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Substance
Abuse
Program



RICHARD L. DUGGER
SECRETARY

MODIFIED THERAPEUTIC COMMUNITY

- TIER 2 -

PROGRAM MANUAL

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Department of Corrections

Substance Abuse Program

Richard L. Dugger
Secretary

September 1988

this guide was developed by:

FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.

This guide was prepared under contract with the Florida Department of Corrections - contract number CO 0 98. Coordination and monitoring of this project was provided by Narcotic and Drug Research, Inc., New York, New York. Grant Funds were provided by the U.S. Department of Justice, Bureau of Justice Assistance, Washington, D.C.

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ACKNOWLEDGEMENTS

The development of the Modified Therapeutic Community Drug Treatment Program (TIER 2) was the result of the efforts of many contributors. A panel of experts was convened to assist in formulating the program design. Panel members included: Jennifer Bevino, Jolea Brocato, Randy Croy, Richard Dembo, Frank Francisco, George Medzerian, Jim Mitchell, Bob Neri, Michael Nerney, Nancy Radford, Ino Reyes, Toni Shamplain, Genie Skypek, Ben Williams, and Gary Wittenberger.

From the ideas generated by this group, the program design including institutional issues and an inmate manual were developed. This manual was written by Bob Neri, Genie Skypek, and myself. Bob Neri and Jay Schrader assembled the Resource Guide. The efforts of all these individuals allowed us to capture the concept in writing.

All of the above deserve acknowledgement and a special thanks. They were responsible for helping bring the TIER 2 concept from an idea to reality.

Mark P. Fontaine
Florida Alcohol and Drug
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MODIFIED THERAPEUTIC COMMUNITY DRUG TREATMENT PROGRAM (TIER 2)

PROGRAM MANUAL

TABLE OF CONTENTS

Introduction	1
Program Description	3
I. Program Purposes	3
Mission Statement	3
Philosophy of Treatment	3
General Program Description	4
II. Admission and Discharge Criteria	7
Criteria for Admission	7
Discharge Criteria	8
Readmission	9
III. Treatment Objectives	10
IV. Treatment Program Structure	11
Recommended Schedule	11
Therapeutic Activities	12
Major Program Rules	14
Rules for Groups	15
V. Treatment Phases	17
Phase 1 - Orientation	17
Phase 2 - Treatment	18
Phase 3 - Re-Entry	20
VI. Role of the Inmate Member	21
Inmate Member	21
Peer Facilitators	22
VII. Organizational Structure	24
Overview	24
Job Descriptions	25
Organizational Chart	30
VIII. Special Considerations	31
IX. Confidentiality	34
X. Files and Record Keeping	36
Forms	38

Institutional Considerations	42
I. Introduction	42
II. Relationship	43
III. Staffing Issues	45
IV. Program Facilities	47
V. Inmate Availability	49
VI. Program Rules	51
VII. Inmate Treatment Records	52
VIII. Training	53
Inmate Handbook	54
I. Introduction	54
II. Mission Statement	55
III. Philosophy of Treatment	56
IV. Program Description	57
V. Program Rules	58
VI. Rules for Group	59
VII. Client Bill of Rights	60
VIII. Description of Activities	61
IX. Work Assignments	63
X. Confidentiality	65
XI. Additional Considerations	66
Additional Materials	67

INTRODUCTION

MODIFIED THERAPEUTIC COMMUNITY DRUG TREATMENT PROGRAM (TIER 2).

INTRODUCTION

The Florida Department of Corrections is implementing a statewide system of substance abuse programs. The system is designed to identify and provide substance abuse treatment to inmates who have a history of substance abuse problems and/or drug related crime. This statewide system of services consists of five parts including a mechanism for assessment and then four separate and distinct TIER's of education and treatment. These services include:

- Assessment - all inmates sentenced to the Department of Corrections will undergo an assessment procedure where the severity of his or her substance abuse will be determined. If identified as an abuser, the inmate will be indicated for education or treatment services.
- TIER 1 - a 35-40 hour substance abuse education program. Services in this TIER will be mutually provided by Department of Corrections staff and staff from community drug treatment programs.
- TIER 2 - an eight week treatment program designed as a modified therapeutic community. Treatment will be provided by Department of Corrections counselors in conjunction with counselors from community drug treatment programs.
- TIER 3 - a full term therapeutic community treatment experience averaging about one year in length. The Department operates two such facilities - Lantana Correctional Institution and Jones Cottage at Florida Correctional Institution. In addition the Department has contracts with drug and alcohol treatment providers statewide to provide this service.
- TIER 4 - a structured ten week outpatient drug treatment program for inmates assigned to Community Correctional Centers. Counselors from community treatment agencies will provide this service.

At the reception centers, those inmates identified as having a substance abuse problem will be assigned to an appropriate TIER of service. Research has shown that time in treatment correlates with reduced drug use. The entire system is designed to introduce the inmate to the treatment system and recovery process. It is hoped that inmates will move fluidly from one TIER of service to another. The end goal is to link the inmate with community based treatment programs for care once released back into the community.

This manual will explain the program design and structure of the Modified Therapeutic Community (MTC) Drug Treatment Program (TIER 2). The manual consists of three sections:

- Program Description - an indepth description of how the Modified Therapeutic Community operates.
- Institutional Issues - a series of issues to be resolved to guarantee successful implementation of the program within specified institutions.
- Inmate Handbook - a copy of the program manual to be used for inmates.

In addition to this handbook, a TIER 2 Resource Guide has been developed. This guide includes a collection of articles, worksheets and exercises that aid in accomplishing the treatment goals of the MTC program. Each TIER 2 institution has several copies of this resource guide. Also, each TIER 2 institution has been provided a collection of books, manuals, videos, video equipment and similiar teaching aids that are for use by the program. A complete list of materials supplied to each TIER 2 institution is included in the introduction section of the resource guide.

Throughout this manual the terms drug abuse treatment and substance abuse are used. For the purpose of this program both terms, drug abuse and substance abuse, are meant to include alcohol abuse and alcoholism.

This manual is intended to be a guide to the development and operation of the Modified Therapeutic Community Drug Treatment Program. Included are concepts and ideas that should be followed. However, these concepts are not intended to limit the development of the program. Individual TIER 2 facilities are encouraged to be creative and innovative in implementing the program within each institution.

The Department of Corrections drug abuse program is coordinated by the staff of the Department's Substance Abuse Program and can be reached by calling (904) 488-9169 or writing: Department of Corrections, Substance Abuse Programs, 1311 Winewood Blvd., Tallahassee, Florida 32399-2500. Any questions on the substance abuse program or the Modified Therapeutic Community (TIER 2) should be addressed to that office.

PROGRAM DESCRIPTION

MODIFIED THERAPEUTIC COMMUNITY DRUG TREATMENT PROGRAM (TIER 2)

PROGRAM DESCRIPTION

I. PROGRAM PURPOSES

A. MISSION STATEMENT: One of the overall purposes of the Department of Corrections' substance abuse treatment program is to provide inmates with substance abuse problems a continuum of treatment and self-help programs. The program design consists of four TIER's of service as follows:

- o TIER 1 - 35-40 Hour Educational Program
- o TIER 2 - Modified Therapeutic Community (8 weeks)
- o TIER 3 - Therapeutic Community (1 year)
- o TIER 4 - Outpatient Drug Treatment at Community Correctional Centers (10 weeks)

A related goal of the substance abuse treatment program, then, must include one of increasing inmate motivation to move along that continuum of treatment, from one TIER to the next, as appropriate in their personal recovery programs.

TIER 2 treatment programming should serve as a starting point for longer-term follow-up treatment and/or self-help involvement. Such follow-up treatment or self-help involvement may include long term therapeutic community programs within the prison system, work-release centers with drug counseling, outpatient drug treatment programs, community-based therapeutic communities or support groups such as AA/NA. In short, programs that encourage abstinence and a commitment to a non-drug, non-criminal lifestyle.

The intended benefit of the increased accessibility of inmates to this continuum of care is (1) increased crime-related survival (increased length of time between incarcerations), (2) decreased crime-related recidivism, (3) increased drug-use survival (increased lengths of sobriety or abstinence), and (4) decreased frequency of drug relapse.

B. PHILOSOPHY OF TREATMENT: Substance abuse is viewed as a problem of the whole person, affecting some or all areas of functioning. Problems may exist in thinking, values, educational and/or occupational skills, and interpersonal (familial and peer) skills. Often moral or spiritual issues are also problematic.

Abuse of any substance is determined by many factors. Such factors include (1) physiological dependency and (2) stressful situations that produce uncomfortable feelings or consequences. Once a person has embarked on a career of substance abuse, the subsequent psychological and social losses become additional factors determining continued substance abuse. Individualization of treatment focuses on psychological dysfunctions and social deficits, not on drug use patterns alone.

Just as the disease model of addiction states that there is a cause, course, and predictable outcome to the progressive use and abuse of substances by an addicted individual, recovery can be viewed as having a cause, course, and predictable outcome. It is important to note that recovery is not just abstinence. Recovery involves learning to live comfortably and enjoyably as sober, productive members of the community. Emphasis in the Modified Therapeutic Community will be on enhancing recovery, using the developmental models of recovery developed by various researchers in the field of addictions.

The therapeutic community treatment regimen uses self-and mutual-help approaches, peer pressure, and role modeling in a structured environment to achieve the recovery goal. Peer pressure is often the catalyst that converts criticism and personal insight into positive change. High expectations and high commitment from both inmates and staff support this positive change.

An important treatment philosophy used in therapeutic communities includes an "act as if...." approach towards changing behavior. Inmates are taught to "act their way into a new way of thinking". Insight into one's problems is gained through group and individual interaction. However, active learning through experience -- failing and succeeding and experiencing the logical consequences -- is considered to be the most potent influence toward achieving lasting change and developing personal responsibility for one's life.

C. GENERAL PROGRAM DESCRIPTION: The Tier 2 treatment program is an 8 week, residential, modified therapeutic community housed in a correctional institution. Inmates in the treatment program are those who have been identified as having a serious substance abuse problem and will be voluntary participants -- although strongly encouraged to volunteer. Continuing in treatment is significant as a predictor of success, and strong legal requirements for participation are directly related to length of stay in treatment.

The first week of the program will consist of intense orientation to the treatment program and to the recovery

process. It is important for inmates to distinguish dysfunctional from functional behavior and recognize that their substance abuse behavior is a significant cause of their life problems. For example, many offenders commit their crimes while under the influence of substances. They may have difficulty holding jobs or maintaining relationships as a result of their substance use and so on.

The next six weeks of the program are the intensive group treatment phases that produce constructive insights and changes in inmates' behavior, including improved self-esteem, enhanced control of excessive emotionality and impulsivity, acceptance of their inability to use substances, plans for vocational and/or educational involvement, plans for relapse prevention, including recognition of the need to continue in treatment and/or with self-help groups.

The three major learning themes addressed during the treatment phases are as follows:

Addiction Education: The intended outcomes of this learning track for the inmate include:

- breakdown of the denial process or other defense mechanisms.
- recognition of how their current problems in living are the result of their addiction.
- understanding of family involvement in their addiction process.
- acknowledgement of their role in how others respond to them.
- re-examination of their values.
- identification of their own personal relapse/recovery pattern.

Life Management Skill-Building: A major outcome for the inmates through participation in this learning track is the identification of deficits in coping with and handling stressful events that may serve as "triggers" for ineffective behavior, such as substance use. Examples of such ineffective behavior might include:

- inability to delay gratification rather than planning ahead so that needs are met.
- repetitive angry, aggressive responses to stressful events rather than assertion, negotiation, redefinition, etc.
- immediate interpretation of statements as "attacking" rather than effective, careful listening.
- disorganized approach to problem-solving rather than an approach based on a more critical analysis of the situation.

Relapse Prevention: Since relapse is a recurring part of the recovery process, substance abuse treatment programs in the last few years have begun to incorporate learning experiences that help participants plan a healthy response to relapse. Historically, the potential for relapse was avoided by treatment providers in their program content. As a result, the duration of relapse was longer, and deterioration was greater at the time of re-entry into treatment. At that point, treatment needed to be longer to restore recovery.

Relapse prevention now focuses on recognizing situations that might stimulate use or the desire to use. If individuals learn to manage those situations differently, relapse may be less likely to occur.

These three learning tracks will be addressed throughout the eight weeks of the MTC, using a variety of treatment techniques. For the therapeutic community, one significant modality is role modeling by peers. Tier 2 programs will accomplish this role modeling and continuity through the use of peer facilitators -- inmates selected by program staff as good role models for new participants.

The final week of the program will be preparation for re-entry into the prison environment or the community, as appropriate. Emphasis will be on implementation of the inmates' individualized relapse prevention plan.

II. ADMISSION AND DISCHARGE CRITERIA

A. CRITERIA FOR ADMISSION

1. Must meet criteria for Psychoactive Substance Dependence and/or Psychoactive Substance Abuse.

Psychoactive Substance Dependence (Current or History)

- a. Loss of control over substance intake.
- b. Persistent desire or one or more unsuccessful efforts to control substance use.
- c. Great deal of time spend in activities to get the substance or recovering from its effects.
- d. Frequent intoxication or withdrawal symptoms which interfere with work, school, or home.
- e. Important social, occupational, or recreational activities given up or reduced because of substance use.
- f. Continued substance use despite adverse consequences.
- g. Marked tolerance: need for markedly increased amounts of the substance to achieve desired effect.
- h. Characteristic withdrawal symptoms, when applicable to the substance used.
- i. Substance often taken to avoid or relieve withdrawal symptoms.

Psychoactive Substance Abuse

Never met the criteria for Psychoactive Substance Dependence and meets one of the following:

- a. Continued use of the substance despite adverse consequences in social, occupational, psychological, or physical areas.
- b. Recurrent use in situations in which use is physically hazardous, e.g., driving.
- c. Some symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

2. Expressed willingness to participate and volunteers for the program.
3. Intellectual functioning sufficient to understand the treatment/educational program (literacy is not the measure of intellectual functioning)
4. Addiction problem as indicated on the Addiction Severity Index.
5. Able to project at least 8 weeks of institutional time prior to release.

THE FOLLOWING INDICATE AN INDIVIDUAL INAPPROPRIATE FOR ADMISSION:

1. Individuals with co-existing or secondary psychiatric disorders who must be maintained on psychotropic or mood altering medications.
2. The criminally insane.
3. Those with a history of severe physical aggressiveness not associated with substance abuse.
4. Individuals who are currently suicidal.
5. Individuals requiring detoxification.
6. Individuals with acute unstabilized medical conditions or chronic medical conditions resulting in severe debilitation.
7. Individuals with a significant organic brain syndrome.
8. Any limitation that would preclude treatment effectiveness.

B. DISCHARGE CRITERIA

Successful completion of the program will take place after an inmate has actively participated in the eight week Modified Therapeutic Community. Participation is defined as active involvement in the daily program activities including group counseling. It also involves completion of personal journals, relapse plans and other individualized work. Each inmate who has successfully completed the program will be awarded a certificate of achievement. It is recommended that these certificates be awarded in a formal meeting of all program participants. Such a ceremony will emphasize the positive aspects of accomplishing a goal.

Individual TIER 2 programs may extend the length of the program up to ten weeks if selected clients could benefit from an additional day to an additional two weeks to complete the program. This should be determined on a case by case basis and would need to be coordinated with classification. Such a policy would allow a little additional treatment time for those inmates struggling through the program. The decision to continue an inmate beyond the eight weeks would be made by the Clinical Director after consultation with the Administrative Liaison.

Inmates who break the program rules or refuse to participate in the program will be discharged and transferred back into the general population of the institution. The decision to discharge an inmate will take place only after a clinical staffing session has been held. The final decision will be made by the Clinical Director in conjunction with the Administrative Liaison.

Each TIER 2 facility should develop a policy on discharge which clearly defines behavioral expectations of the inmate. The policy should stress full participation by all inmates in all program activities.

All inmates who are in jeopardy of being terminated from the program will be warned of such by the inmate's counselor. This warning should be documented in the progress notes. Once a decision has been made to discharge, every effort should be made to transfer the inmate immediately. This will help reduce the potential problems that can be created by allowing the inmate to remain in the program. Classification should be notified immediately when a discharge is imminent.

C. READMISSION

Inmates who have been terminated from the MTC or have dropped out may re-apply for admission. The inmate must wait thirty days to re-apply. Such applications will be presented in a clinical staffing session for staff discussion on whether to allow the inmate back into the program. If the recommendation is positive, then the inmate and classification will be notified that the inmate is eligible to be readmitted. At this point, the standard admission procedures would be followed.

III. TREATMENT OBJECTIVES

Listed below are the five treatment objectives for the Modified Therapeutic Community and measures to determine the success of each objective.

1. Achieve abstinence from psychoactive substances.
 - relapse prevention plan, specifying specific personal risk factors for substance use (including psychological, social, peer, etc.), personal warning signs, and personal interventions at those moments will be developed by program end
2. Achieve psychological improvement since there is a significantly greater likelihood of continued stay in treatment with early gains.
 - increase self-esteem
 - increased self-control of emotional responses
 - improved mood (less depression, anxiety, etc.)
 - develop more positive mental outlook (hopefulness, positivity, positive self-talk)
3. Achieve improved social adjustment including:
 - defined employment interest areas and/or educational interest areas
 - decreased acting-out behaviors (e.g., verbal threats, yelling, pouting, leaving the group angry, program "write-ups") from program beginning to end
4. Retention rates will improve over time, to be measured by developing baseline during first 6 months of operation with improvement goal set at that time.
5. Continued linkage with treatment and/or self-help programs after completion of TIER 2 programming, to be measured by developing baseline during first 6 months of operation with improvement goal set at that time.

IV. TREATMENT PROGRAM STRUCTURE

A. RECOMMENDED SCHEDULE: Following the therapeutic community model, new inmates will be integrated into the existing treatment program structure. This means for the most part that group activities will include inmates who are at various phases in their TIER 2 program. The program will be open ended, thus new inmates can be moved in at any time when a vacancy exists. The older participants are those who provide the "hope" for the new participants that they can make changes and improve the quality of their lives -- and, in this short term program, will model the decision to continue in treatment in order to accomplish their goals.

As a therapeutic community, inmates will be involved in the therapeutic process 24 hours of the day, seven days a week. The formal program should operate between the hours of 7 A.M. and 9 P.M., six days a week. Each day would begin with a morning meeting and each day will finish with an evening activity. The actual schedule will need to be negotiated with the institution. For example, security considerations may dictate restricted evening activities in a certain institution.

The treatment activities used by therapeutic communities are an integral part of the MTC and are listed below. The list includes frequencies for these activities that are recommended for all TIER 2 programs. However, within this general framework, individual TIER 2 programs may define variations. Descriptions of these activities are provided in the next section.

Morning meeting	Daily, 30-60 minutes
Individual therapy	1-2X/week, 60 minutes
Group therapy	3X/week, 90 minutes
Seminars	Daily, 90 minutes
Family contact	1X in week 8 (if possible)
Special group/encounter group/intervention group	As needed
Affirmation group	1X/week, as needed, 60 minutes
Summary/exit group	1X/week, as needed, 60 minutes
AA/NA meetings	3X/week, 60 minutes

Wrap-up house meeting	Daily, 15-30 minutes
House meeting	2X/week, 60-90 minutes
Work detail (internal)	Daily, 60 minutes
Work detail (outside)	1X/week, 3-4 hours
Exercise	Daily, 30-60 minutes
Public service	1X/week, 2 hours

The above treatment activities constitute the Modified Therapeutic Community treatment program. A suggested daily schedule can be found at the end of this section.

Inmates going through the orientation phase of the program can participate in a special orientation group that meets daily for 60-90 minutes to cover orientation issues during the first week of the TIER 2 program. Another way of structuring the orientation phase might be to segregate orientation inmates into a more intensive three-day orientation program. Individual program staffing patterns and approach should determine which structure to use.

Inmates going through the re-entry phase of the program will participate in a special re-entry group that meets daily for 60-90 minutes to cover re-entry issues during the last 7 to 10 days of the TIER 2 program.

Individual TIER 2 programs will determine how to fit the orientation and re-entry groups into the overall program structure.

B. THERAPEUTIC ACTIVITIES: The following is a definitional list of therapeutic and other activities recommended for use in the Modified Therapeutic Community.

Morning Meeting -- First group meeting of the day used for announcing daily schedule, inmate appointments, learning experiences, and general announcements. This group is usually run by a senior inmate member of the treatment community.

Seminars -- These special learning sessions can be presented by staff or inmate member on appropriate topics. An example of seminar topics might be:

- forgiveness
- resentments
- personal responsibility

Individual Counseling -- Individual counseling with inmate members is used to explore problems, feelings, attitudes, and behavior.

Group Counseling -- Each group will have eight to ten inmate members. Designed for group exploration, these groups usually have a very high expectation of involvement and participation.

Family Contact -- These services are designed to help family members learn what issues are involved in chemical dependency. Topics include enabling and personal growth issues.

Special Groups -- These groups i.e., men's group, women's group, black group, hispanic group, are used to explore special issues.

Encounter Groups -- These groups are to help the program community resolve conflicts and work with problems that individuals are having in the program. Focus is on the individual changing their behavior.

Large Accountability Group -- This group is used by the entire community to assist the inmate member who has violated a major rule.

Affirmation Group -- This acceptance group occurs at the end of orientation and affirms the inmate member's group membership. It uses self-disclosure and mutual help as therapeutic strategies.

House Theme Group -- These are various topic oriented groups. Examples include communication skills, social skills, grief and loss, etc. These groups use inmates' life experiences to emphasize the theme.

Intervention Groups -- Several staff and member inmates gather to use "caring confrontation" to help a fellow inmate member through a difficult problem.

AA/NA Meetings -- These fellowship meetings provide support and positive encouragement to live a drug free lifestyle.

Work Detail (Internal) -- Daily job assignment to insure order, cleanliness of facilities and neat appearance. Each inmate member will have a distinct job responsibility.

Work Detail (External) -- Large group activity that will benefit the institution. Possibilities include painting detail, policing the grounds, landscaping, etc.

Wrap Up House Meeting -- Daily meeting to finish program activities and summarize what took place during that day.

Exercise -- Each inmate member will participate daily in an exercise program.

Public Service -- A contribution to the benefit of the community at-large and links the inmate with their role as a contributing member of society. Possible structured activities include preparing a mailing for non-profit organizations, create crafts for sale by non-profits, other activities to benefit a charity.

C. MAJOR PROGRAM RULES: One of the values of a therapeutic community is that participants have a safe environment for growth and positive risk-taking. For this reason, the following rules have been designed to support such an environment. Rule violations may result in termination from the program. Individuals violating rules regarding weapons, violence, and substance use within the program will receive the strictest application of consequence.

RULES

1. Comply with all rules of the correctional institution.
2. Remain drug and alcohol free, including other substances which might affect mood.
3. No violence or threats of violence.
4. No sexual activity will be allowed.
5. Attendance is required at all therapeutic and/or other program activities.
6. Inmates moving between facilities (i.e., dorm and treatment building or dining hall) must be accounted for.
7. No racial, ethnic, or sexual slurs will be allowed.
8. Inmates will follow program confidentiality guidelines.
9. Respect property of others, no theft or vandalism.
10. No gambling.

11. No possession or use of weapons.
12. No criminal activity.

Rule violations will be handled using already established Department of Corrections procedures. Each program needs to develop procedures for handling both minor and serious rule violations. Each inmate member will be notified of the program rules and will sign a form indicating they have read, understood and agree to comply with these rules. The program rules should also be posted where all program inmates have access.

D. RULES FOR GROUPS: While every person is unique, many similarities are shared with each other. In group, participants learn by sharing their own experiences whether they are good or bad. Group members also learn that they are not alone in their personal struggles. With the help of the group, recognizing, understanding and hopefully resolving certain problems is accomplished. The following are some basic ground rules that govern group sessions:

1. Only use personal pronouns when speaking, (i.e., I, me, my, mine).
2. Listen attentively to everyone who shares.
3. Be as open and honest as you can while being sensitive to the needs of others.
4. Keep your attention on the "here and now".
5. REMEMBER: What is said in group stays in group.
6. Familiarize yourself with the rules that apply to group and abide by them.

MODIFIED THERAPEUTIC COMMUNITY

Suggested Daily Schedule

times	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00	morning meeting	→	→	→	→	→	→
9:00	work detail (Internal)	→	→	→	→	→	→
10:00	group/individual counseling or seminar	→	→	→	→	→	free time - family visits
11:30	lunch	→	→	→	→	→	→
1:00	group or individual counseling or seminar	→	work detail (external)	group or individual counseling or seminar	→	→	free time - family visits
4:00	exercise	→	→	→	→	→	→
5:00	dinner	→	→	→	→	→	→
6:00	free time	→	→	→	→	→	→
7:00	topic group	AA/NA	topic group	AA/NA	affirmation meeting	topic group	free time
8:30	wrap up-house meeting	→	→	→	→	→	→

V. TREATMENT PHASES

A. PHASE 1 - ORIENTATION: The orientation phase of treatment is the period of time when the "stage is set" for effective participation in the recovery process. The end result of this stagesetting should be the achievement of the following goals:

- The inmate develops a sense of group belonging and trust.
- The inmate's motivation to remain in the TIER 2 Program and complete it is increased.
- The inmate begins to distinguish his/her functional and dysfunctional behaviors and the contribution of substance use to the negative aspects of his/her life.
- The staff completes a comprehensive psychosocial assessment, in order to identify addiction patterns, areas of dysfunctional behavior (problem areas), relapse/recovery factors and patterns to be used in developing the treatment plan.
- A comprehensive treatment plan is developed. This plan will be signed and dated by the inmate.

Research shows that the more intense the orientation process, the higher are the retention rates in the treatment program. Fostering belonging increases the belief that the therapeutic community can help, thus, increasing hopefulness. Belonging allows for nurturance during risk-taking which is necessary for growth, forgiveness, etc.

Completing the psychosocial assessment allows the following benefits for the inmate -- significant amounts of individual attention, precise definition of causative factors and cues for substance use or recovery, determination of family support for treatment and involvement, and continued in-depth descriptions of the treatment process -- all of these elements have been shown to increase continued stay in treatment.

TREATMENT ACTIVITIES:

- Orientation information about program structure, rules, expectations, and the recovery process:
 - Introduction video on inmate benefits from program
 - Motivation group -- discussing "drug urges", past attempts at recovery, inmates strengths and/or contributions to the program
 - Educational tapes on addiction/recovery
 - Autobiographical sketch

- Seminars
- Introduction to 12 steps of AA/NA
- Introduction to House -- large group introduction
- Peer sponsorship -- identification of peer sponsor
- Individual work with counselor -- reading, journals
- Begin attendance at AA/NA meetings
- Complete relevant paperwork
- Bed assignment
- Counselor assignment
- Assignment of program job (internal)
- Staff completion of psychosocial assessment including educational status/GED readiness
- Treatment plan developed by staff and inmate
- Affirmation group (may videotape it for review later)
- Post-test on information in inmate handbook
- Inmate signing appropriate releases/acknowledgement (confidentiality, rules, consent for treatment, video taping, etc.)

B. PHASE 2 - TREATMENT: During the treatment phase of the TIER 2 program, inmates will begin to learn about the addiction process and the recovery process. In doing that, they will need to identify their deficiencies in life management skills that make it difficult for them to deal with stress producing situations which trigger a desire to use. In developing their relapse prevention plan, they will learn some life management skills and other techniques to help them maintain and further enhance their recovery.

By the end of the treatment phase, the following goals will be achieved:

- Inmates will be able to describe the addiction/recovery process.
- Inmates will be able to identify life management skill deficiencies that apply to them.

- Inmates will be prepared to begin developing a final relapse prevention plan, including descriptions of how they will access continuing support resources (treatment or self-help).

TREATMENT ACTIVITIES:

- **Addiction/Recovery Education:**
 - Physiology of addiction
 - Etiology of addiction (family, genetics)
 - Personal causes/triggers, self-inventory
 - Step exercises
 - Family roles relative to addiction/recovery
 - Peer and social influences, sociogram
 - Cultural and environmental influences
 - Consequences of long-term substance use
 - Signs and symptoms of addiction
 - Defenses -- denial, minimization, rationalization
 - Autobiography
 - Physical risk reduction, e.g., AIDS, safe sex, needles, tattoos
 - Recovery process
 - Values clarification
 - This material can be covered in seminars, AA, reading assignments, video or audio tapes, etc.
- **Life Management Skills:**
 - Goal-setting
 - Critical thinking skills
 - Rational thinking
 - Problem-solving
 - Assertion
 - Anger management
 - Stress management
 - Communication skills, e.g., listening, talking so others will listen
 - Social skills
 - Enhance self-esteem
 - This material can be covered in seminars, role plays, in-program application, reading assignments, use of video, etc.
- **Relapse Prevention Skills:**
 - Relapse models
 - Recovery models
 - Identify personal "triggers" or warning signs for risk of using; high-risk situations
 - Refusal skills
 - Identifying alternative responses to urges to use
 - Networking, developing support systems
 - Responses to actual relapse
 - Use of leisure time or unstructured time

- Lifestyle balance
- Inoculation against negativity of other inmates
- Understanding longer-term treatment

C. PHASE 3 - RE-ENTRY: During the re-entry phase, inmates will be preparing for re-integration into either the prison setting or the outside community or some combination. Also they will complete a process of closure with the Modified Therapeutic Community treatment program. It is to be expected that there will be significant overlap between this phase and the relapse prevention track of the treatment phase. The primary goals of this phase are:

- The inmate will have completed a relapse prevention plan and a personalized relapse/recovery profile, including a prescription for continued treatment and self-help support groups.
- The inmate will have established linkages with receiving treatment or support systems.
- The inmate will have some plan for combating negativity in the environment to which they are returning.

TREATMENT ACTIVITIES:

- Re-entry group to plan and test application of new learning to social, occupational, familial areas of their lives via role-playing, imagery, etc.
- Complete individualized relapse/recovery profile
- Complete personal relapse prevention plan
- Complete actual linkages, as appropriate
- Continue inoculation training to combat negativity or lack of support for recovery
- Family support session, if possible
- Post-tests:
 Skills learned and addictions knowledge gained
- Closure with house and closure with therapy group
- Summary/exit group
- Preparation to be peer facilitator, if appropriate

VI. ROLE OF THE INMATE MEMBER

A. THE INMATE MEMBER: The inmate's full time program assignment will be the Modified Therapeutic Community. As a full time assignment, they will be able to dedicate their entire energy to the program during the eight weeks they are in the program. The role of the inmate member is to be an active learner and participant in all activities. In the therapeutic community model, all aspects of daily living become part of the therapeutic, learning process. This includes peer interactions, housekeeping, personal hygiene, work assignments (both internal to the program and external for the institution), and so on. The purpose is to produce personal accountability for one's behavior and the consequences of that behavior on oneself, on others, and on the community.

The following is a list of jobs which inmate members might hold at some time during their eight-week program. Their performance in these jobs and their interactions with other treatment community members, while carrying out these tasks, becomes important material for various therapeutic group or individual counseling efforts.

INMATE MEMBER JOB DESCRIPTIONS

Orienter - The orientor helps new inmates get adjusted to the program. He/she reviews rules, member expectations, and the schedule with all new inmates entering the program.

Phone Monitor - This inmate coordinates phone privileges at appropriate times for inmates in the program. This inmate member monitors permission slips for phone use and the length of the phone call.

Room Inspector - At designated times, this inmate performs room and bed inspections. If there is a messy personal area, this inmate member is responsible for reporting it.

Librarian - This position maintains all the books and materials in the library, records new books and magazines, and facilitates inmate use of these materials.

Tutor - This position assists with reading assignments and homework.

Secretary - This inmate member takes notes at all house meetings and supplies information regarding previous group decisions.

Maintenance - This inmate member is responsible for making sure the program has all cleaning supplies, toilet items and other necessary supplies.

T.V. Monitor - This inmate member is the only one permitted to operate the television.

Seminar Leader - This inmate member is responsible for scheduling seminars and assisting those inmate members giving the seminar.

Group Facilitator - This inmate member is responsible for assisting with particular groups/seminars as assigned by staff.

Coordinator - This inmate member is responsible for overseeing program activities. They call roll, announce appointments and help facilitate the committee of residents responsible for learning experiences.

Residents Committee - This group of residents is responsible for changes in schedule, learning experiences, reviewing job changes and recreation activities.

Expeditor - These members obtain information about conflicts, problems and rule violations and bring these problems to group.

Individual TIER 2 programs can expand and add inmate member job descriptions to suit program needs.

B. PEER FACILITATORS: The MTC design calls for the utilization of peer facilitators. These are inmates who have completed the TIER 2 program and have enough time remaining on their sentence that they can be assigned to the TIER 2 program for at least six months. These inmates would be assigned to the program as their full time job assignment.

The peer facilitators would assist the counselor in the operation of the MTC. They would oversee morning meetings, organize seminars, assist in therapy groups, serve as mentors for new members, coordinate community service projects and assist in program paperwork.

The ideal ratio for peer facilitators to inmates is 1:10. For example a program with 36 inmate participants would have 4 peer facilitators assigned to the program. Peer facilitators should remain at the institution up to one year. After that amount of time, it is recommended that they be moved to another assignment outside the program. This will prevent cliques or set patterns of behavior from developing at the program.

It is important to note that peer facilitators are not counselors and do not have authority over other inmates. Rather their job is to support and assist in the treatment effort. Peer facilitators should not have access to the treatment files. A proposed job description for the peer facilitator follows.

PEER FACILITATOR

Overview - The Peer Facilitator is an inmate who has completed the TIER 2 program and has enough of a sentence remaining to serve in the program for at least six months. Peer facilitators will serve as role models and assist staff with program activities.

Specific -

1. Able to remain in the program for six months or longer.
2. Willingness to continue to work on their own recovery program.
3. Assist staff with seminar delivery.
4. Participate as an "older member" in groups.
5. Communicate program issues and concerns with staff.
6. Oversee educational testing.
7. Be active and provide leadership in all NA/AA meetings.
8. Attend, participate and provide leadership in all treatment activities.
9. Continue to work on their own relapse prevention plan.

VII. ORGANIZATIONAL STRUCTURE

A. GENERAL OVERVIEW: The Director of the Youthful Offender Program at the Department of Corrections is ultimately responsible for the TIER 2 Program. The Substance Abuse Office of the Department of Corrections, central office carries out the management functions at the department level.

At the institutional level, the Superintendent of each correctional institution where a TIER 2 program is located is responsible for the drug treatment program. The Classification Supervisor serves as the administrative contact for the program as delegated by the Superintendent. The Chief Correctional Officer is responsible for all security and control regarding the TIER 2 programs.

At the direct service level, program direction is provided through a partnership arrangement between Department of Corrections staff and staff from the contracted community drug treatment program. The MTC will be co-directed by two individuals -- the Administrative Liaison, a Department of Corrections employee, and the Clinical Director, a community treatment program employee. The Administrative Liaison will be responsible for all institutional procedures such as rules, scheduling, facility problems, etc. The Clinical Director's responsibilities will include scheduling of counseling, quality of treatment, inmate phasing, inmate termination and supervision of the clinical work of the counselors. The success of the program is dependent on these two individuals forming a management team that is responsive, consistent and organized. The treatment team will be rounded out by counselors employed by both the Department of Corrections and the community treatment programs. These individuals would answer to either the Clinical Director or Administrative Liaison depending on the issue to be resolved.

Other important members of the treatment team are the correctional officers assigned to the MTC. These individuals will be in the program daily and will be there after the counselors have left for the day. Because a therapeutic community is a twenty-four hour experience, the correctional officers become an integral part of the program for they are involved in the community and they are there all twenty-four hours. The correctional officers need to be viewed as program staff who have the responsibility of security. Whenever possible they should be integrated and involved in program activities. Also, they should be deliberately utilized to watch for certain behaviors or problems that may develop in the evenings or weekends. It is recommended that the correctional officers be included in all non-clinical staff meetings.

Correctional officers who are interested in the program concept or in treatment should be assigned to the MTC. This policy would insure correctional officers with a willingness to be active participants in the program. At the same time, there needs to be caution in regards to assigning a correctional officer to the program. An officer who doesn't agree with the program concept can be a major roadblock to program success.

Finally, the peer facilitator serves as an adjunct to program staff. These inmates will be assigned specific program responsibilities and they will assist the counselors in all program activities. However, as stated previously, they will not have any authority over other inmates. The organizational chart at the end of this section visually displays the management plan.

B. PROGRAM JOB DESCRIPTIONS: The following job descriptions cover the roles of the team leaders and counselors providing direct services to the inmate members of the TIER 2 program. These can be used to assist in staff selection.

JOB DESCRIPTION - CLINICAL DIRECTOR

Areas of Responsibility

Responsible for assisting and coordinating all phases and operation of the Modified Therapeutic Community. Coordinates schedule of counseling, supervises clinical records and client activities. Serves with Administrative Liaison as management team for the program.

Personnel Relationships

Responsible to: Program Director or Executive Director
Responsible for: Counseling Staff

Qualifications

Master's Degree from an accredited college or university in the social or behavioral sciences. Three years experience in counseling and supervision required. Relevant experience may be substituted for educational requirement. Certification in Chemical Dependency Counseling is preferred.

Duties

1. Supervise counseling staff.
2. Coordinate the scheduling of all counseling staff.
3. Review client records to assure appropriate documentation is maintained.
4. Maintain sound community relationships to promote utilization of program services.
5. Responsible for the supervision and training of the MTC counselors and correctional staff.
6. Serve on program management team with Administrative Liaison.
7. Responsible for overall planning and development in conjunction with Administrative Liaison.
8. Review all discharge plans of inmate members for proper follow-up and community linkage.
9. Other duties and special projects as assigned.

JOB DESCRIPTION - COMMUNITY DRUG COUNSELOR

Areas of Responsibility

Responsible for the coordination and implementation of treatment services for each assigned inmate. Responsible for maintenance of all treatment records including, but not limited to, treatment plans, progress notes, releases and recommendations.

Personnel Relationships

Responsible to: Clinical Director or designee

Qualifications

Bachelor of Arts degree from an accredited college or university, preferably in Human Services. Related experience may be substituted for educational requirement. Certification in Chemical Dependency Counseling is preferred.

Duties

1. Assess potential inmates for admission to treatment.

2. Responsible for caseload counseling of assigned inmates, including individual and group counseling.
3. Responsible for maintenance of case records in accordance with appropriate department, state and federal standards.
4. Participate in professional and educational seminars relating to substance abuse prevention, education and treatment.
5. Maintain a sound working relationship with the correctional staff.
6. Maintain a sound working relationship with peers.
7. Provide appropriate evaluations of inmates in treatment.
8. Provide caseload consultations to appropriate staff.
9. As requested, provide administrative support in research, licensure, program evaluation and program review and improvement.
10. Perform other duties as assigned.

JOB DESCRIPTION - ADMINISTRATIVE LIAISON

Areas of Responsibility

This correctional counselor is identified as the lead staff member for the program. Responsible for the coordination and implementation of all administrative functions and procedures associated with the program including establishing rules, procedures, scheduling facilities, and other institutional issues. Serves with Clinical Director as management team for the program.

Personnel Relationships

Responsible to: Classification Supervisor

Job Location

Substance Abuse Programs (statewide)

Qualifications

A bachelor's degree from an accredited college or university and three years of professional experience in social, economic, behavioral, health, rehabilitative or developmental disabilities services, one of which must have been in a supervisory or administrative capacity.

A master's degree from an accredited college or university can substitute for one year of the required non-supervisory or non-administrative experience. Professional or non-professional experience as described above can substitute on a year-for-year basis for the required college education. Preference is for a master's degree in a Health Related Field and Certification in Chemical Dependency Counseling.

Duties

1. Day to day supervision and training of substance abuse program staff.
2. Coordinate the treatment program with institutional rules, scheduling, facility problems and procedures.
3. Serve on management team with Clinical Director.
4. Handle linkage with designated institutional staff.
5. Supervise day to day operation of the program.
6. Assist in the supervision and coordination of the substance abuse education component (TIER 1) and the Modified Therapeutic Community (TIER 2).
7. Perform other related duties as required.

JOB DESCRIPTION - HUMAN SERVICES COUNSELOR IV

Areas of responsibility

Serves as a counselor in the substance abuse program, providing guidance and counseling to the chemically dependent inmate in a correctional institution.

Personnel Relationships

Responsible to: Classification Supervisor

Job Location

Substance Abuse Programs (statewide)

Qualifications

A bachelor's degree from an accredited college or university and three years of professional experience in social, economic, behavioral, health, rehabilitative or developmental disabilities services, one of which must have been in a supervisory or administrative capacity.

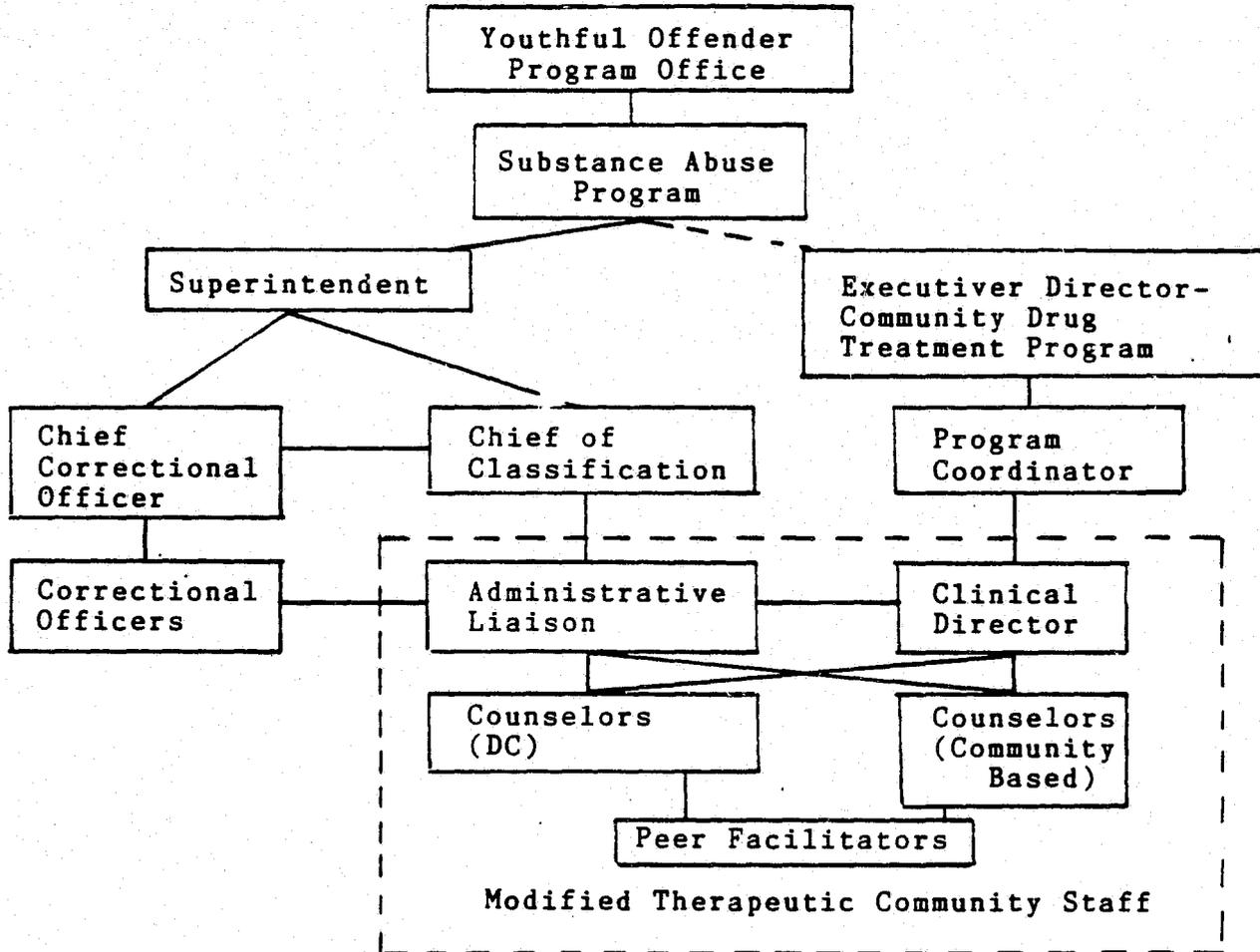
A master's degree from an accredited college or university can substitute for one year of the required non-supervisory or non-administrative experience. Professional or non-professional experience as described above can substitute on a year-for-year basis for the required college education. Preference is for a master's degree in a Health Related Field and Certification in Chemical Dependency Counseling.

Duties

1. Implement, coordinate and conduct a substance abuse counseling program for the chemically dependent inmate.
2. Participate in case diagnostic and technical staff conferences concerning the chemically dependent inmate.
3. Provide liaison with the institutional and community provider staff for referral of inmates.
4. Write and maintain treatment records, treatment plans, assessments, recommendations and referrals on clients in the institutional substance abuse program.
5. Provide both individual and group counseling to inmates in the substance abuse program.
6. Perform other related duties as required.

MODIFIED THERAPEUTIC COMMUNITY (TIER 2)

ORGANIZATIONAL CHART



VIII. SPECIAL CONSIDERATIONS

A. PHASING: It is recommended that each TIER 2 program set up a phasing system where one quarter of the inmates complete the program and the same percent of new inmates are phased in every two weeks. This would allow for an orderly flow of inmates in and out of the program. This procedure would also assist classification in planning for upcoming openings within the program.

B. CULTURAL/ETHNIC ISSUES: The primary ethnic or cultural populations likely to participate in the MTC are blacks, hispanics and Haitians. All programming has to be sensitive to ethnic and/or culturally relevant issues. Programs may want to conduct special interest groups to address the special needs of these populations.

Community drug programs participating in the delivery of TIER 2 program services will be responsible for providing appropriate educational experiences to all program staff (both community-based and Department of Corrections) regarding the clinical issues specific to the various ethnic and cultural subgroups within the program. The Clinical Director should review the program operation monthly to be sure cultural/ethical issues are addressed adequately.

C. CLIENT BILL OF RIGHTS: Enclosed in the inmate manual is a client bill of rights. This document speaks to the need to treat all inmates with dignity and respect. It also highlights what the inmate can expect in regards to their treatment. All program staff need to read and familiarize themselves with this document. Inmate participants should sign a form that indicates they have read and understand the client bill of rights.

D. GRIEVANCE PROCEDURE: The inmate manual discusses the inmate grievance procedure. The Department of Corrections grievance procedure will be followed. Inmates are encouraged to attempt to resolve the grievance with program staff before following the more formal grievance process.

E. MEDICATION PROCEDURES: The TIER 2 program will dispense no medications to inmate members. Any need for medication by the members will be handled by the medical staff of the institution following already existing institutional procedures.

F. HOW TO WITHDRAW FROM THE MTC: An inmate may submit a request in writing to voluntarily withdraw from the MTC at any time during his or her stay. Program staff will respond to

the request, arranging withdrawal within forty-eight hours if necessary.

The purpose of such a procedure is to structure in a delay of immediate gratification in the event that the inmate requests to leave impulsively -- out of anger, frustration, fear, etc. This will give program staff an opportunity to address relevant issues and perhaps retain the inmate as a member, if appropriate.

Within 48 hours of the request to leave, the Clinical Director or designee will meet with the inmate to review the request. If the decision is made to leave, then classification will be notified.

G. ALUMNI MEETING: When a large number of TIER 2 alumni remain in the institution, it is suggested that an alumni meeting be held at least two times a month. One of the counselors could serve as a sponsor for this group and the peer facilitators could assist at the meetings. Such a meeting would provide continued support to those inmates interested in continuing to remain drug free and interested in seeking continued assistance with their relapse prevention plans.

H. POLICIES AND PROCEDURES: Each TIER 2 program should develop their own set of operational procedures and policies. These would supplement the MTC manual and would define specific issues regarding operation of that individual program. Also, such policies would insure compliance with the institutional and licensing rules and would help to guarantee consistent high quality treatment services.

I. LICENSURE: The Department of Corrections intends to seek HRS licensure for the TIER 2 Modified Therapeutic Communities. As a result, each program will be expected to operate within the rules of the license. These rules will be distributed when the license process is begun.

To comply with the rules each TIER 2 program will be required to set up a quality assurance program. This is a mechanism to insure that high quality treatment services are delivered. The Clinical Director will be responsible for playing a key role in setting up and maintaining the quality assurance program.

J. INCENTIVES TO PARTICIPATE: Each TIER 2 program should address the issue of inmate incentives to enter and remain as an active participant in the program. The safe environment of a TIER 2 facility will certainly be a major incentive as will the personal rewards of working towards and accomplishing a goal. Program activities such as day to day affirmations,

testimonials, house affirmation meetings and certificates of accomplishment reinforce the benefits of participation.

In addition to the above, programs need to be creative to develop incentives that encourage positive inmate involvement in the program. Some possibilities include: having inmates produce a video tape on the rewards of the program to be shown to all new admissions, emphasizing the role of the peer facilitator, exploring small privileges that can be granted to participants doing well in the program, considering the possibility of a special uniform for the program, and arranging for TIER 2 inmates to receive priority status for TIER 4 referral.

IX. CONFIDENTIALITY

Program staff will comply with Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2). A copy of these regulations is included in the Resource Guide. In addition, staff orientation procedures should include training in these regulations. Also all correctional officers and institutional corrections staff involved with the program must be trained regarding the limitations of these regulations.

It is important to realize that all clinical records and information about inmates in the program is confidential and thus cannot be discussed or released without following proper procedure. This information can be discussed among counselors in the program, however it cannot be discussed with correctional officers or other institution staff. There are four ways confidential client information can be released:

- inmate authorizes release in writing
- obtaining a court order
- to medical personnel in a medical emergency
- for purposes of research, evaluation or program monitoring

An essential component of the program is having the inmate member sign a release of information. This should happen within the first two days of orientation and should be obtained by the primary counselor. This release should authorize passing on information regarding participation in the program to classification. A sample release is included in the next section.

By law, inmates need to be informed of the confidentiality regulations and the protection provided to them. This information is included in the inmate manual. Inmate members will be expected to treat other members' disclosures with strict confidence. Education regarding this expectation will occur during the orientation phase of the TIER 2 program. During orientation each inmate will be asked to sign a form that verifies they have been informed of the protection offered by the confidentiality regulations.

Information on inmate progress in the program can only be released once the inmate has signed a release authorizing such. All client information released must be stamped with the following statement which prohibits re-release of the information:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2).

The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

The MTC will not be successful if treatment staff are perceived to be hiding client information from the institution. It is essential that treatment staff explain to the institutional staff the Federal Confidentiality Regulations, limitations of the regulations and how they can be operationalized to satisfy all parties.

X. FILES AND RECORD-KEEPING

A. POLICY: There will be a complete treatment record maintained on every inmate admitted to the program. This file will be separate and distinct from the Department of Corrections inmate jacket or psychological services records. As previously stated, due to the Federal confidentiality regulations, only the counselors will have access to these records. Peer facilitators, inmates, correctional officers, and others should not be allowed access.

B. PURPOSE OF THE RECORD: The record will provide sufficient information to accomplish the following functions:

- Provide a data base for the evaluation of program methods and counselor efficiency and effectiveness in the provision of services. Also it provides for the monitoring and evaluation of the quality and appropriateness of care.
- Serve as a means of communication between counselors, other treatment programs, and service systems, as appropriate.
- Facilitate counselor planning and structuring of his/her treatment efforts with the inmate member.
- Reflect the assessment and treatment management process and the problem-solving and decision-making processes used by program staff.

C. TREATMENT FILE: A separate file will be assembled on each inmate. The treatment file will include the following information:

- Assessment summary
- Psychosocial history
- Treatment plan (signed by client)
- Progress notes (signed and dated by counselor)
- Release of information (signed by client)
- Acknowledgement of rules and confidentiality (signed by client)
- Summary of treatment progress

Each MTC can either create forms to collect this data or can use the forms already developed by the local provider. However, the MTC should develop a written protocol on record-keeping that explains the purpose of the file, the information that must be included, the frequency for collection of information and the order in which the file will be set up.

D. PROCEDURES FOR RECORD-KEEPING: TIER 2 program treatment records will be kept separate from the inmate jacket. Both active and closed records will be kept at the correctional institution. All records will be kept in a locked file cabinet in the MTC program office. Closed records will also be maintained at the facility. Eventually the Department will set up a central repository where these treatment records can be stored.

MTC treatment records (both active and closed) will be accessible only to program staff and those programs or individuals for whom the inmate has signed a consent to release information form.

Progress notes on each client must be current and accurate. All contact in group, individual and family sessions should be recorded in the case notes.

All treatment files will be maintained by the Department for five years. Inmates who move from a TIER 2 program to another drug treatment program (TIER 3, 4, community based facility) can have information on treatment sent to the new program if an appropriate release has been signed.

The following forms and certificate should be utilized by all TIER 2 programs:

- TIER 2 Treatment Report - to be sent to classification summarizing progress/problems in the program.
- Rule/Confidentiality/Videotape Acknowledgement - verifies that the client has been informed of the program rules, has been notified of the confidentiality offered through the Federal regulations, and agrees to videotaping for clinical purposes.
- Confidentiality Release - this form authorizes the program to release confidential client information.
- Certificate of Achievement - awarded to all inmates who satisfactorily complete the TIER 2 program.

Copies of each of these forms is included for review and implementation.

**TIER 2 DRUG TREATMENT
REPORT**

Name _____ Inmate # _____

Institution _____ Race _____ D.O.B. _____

Date Entered TIER 2 _____ Date of Completion/Dropped _____

Summary of Progress in Program:

Special Difficulties:

Recommendations:

Counselor

Date

RULES, CONFIDENTIALITY, VIDEO TAPE ACKNOWLEDGEMENT

RULES

I have read the inmate manual to the Modified Therapeutic Community (TIER 2) Drug Treatment Program. I acknowledge that I have read the program rules and agree to abide by such.

Client

Date

CONFIDENTIALITY

The confidentiality of alcohol and drug abuse patient records maintained by MTC is protected by Federal law and regulations. Generally, MTC will not say to an outside source or person that an individual is receiving treatment within the program, or disclose any information identifying the individual as an alcohol or drug abuser unless:

- (1) The inmate consents in writing;
- (2) The disclosure is allowed by court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Any violation of the Federal law and regulations by MTC is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Federal law and regulations do not protect any information about a crime committed on program premises by an individual receiving treatment either at or against any staff member of MTC or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I have read this statement concerning the confidentiality of alcohol and drug abuse patient records and understand my rights as a client are protected by Federal law and regulations. I acknowledge that I fully understand these rights.

Client

Date

VIDEO TAPING

I understand that video taping of program activities is an essential component of the program. I also understand that these video tapes will only be used for program purposes following the confidentiality guidelines. Therefore, I agree to be video taped.

Client

Date

Witness

Date

RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize the
Name Of Inmate

Modified Therapeutic Community Drug Treatment Program (TIER 2) to release the following information for the purpose of verifying my attendance, participation and progress in the MTC:

- attendance in counseling
- participate in program activities
- level of involvement
- urinalysis results

This information can be released to classification staff, authorities at the institution and/or _____.

This consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance to it. This consent will expire 30 days from the date the inmate member leaves the program.

Inmate Signature

Date

Witness

Date

FLORIDA DEPARTMENT OF CORRECTIONS

Is hereby recognized for successful participation
in the TIER II Modified Therapeutic Community
Drug Treatment Program.

DIRECTOR

Substance Abuse Program

DATE

CLINICAL DIRECTOR

INSTITUTIONAL CONSIDERATIONS

MODIFIED THERAPEUTIC COMMUNITY DRUG TREATMENT PROGRAM (TIER 2)

INSTITUTIONAL CONSIDERATIONS

I. INTRODUCTION

Setting up a drug treatment program within an institution is a difficult task. The main concern of the institution is security for the inmate, other inmates, and for the general public. All aspects of correctional programming have to first address the security issue.

The main thrust of a treatment program is habilitation or rehabilitation. The goal of the MTC drug treatment program is to create an atmosphere where the inmate can assess their own drug use and criminal behavior. As a result of education, counseling and peer pressure the inmate is challenged to explore a drug free lifestyle. Through modification of behavior the drug free lifestyle is realized within the institution and ideally integrated into the inmates behavior upon returning to society.

Many instances can be documented where drug treatment programming was unsuccessful within correctional settings. In almost every case where programming has failed, a direct correlation can be made between the inability or unwillingness of the corrections and treatment staff to work together on developing and implementing a successful program. For such a program to be successful, treatment staff must understand that they are operating within an institution where security is the primary concern. The treatment program is the guest of the institution. The treatment program must be designed to fit into the daily, orderly and effective operation of the facility. At the same time the institution must do more than be tolerant of the treatment program. Unless the institution embraces the program and is willing to be a flexible and willing participant, then success will be limited.

This section of the manual will discuss issues that must be addressed between the administration of the institution, security, and the treatment staff. It is believed that these issues have the most potential for conflict as the Modified Therapeutic Communities are being developed. Only proactive discussion and problem solving will assure an orderly implementation of the drug treatment program within the institution. Each potential area of conflict will be discussed and then a series of steps to help clarify and resolve the issue will be presented.

II. RELATIONSHIP BETWEEN CORRECTIONS AND COMMUNITY DRUG TREATMENT PROGRAMS

The MTC is designed to utilize a combination of correctional counselors and counselors from community based drug programs who are under contract to the Department of Corrections. These two sets of counselors will form the core of the treatment team. This arrangement demands careful and adequate planning to assure that potential conflict points are discussed prior to program implementation. Some of the issues that must be addressed are who is in charge, who makes the clinical decisions, who communicates with classification, and how will the day to day activities be handled.

The plan for the management of the program assumes that the Administrative Liaison (DC employee) and Clinical Director (community program employee) are peers. As a team of two, these individuals will make decisions regarding the day to day operation of the program. The Administrative Liaison will be responsible for all institutional concerns (rules, scheduling, facilities problems, etc.). The Clinical Director will be the lead staff from the community based program and will be responsible for scheduling of counseling, quality of treatment, inmate phasing, quality assurance, etc. These two individuals will consult each other before making decisions. In this configuration the remainder of the treatment counselors, both employed by the Department and the community drug programs, will be supervised by these two individuals and will answer to each depending on whether it is a treatment or administrative issue.

The correctional officers assigned to the unit will be responsible for security and will be an important part of the treatment team. Success of the program is dependent on security remaining the number one concern. At the same time security must be invested in that program so they can let it operate openly and fluidly. As treatment staff will need to learn the rules, security will need to distinguish between the anger in an encounter group versus anger from a potentially violent situation. Correctional officers assigned to the program should be trained in program concepts and should be interested in assisting the treatment goals.

Finally, open communication is a key to the success of the MTC. Program staff need to constantly communicate the goals, design and activities of the program to all institutional staff involved with the program.

Some of the steps to follow in facilitating the effective management of the program include:

- Determine who in the institution has been assigned the overall responsibility of supervising the drug treatment program.
- Identify the Administrative Liaison.
- Identify the Clinical Director.
- Determine the responsibilities and activities of the Administrative Liaison.
- Determine the responsibilities and activities of the Clinical Director.
- Identify the Chief Correctional Officer responsible for the unit.
- Hold weekly MTC staff meetings. Invite the assigned correctional officers to the non-clinical portions of the staff meeting.
- Determine how often the program will be reviewed by the Executive Director or supervisor at the community drug treatment program.
- Determine what is the relationship to medical services.
- Determine if there are certain reports the treatment program must submit to other facets of the institution (medical, classification, security, etc.).
- Clarify what the Superintendent wants to know about the program.
- Clarify the formal lines of communication to the Superintendent.
- Clarify the lines of authority between the MTC staff and the central office of the community drug program.

III. STAFFING ISSUES

Staffing is a key to the success of the MTC. It is essential to determine what qualities are necessary in order to be an effective counselor within the unit. Ideally the counselor must be trained in addictions and effective counseling techniques for addicted inmates. All counselors should be required to have a degree in the social sciences (social work, psychology, etc.) and/or documented training in addictions and therapeutic community work. It will be easier for counselors to learn how to operate within an institution than someone who knows the institution trying to learn how to do counseling. The success of the program is dependent on the counselors operating a complete therapeutic community treatment regimen.

The community programs must be sensitive to the operation of the institution when hiring employees to work in the MTC. These individuals will be working full time in the institution so the program must be careful to select someone who can work comfortably within that environment. Also the new employee must be able to blend into the institution so someone who chooses to be radical in their dress, length of hair or beard, or mannerisms would not fit easily into this situation. The employees appearance or manner should not cause so much attention that it affects the operation of the MTC or cooperation with the institution. It is suggested that community based treatment staff follow the same dress code required of DC staff.

One discussion point is how to best use recovering individuals and/or ex-felons to work in the MTC. Often recovering individuals or individuals with a law violation in their background are very effective counselors for they share similar life experiences with the inmate and can be more in tune with the games played as part of the recovery process. Individuals applying for either the corrections or community based counselor positions should not be automatically disqualified because of their background. Rather the institution and treatment program needs to evaluate what contribution that individual has made to society. A rule of thumb would be to look for at least three years of positive recovery before hiring an individual to work in the MTC.

This program demands a close working relationship between the corrections and community treatment counselors. Again, the quality of that relationship and the ability to work together will dictate the success of the MTC. Both the institution and community based agency might consider asking each other to be an active participant in the selection of their counselors to work in the MTC.

As full time employees, the community based counselors will need easy access to the institution. These individuals need to be able to move in and out of the institution as any DC employee might. An identity card or similar mechanism may help this to happen without delay.

A final staffing issue is clerical support. Presently there is no clerical support provided to the MTC. The program will need to negotiate with the institution on how to get necessary clerical duties accomplished. One possibility might be to use inmate members as clerks. Another possibility might be to use the clerical support in classification or some other office within the institution. How this would be accomplished should be determined prior to operation of the program.

There are several issues that should be answered that relate to staffing of the MTC:

- Determine the qualities to look for in the applicants for counselor.
- Set up a mechanism where institution staff can participate in interviews for the community program counselors.
- Set up a mechanism where the Clinical Director can participate in interviews for the Department's counselor positions.
- Determine if there are special concerns regarding dress or appearance.
- Determine if there are special concerns regarding hiring recovering individuals or ex-felons.
- Clarify how the community program drug counselors will get in and out of the institution.
- Determine if the community program drug counselors will be supplied identification cards.
- Clarify who will provide clerical support to the TIER 2 drug program.

IV. PROGRAM FACILITIES

As in any educational or vocational program, a treatment program needs adequate space within which to operate. The Modified Therapeutic Community has distinct space needs. Each day begins with a morning meeting for all inmates in the program. Thus a room which holds anywhere from 30-50 inmates needs to be available to house this activity. Group counseling is an important program activity. Ideally two group rooms should be available which can accommodate 10-15 individuals at a time. Another key ingredient of the program is educational seminars. A meeting room where these seminars can be held must be secured. Due to the intensity of the program, a location should be designated where the inmate can sit quietly for reflection, homework or a simple break. Finally, individual counseling services will be provided. Thus, locations to accommodate this counseling must be made available. Also, both the Federal confidentiality guidelines and the operating procedures of the program require that treatment files on each of the inmates be kept in a secure and locked file cabinet. Space to accommodate these files is essential.

In setting up the treatment program the institution and treatment staff must meet to determine where the program will be operated. Steps in this process include:

- Determine the facilities that will be used for the program.
- Determine where daily morning meetings will be held. How many inmates can be accommodated?
- Determine where the educational seminars will be held. How many inmates can be accommodated?
- Determine where group treatment will be held.
- Determine at what times each of these rooms are available for program activities.
- Make sure rooms to be utilized allow privacy for the treatment group in session.
- Set aside a designated quiet space for the inmate.
- Determine where the file cabinets and client records will be stored.
- Determine where program videos, video equipment, books, manuals and other program materials will be stored.

- If all of the above space is not contained within the designated dorm or wing, answer how inmates will be moved from one building to the next.
- Be sure there is adequate correctional officer staffing to insure fluid movement of the inmates.

V. INMATE AVAILABILITY

Participation in the MTC drug treatment program is intended to be a full time program assignment for the inmate. As in any other full time assignment, the inmate will be expected to participate fully in the program for the eight weeks they are assigned to the MTC. This will limit their ability to be assigned other duties at the institution. Also, this will preclude them from participating in educational and vocational activities while they are in the drug treatment program.

The drug treatment program intends to maintain daily a full compliment of inmates participating in the program. This will demand active participation with classification to assure that new inmates can move in whenever others complete the program or leave for other reasons. It will be dependent on the treatment staff to keep classification aware of completion dates so that replacements can be moved in easily and expediently.

Another issue to be resolved is how inmates who have broken program rules or no longer want to participate can be removed from the program. An inmate who is no longer involved or is disruptive can be a negative influence on the entire treatment process. Correctional and treatment staff must address how this particular inmate will be moved back into the general population. Also the program needs to develop discharge criteria that clearly define requirements of participants and how and when an inmate will be terminated for non participation.

Some steps to follow to assure inmate availability include:

- Determine if there are problems with the MTC being a full time program assignment for the inmate.
- Determine who needs to be notified and how this notification will take place if a vacant bed is/will be available.
- Clarify how much notice classification requires in order to fill a vacant bed.
- Clarify what procedures will be followed to notify classification that an inmate(s) will soon be completing the program.
- Determine what information classification needs to assist in making a decision where to re-assign the inmate.
- Determine if classification wants more information than presently available on the TIER 2 Treatment Report.

- Clarify when classification will need this information in order to aid the reclassification decision.
- Determine the procedure and time frame that will be used to transfer inmates who no longer want to participate in the program.

VI. PROGRAM RULES

A series of program rules have been established to govern client behavior while in the TIER 2 drug treatment program. The rules are listed in the program description section of this manual. Each inmate will be required to read the rules and sign a form indicating they have done such. Inmates will be required to obey the rules of the institution. It is intended that the Department Rules and Inmate Discipline (Chapter 33-22) procedures will be adhered to.

It is important to realize that part of recovery (drug free lifestyle) involves dealing with the potential for relapse. Drug treatment programs know that clients will break rules, test limits and take risks, for this is the behavior that got them in trouble in the first place. The MTC will use violation of minor infractions as an opportunity to teach the negative consequences of inappropriate behavior. Treatment staff will maximize such opportunities for client education.

It is hoped that the treatment and security staff can collaborate to develop a strategy for handling behavior problems within the program. This will assure maximum benefits gained within the eight weeks.

The following steps should be followed in resolving how rule infractions will be handled:

- Train all drug program staff in both the institutional and DC rules.
- Inform all inmates of the institutional rules.
- Inform all inmates of the drug program rules.
- Discuss how correctional officers and treatment staff will handle violations of the rules.
- Clarify what role the treatment staff play in writing or participating in a Disciplinary Report (DR).
- Determine what happens if an inmate breaks a rule, both serious (possession of drugs) and minor (getting angry at the counselor) rules.

VII. INMATE TREATMENT RECORDS

A separate inmate treatment file system is being set up and is an essential component of the MTC. Included in the file will be a social history, information on prior treatment, a treatment plan, counselor notes and the necessary forms (confidentiality, acknowledgement of rules, etc.) signed by the inmate. In order to comply with the Federal regulations on confidentiality of drug and alcohol patient records, these client files will be confidential with access limited to the treatment counselors. In addition, the files must be kept in a secure location such as a locked file cabinet.

A protocol for file maintenance should be developed by each of the treatment programs. The protocol must address who will assemble files, where will they be stored, who has access, how does a treatment counselor sign out a file, what happens with the file once an inmate is terminated, what forms/information must be in the file, how does one respond to a request for information, what information is sent out on client progress in the program.

The following will help insure effective procedures regarding file maintenance:

- Clarify who has access to the drug treatment files.
- Create a policy that the inmates cannot handle the treatment files.
- Secure a locking file cabinet and determine who will have keys.
- Determine where the files will be stored.
- Write a protocol for treatment records maintenance.

VIII. TRAINING

Training is a key component of the MTC. All treatment staff must be trained in DC procedures, security, handling disruptive inmates and similar topics. It is recommended that the contract staff from the community drug agencies participate in the same 40 hour orientation and other training that correctional and other institutional staff participate in. In addition these counselors need orientation to the unspoken rules of working in an institution such as dress code, touching inmates and similar topics.

Simultaneously the correctional counselors and correctional officers supporting the unit would benefit from a working knowledge of addictions and the fundamentals of effective treatment. It is recommended that each correctional officer, correctional counselor and classification contact be provided the opportunity to participate in a community based therapeutic community for at least one day in order to experience that modality of treatment.

To insure an effective training program, the following steps should be followed:

- Require that all community drug treatment counselors participate in the 40 hour DC institutional orientation.
- Require community drug counselors to participate in other relevant training required of DC staff.
- Establish a policy that all correctional officers assigned to the program and classification staff spend at least one day at a community based therapeutic community.
- Set up a means to train correctional officers, classification and other institutional staff in addiction treatment issues including understanding addiction, denial, relapse prevention and effective interventions with this population.

INMATE HANDBOOK

MODIFIED THERAPEUTIC COMMUNITY

TIER 2

INMATE HANDBOOK

I. INTRODUCTION

This manual describes for you the operation of the Modified Therapeutic Community (MTC) Drug Treatment Program. It is designed to provide a:

- Description of the program
- Description of the activities in which you will participate
- Understanding of your role in the program

The program was designed with you in mind. The goal is to assist you in visualizing and living a drug free lifestyle. There will be a direct correlation between the energy you put into the program and the knowledge you gain. You are encouraged to be active and involved member of the Modified Therapeutic Community Drug Treatment Program.

II. MISSION STATEMENT

The mission of the Modified Therapeutic Community (MTC) is to decrease drug use and drug related crime. Also the goal is to assist you in social and psychological adjustment towards a healthy lifestyle. This adjustment may include eventual employment, school involvement, increased good feelings about self, a decrease in uncontrolled anger, depression or other emotions, and less defensiveness and denial of problems.

Individuals involved in a drug lifestyle need support and assistance to change. Drug treatment has been proven to be a valuable tool to assist in that change. The longer one is involved in treatment, the better the chances of living drug and crime free once back in the community.

The goal of the Department of Corrections drug treatment program is to provide assistance in the above. Hopefully as you benefit from the program, motivation to move from one level of services (TIER) to the next will increase. The Modified Therapeutic Community (TIER 2) should serve as a starting point for longer term follow up treatment and/or self-help involvement in the community. Such follow up treatment or self-help involvement may include outpatient drug treatment, community based therapeutic communities, AA/NA, or other treatment or support programs which encourage abstinence and commitment to a non-drug, non-criminal lifestyle.

As a participant, you will be given direct assistance in learning how to live drug free. It will be an opportunity to practice ones relapse prevention plan and learn to live a happy and satisfactory life without having to turn to drugs or alcohol for this satisfaction.

III. PHILOSOPHY OF TREATMENT

Substance abuse is viewed as a disorder of the whole person, affecting some or all areas of functioning. These may include behavioral problems, confused values, deficits in educational or occupational skills, moral or spiritual problems, and/or family difficulties.

The philosophy of this program is that recovery is possible- it has a cause, course and predictable outcome. Recovery is not just abstinence, rather it involves learning to live comfortably and enjoyably as a sober, productive member of the community. It involves learning how to work, develop personal relationships, strengthen family ties, practice positive leisure activities, all without the need for or use of drugs.

The MTC Drug Treatment Program uses traditional educational and counseling techniques. High expectations and high commitment from both inmates and staff support the positive change encouraged in the counseling. Insight into one's problems is gained through group and individual counseling. Learning through experience, failing and succeeding and experiencing the consequences, is considered to be the most potent influence toward achieving lasting change.

The following principles guide this treatment philosophy:

- Every participant, regardless of their circumstances, degree or type of addiction and/or extent of his or her emotional disturbance, is considered to be a person of worth and value.
- Treatment is voluntary. You cannot be forced to learn or grow - it's your choice.
- Change comes as a result of action. It is important that you become an active participant in the program.
- Effective treatment of the inmate addict involves restructuring of his or her view of the world.
- The movement toward recovery is possible for anyone at any time with no greater prerequisite than a sincere desire to change.

IV. GENERAL PROGRAM DESCRIPTION

The MTC (TIER 2) treatment program is an 8 week, residential, modified therapeutic community housed within a correctional setting. Participants in this treatment program all have a serious substance abuse problem and have volunteered to participate.

The first week of the program will consist of intense orientation to the treatment program and to the recovery process. It is important for participants to distinguish dysfunctional from functional behavior and recognize that substance abusing behavior is a significant cause of life problems. For example, many offenders commit crimes while under the influence of substances, many have difficulty holding jobs or maintaining relationships as a result of substance use, and so on.

The next six weeks of the program is the intensive treatment phase that produces constructive insights and changes in behavior, including improved self-esteem, enhanced control of excessive emotionality and impulsivity, acceptance of ones inability to use substances, plans for vocational and/or educational involvement, plans for relapse prevention including recognition of the need to continue in treatment or with self-help groups beyond the MTC. The three major learning themes addressed during the treatment phases are (1) addiction education, (2) life management skill building, and (3) relapse prevention. Role modeling and continuity will be provided through the use of peer facilitators, who are inmates selected by program staff as good role models for new participants.

The final week of the program will be preparation for re-entry into the prison environment, a community correctional center or the community, as appropriate. A major theme will be the implementation of each participants individualized relapse prevention plan.

V. MAJOR PROGRAM RULES

1. Comply with all rules of the Institution.
2. Remain drug and alcohol free, including other substances that might affect mood.
3. No violence or threats of violence will be allowed.
4. No sexual activity will be allowed.
5. Attendance is required at all therapeutic and/or other program activities.
6. Inmates moving between facilities (i.e., dorm and treatment building or dining hall) must be accounted for.
7. No racial, ethnic, or sexual slurs will be allowed.
8. Inmates will follow program confidentiality guidelines.
9. No theft. Respect other's property.
10. No gambling.
11. No possession or use of weapons.
12. No criminal activity.

IN ORDER TO PARTICIPATE IN THE MODIFIED THERAPEUTIC COMMUNITY, THERE MUST BE THE FOLLOWING:

1. Some degree of willingness on the part of the resident to no longer continue their former lifestyle.
2. Some willingness to participate in a dialogue to discover new or different ways of behavior.
3. Some commitment to try out new or different ways of behavior, even when this feels strange, different or even useless in the beginning.
4. Some degree of openness to trust others and to believe that staff or other supportive persons have some beneficial lifestyle or skills to offer.
5. The determination to live in the MTC and to actively work toward the goals defined by the drug treatment program.

Confrontations do not mean someone is out to get you, but merely trying to help you. If you do not understand what a confrontation is, then get with staff or older residents so that there will be an understanding between you and other residents and staff.

VI. RULES FOR GROUPS

While every person is unique, many similarities are shared with each other. In group, participants learn by sharing their own experiences whether they are good or bad. Group members also learn they are not alone in their personal struggles. With the help of the group, recognizing, understanding and hopefully resolving certain problems is possible. The following are some basic ground rules that govern group sessions:

1. Only use personal pronouns when speaking, (i.e., I, me, my, mine).
2. Listen attentively to everyone who shares.
3. Be as open and honest as you can while being sensitive to the needs of others.
4. Keep your attention on the "here and now".
5. REMEMBER: What is said in group stays in group.
6. Familiarize yourself with the rules that apply to group and abide by them.

VII. CLIENT BILL OF RIGHTS

As a recipient of services from MTC, you are guaranteed certain basic rights. It is imperative that you know and understand these rights. Program members have the right...

1. To be treated with dignity and respect.
2. To meet with your counselor, and other staff members, with reasonable notice, to discuss your treatment plan and treatment progress.
3. To know the potential implications of your treatment plan.
4. To develop the treatment plan conjointly with your therapist.
5. To know the rules and policies that you will be expected to observe.
6. To have all records and other information concerning your participation in the program held in strict confidence in accordance with Federal regulations.
7. To refuse treatment or to leave the program.
8. To seek remedial action if you believe any of these rights have been violated, by following the Department of Correction's grievance process.
9. To have your religious beliefs respected.

VIII. DESCRIPTION OF ACTIVITIES

As a participant in the Modified Therapeutic Community treatment program, you will be involved in a series of structured activities. Listed below is a brief description of each activity you will participate in:

Morning Meeting - First group meeting of the day used for announcing daily schedule, inmate appointments, learning experiences, and general announcements. This group is usually run by a senior inmate member of the treatment community.

Seminars - These special learning sessions can be presented by staff or inmate member on appropriate topics. An example of seminar topics might be:

- forgiveness
- resentments
- personal responsibility

Individual Counseling - Individual counseling used to explore problems, feelings, attitudes, and behavior.

Group Counseling - Inmate member will participate with eight to ten other inmate members. Designed for group exploration, these groups usually have a very high expectation of involvement and participation.

Family Contact - Designed to help family members learn what issues are involved in chemical dependency. Topics include enabling and personal growth issues.

Special Groups - These groups, i.e. men's group, women's group, black group, hispanic group, are used to explore special issues.

Encounter Groups - These groups are to help the program community resolve conflicts and work with problems that individuals are having in the program. Focus is on the individual changing behavior.

Large Accountability Group - This group is used by the entire community to assist the inmate member who has violated a major rule.

Affirmation Group - This acceptance group occurs at the end of orientation and affirms the inmate member's group membership. It uses self-disclosure and mutual help as therapeutic strategies.

House Theme Group - These are various topic oriented groups. Examples include communication skills, social skills, grief and loss, etc. These groups use inmate's life experiences to emphasize the theme.

Intervention Groups - Several staff and member inmates gather to use "caring confrontation" to help a fellow inmate member through a difficult problem.

AA/NA Meetings - These fellowship meetings provide support and positive encouragement to live a drug free lifestyle.

Work Detail (internal) - Daily job assignment to insure order, cleanliness of facilities and neat appearance. Each inmate member will have a distinct job responsibility.

Work Detail (external) - Large group activity that will benefit the institution. Possibilities include painting detail, policing the grounds, landscaping, etc.

Wrap Up House Meeting - Daily meeting to finish program activities and summarize what took place during that day.

Exercise - Each inmate will participate daily in an exercise program.

Public Service - A contribution to the benefit of the community at large and links the inmate with their role as a contributing member of society. Possible structured activities include preparing a mailing for non-profit organization, create crafts for sale by non-profits, other activities to benefit a charity.

IX. WORK ASSIGNMENTS

All program participants will be assigned a work detail while in the MTC. You will be expected to participate in the detail daily and satisfactorily fulfill your assignment. Jobs are assigned on a hierarchy system. New residents begin with the cleaning details. As you get involved in the program and assume more responsibility, you will be assigned a job with greater responsibility and authority.

Following is a listing of a variety of job assignments.

INMATE MEMBER JOB DESCRIPTIONS

Orienter - The orientor helps new inmates get adjusted to the program. He/she reviews rules, client expectations, and the schedule with all new inmates entering the program.

Phone Monitor - This inmate coordinates phone privileges at appropriate times for inmates in the program. This inmate member monitors permission slips for phone use and the length of the phone call.

Room Inspector - This inmate performs room and bed inspections. If there is a messy personal area, this inmate member is responsible for reporting such.

Librarian - This position maintains all the books and materials in the library, records new books and magazines and facilitates inmate use of these materials.

Tutor - This position assists with reading assignments and homework.

Secretary - This inmate member takes notes at all house meetings and supplies information regarding previous group decisions from his/her notes.

Maintenance - This inmate member is responsible for making sure the program has all cleaning supplies, toilet items and other necessities.

T.V. Monitor - This inmate member is the only one permitted to operate the television.

Seminar Leader - This inmate member is responsible for scheduling seminars and assisting those inmate members giving the seminar.

Group Facilitator - This inmate member is responsible for assisting with particular groups/seminars as assigned by staff.

Coordinator - This inmate member is responsible for overseeing program activities. They call roll, announce appointments and help facilitate the committee of residents responsible for learning experiences.

Residents Committee - This group of residents are responsible for changes in schedule, learning experiences, reviewing job changes and recreation activities.

Expeditor - These members obtain information about conflicts, problems and rule violations and bring these problems to group.

X. CONFIDENTIALITY

As a participant in the MTC, a treatment file will be created which will contain an individualized treatment plan and counselor notes on your progress within the program. The information in this treatment file is protected by Federal confidentiality law and regulations. Generally, treatment staff of the MTC will keep this information confidential and will not share it with prison officials or other inmates.

Confidential information can be released in one of the following four ways:

1. The participant consents in writing to the release
2. The disclosure is allowed by court order
3. The disclosure is made to medical personnel to deal with a medical emergency
4. The disclosure is part of research, a program audit or program evaluation

All TIER 2 participants will be asked to sign a release so that progress in the program can be released to classification for progress review and reassignment determination. This release is an integral part of the treatment program.

Federal law and regulations do not protect any information about a crime committed while in the program by an individual receiving treatment at the program. Also, crimes against a staff member of the program or a threat to commit such a crime is not protected.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Any violation of the Federal law and regulations by counselors and staff is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations (42 CFR Part 2)

XI. ADDITIONAL PROGRAM CONSIDERATIONS

Discussed below are additional areas of concern for consideration by program participants:

A. GRIEVANCE PROCEDURES:

Any inmate who has a complaint about the program can follow the established Department of Corrections grievance procedures. Initial attempts to solve the grievance must be with program staff, particularly the Clinical Director.

B. DISCIPLINE:

Program rules do not replace institutional rules. All institutional rules will be adhered to. In this regard the Department of Corrections policy on Rules and Discipline (Chapter 33-22) will be followed.

C. WITHDRAWAL FROM THE MTC:

Inmate participants who decide they no longer want to participate in the program must request in writing to be removed. Once the request is made the individual will have a 48 hour waiting period to reconsider the decision. In the 48 hour period the inmate will meet with his/her counselor and the Clinical Director or their designee to discuss why he/she no longer wants to participate. If at the end of this period the individual still wants to leave, then he/she will be transferred back into the main population of the institution. Classification would be notified of the decision to no longer participate.

ADDITIONAL MATERIALS

The following information should be added to the inmate handbook before it is assembled. This information should be specific to the individual TIER 2 program. Once this information is added, the inmate manual can be stapled down the side and utilized with each inmate. Information to be added includes:

- Program Schedule
- Special Program Rules/Instructions
- Listing of Staff
- Procedures for phone, canteen, visitors, mail, roll call, sign in/out, money, hygiene, etc.
- Other important information that should be conveyed to inmate members.