelings and perspective from our families, victims and our fellow peers. Empathy is often confused with sympathy (*see Sympathy*).

Encounter Groups

(See Peer Community 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. This is to help them change to a more appropriate and positive behaviour. The specific goal of each encounter is to raise the individual's awareness of specific attitudes or behaviours that should be changed.

Euphoric Recall

The feeling of elation or happiness brought on by the recollection of past events or behaviours is described as euphoric recall. It is often brought on in the relating of past events to others or by triggers, such as music, smells or images.

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F

Facilitator

A facilitator is the staff member or TC Graduate who delivers group sessions, seminars or meetings.

Final Review

A meeting held when a resident has completed the TC programme to discuss progress made and further areas of development. The review is chaired by the Programme /Deputy Programme Manager and your Offender Supervisor, Offender Manager and key worker are invited to attend. You are also given the option of inviting family members to your review.

Feedback

Information that is provided in response to a person's behaviour, attitude or progress. This can be either negative or positive. On the TC feedback is given in the form of the TC structures, progress reports, key works peer groups and daily interactions on the programme.

G

Glorification of the Past

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.

H

Hierarchy

The TC hierarchy is the order in which residents are given responsibility. On the TC residents begin their treatment at the bottom of the hierarchy and can work their way up to the highest level of job on the programme. The hierarchy also provides the framework for the process of using the structure and resolving issues regarding your time on the TC (*see Structure*).

High Risk Situation

High Risk Situations are people, places, events, emotions that you experience which could put you at risk of lapsing. A high risk situation specifically concerns risks of substance use.

I

Instant Gratification

This refers to the urge or wish to have immediate resolution to issues or problems we face. Quite simply, it is the “I want it now” feeling which is not always possible or even practical. Instant gratification is impulsive and with very little thought to the consequences or impact on ourselves or others from our decision. We have often received instant gratification when taking substances or committing crime.

Internalising

Using your self-awareness to put skills that we acquire into practice (*see Self-awareness*).

Interventions

Interventions on the TC involve a meeting of staff and residents to provide support, resolve a conflict or discuss negative behaviours and attitudes. Interventions are used to address emotions, attitudes and behaviours.

J

Job Board

The job or employment board is meetings, first between staff and subsequently residents to allocate job roles to each resident. The job board takes into consideration the clinical needs of residents, through employment application forms and discussion with key workers.

Job Roles

Every resident on the TC programme will be allocated a job role, which will change throughout their time on the programme. Each job allows a resident to learn new skills and different responsibilities.

K

Key Worker

Each resident is assigned a staff member who will meet with them and set recovery plan objectives throughout their time on the programme. Key workers will write a report on a resident when they complete (or de-selected from) the TC programme.

Key Work Sessions

A key work session is where a resident will meet with a staff member to discuss their progress, objectives and areas of development. All residents will have key work sessions throughout their time on the programme, every 2 weeks in Welcome Unit and 4 weeks during Primary, Senior and Re-Entry phase.

L

Lapse

A one off return to substance use over a short period of time. Lapse is often confused with relapse (*see relapse*).

M

Markers of Achievement

A guide of what needs to be achieved in each phase of treatment.

N

Needs Application

When a resident is in need of something they have to fill out an application form which gets passed up the structure to be dealt with by staff. This process mirrors structure in the community and ensures that instant gratification is delayed.

Negative Behaviours

Behaviours displayed that are not pro-social and do not conform to the ethos of right living

(See pro-social, the View of Right Living).

O

Outcomes Star

The Outcomes star is an assessment tool used to measure change and identify areas of risk and development. There are 10 areas which address the whole person (Motivation and taking responsibility, Self care and living skills, Managing money, Drug and alcohol misuse, Social networks and relationships, Physical health, Emotional and mental health, Offending, Managing tenancy and accommodation, Meaningful use of time). The Outcomes Star assessment is carried out at the end of Welcome Unit, Primary Phase and Senior Phase.

Ownership

Taking responsibility for your behaviours and attitudes *(See Deflection).*

P

***Peers as Community Members**

All members of the community are expected to be role models. Role models demonstrate positive behaviours that reflect the values and teachings of the TC. The strength of the community will depend on the number and quality of role models. The TC depends on peer role models to maintain the integrity of the community and help each other learn.

***Peer Community Groups**

The peer community group (Encounter group) is the main therapeutic group on the TC programme. The objective of this group is to raise the individual awareness of behaviours and attitudes needed to change. It is in the main peer led, though on our TC, staff often direct the group more (*see Encounter Groups*)

Peer Pressure

Conforming to the values, beliefs and behaviours of your peer group.

Phases of Treatment

There are 4 phases of treatment on the TC programme, Welcome Unit, Primary Treatment, Seniors and Re-Entry.

***Planned Duration of treatment**

How long individuals engage in treatment on the programme depends on their stage of recovery. There are minimum periods in each phase of the programme to ensure residents thoroughly understand TC concepts and the nature of recovery. Residents treatment can last between 6 1/2 to 14 1/2 months depending on an individual's progress and needs.

Pro-social

Living right according to society's norms. (*See the View of Right Living*). Simply put it is acting in a positive way in our interactions with others.

Pull Ups

Pull ups are the verbal or written challenging (*see Challenging*) of negative behaviours or attitudes through the structure. For behaviours breaking lesser rules, verbal pull ups should be given at the time to the peer in question which, should be relayed to the discipline crew so a log can be made of the challenge.

If the behaviour persists or a more serious behaviour is demonstrated then a written pull up is issued, highlighting the behaviour, how it impacts on the community and an appropriate sanction to help them reflect upon and address their behaviours. All pull ups are read out to the community in support of change.

Push Ups

Push ups are used to affirm positive behaviours and attitudes on the TC. Push ups allow the peers involved to give and receive positive feedback as well as highlight the positive behaviour to the community as a whole when the push up is read out in the morning meeting.

Q

R

Recovery

The process of gaining or regaining a pro-social lifestyle away from substance misuse. This involves dealing with core issues, addressing negative attitudes and behaviours and building a relapse prevention plan.

Reflection

To give serious thought about an event, behaviours or attitudes in order to change (*See internalising*).

Relapse

A relapse is return to previous substance using behaviour over a longer period of time. Relapse is often confused with lapse (*see lapse*). Relapse Prevention involves the learning and practicing of coping strategies, skills and tools which will help prevent a return to substance use (*see Relapse*). Relapse Prevention also involves studying past experiences, behaviours, thoughts, feelings, attitudes and beliefs in order to understand your addiction and/or dependency.

Responsible Concern

As part of the programme we are expected to highlight the negative behaviours of others through challenging them (*see Challenging*). Sometimes we may seem uncomfortable doing so but we have a responsibility to show concern for the well being of the individual involved as well as the community as a whole. By challenging these behaviours, however difficult it may seem at first, we are showing concern for the peer involved by firstly, making them aware of the potential impact on themselves and others and secondly, by allowing them to own their behaviours and take steps to gain the support to address this.

Note: *There is often difficulty separating the idea of “grassing” with responsible concern at this point. Grassing is a form of deflection undertaken by a guilty part for their own benefit. Grassing is a term linked with criminality which is contrary to right living and the teachings of the TC. Responsible concern is showing care for a person and concern for their attitudes and behaviours. By showing a peer responsible concern, you are empathising with someone, highlighting areas for development and being a part of change.*

Recovery Behaviours

Behaviours displayed that are in line with right living and recovery and show a progress in treatment (*See pro-social, the View of Right Living*).

Role Models

A person regarded by others as a good example to follow.

Rules

The rules on the TC are to encourage pro-social behaviour and personal development. The rules on the TC fall into two categories, lesser and cardinal rules. Lesser rules include punctuality, appropriate dress and behaviour around the wing. Breaking of the lesser rules are normally addressed through verbal or written pull ups. Cardinal rules include substance use, bullying or violence and would be challenged through the encounter process.

S

Sanctions

As a consequence of negative behaviours and attitudes, sanctions help residents to address this. Sanctions are given by peers challenging behaviours using written pull ups (*see Pull Ups*). Sanctions should be related to the behaviour being highlighted e.g. 'tidy the pool room' if the peer has left it messy.

Seemingly Irrelevant Decisions

Sometimes we make decisions which at the time seem of no consequence (*see consequential thinking*) but result in us being placed in high risk situations (*see high risk situations*). These could range from taking a particular route e.g. one which happens to pass an off license, to visiting an acquaintance who uses drugs. These Seemingly Irrelevant Decisions (SIDs) often have been made subconsciously and in order to reduce the risk of lapse or relapse we need to be aware of the decisions we make and the potential impact of them.

Self Help

Self help is the ethos of taking responsibility for your own recovery.

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Slip Box

The Slip Box is a sealed box with a letter-box type slit in the lid. TC members wishing to challenge another member can write out their request 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*).

Structure

The term structure is related to various aspects of the TC programme. When we refer to “using the structure” we are describing the process of addressing issues on the TC by using the appropriate channels. This usually involves highlighting the issues in writing (for example a TC Needs Application or Pull Up slip) and passing it up through the hierarchy (*see Hierarchy*) to await a response when the matter has been dealt with. Structure helps us to deal with issues in a pro-social manner and teaches us to address our need for instant gratification (*see Instant Gratification*).

***Structured Day**

Each day on the TC has a timetable of therapeutic and educational activities with fixed times and routines. The structure of the programme relates to the TC perspective, particularly the view of the person and recovery. A structured day with routine and order is different to the typically disordered lives of residents and distract from negative thinking and boredom, factors associated with drug use.

***Staff as Community Members**

Staff have many roles on the TC (Floor-worker, Key-worker, Facilitator), their main role is as a community member providing role models and rational authority. Staff are facilitators and guides in the self help community method.

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. Staff ensure the integrity of the programme is maintained and the community is kept safe. Just as we need to respect and place faith (*see Blind Faith*) in the job role hierarchy, we also need to respect and place faith in the staff as role models and the decisions they make.

***Staged Format**

The TC programme is organised into phases that reflect the process of change residents go through in treatment. Emphasis is placed on developing learning at each stage, which moves the individual to the next phase of recovery.

Sympathy

Sympathy is the sharing of someone's feelings, usually pity or sorrow. This often involves relating their situation to yourself and your personal experiences, which can sometimes prove problematic as we are putting a personal spin on the matter. This is why we try to encourage feelings of empathy as opposed to sympathy (*see Empathy*).

T

***TC Concepts**

The TC concepts are the teachings and values from the TC perspective focusing on its principles of self help recovery (*see Community as Method, Self Help*) and the views of Right Living and Recovery. The concepts, messages and lessons of the programme are repeated in the various groups, meetings, seminars, and peer conversations as well as in readings, signs and personal writings.

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TC Ethos

The TC ethos is the combined attitudes, culture, spirit and values that the community uses in its journey towards recovery. These values are integral to right living (*see the View of Right Living*).

Therapeutic Community

The Therapeutic Community (TC) is a self help community in which the experiences and perceptions of its members provide the basis of support for our recovery. This environment forms the foundation for our therapy through reflection and feedback and it helps us to internalise these values to help us remain substance and offending free. Quite simply, it is the group of people with a common purpose, who together provide a therapeutic environment by encouraging personal responsibility.

Therapeutic Communities tackle problems with mental health, behaviour and substance misuse. The TC at HMP Wymott tackles substance misuse and offending behaviours.

Through care and Resettlement

The process of planning continued treatment for those approaching the end of the programme and ensuring their accommodation and employment needs are met.

Treatment

The application of the TC programme, to address misuse and offending behaviours. Although some elements of treatment will be universal, some aspects will be tailored to your individual needs by working with your key worker. It should be noted that 'treatment' is not used as a medical term on the TC.

U

V

The View of the Person

The view of the person explains that people who have used substances often have similar characteristics. The view of the person also considers that others view us in certain ways and that often these views may be negative.

View of the Disorder

The view of the disorder 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'.

View of Right Living

The view of right living is the mix of values and beliefs that enable us to lay the foundations so we can start to live in a substance free way. This is the starting point for the life we have decided that we want to live, i.e. a life without substance misuse and all the problems that this brings.

View of Recovery

The TC views recovery not in medical terms but as a substance user developing from actively using substances and denying there is a problem, towards maintaining an abstinence lifestyle. The TC views recovery in two parts; learning how to live positively and learning new skills, attitudes and values. In order for change to occur then you have to alter your thought patterns and behaviours. Therefore the TC requires residents to look at themselves, changing the way that they view themselves and consider new positive behaviours.

W

***Work as therapy**

Consistent with the TC's self help approach, all residents are responsible for the daily management of the facility, which includes cleaning, activities, co-ordinating schedules, meetings and so on. In the TC the various job roles help bring about essential educational and therapeutic effects.

Work ethic

The belief in the moral value of work, pride in the work or tasks associated with your job role or the programme. Having a good work ethic means putting good effort into your treatment and goals to achieve maximum results (*see You Only Get Out What You Put In*).

X

Y

You Only Get Out What You Put In

This is the concept of gaining the most out of your treatment to facilitate change and help you achieve your goals. The process of change can be difficult and long and as such takes hard work, effort and determination. The TC programme helps you build strong foundations for your recovery journey.

Z