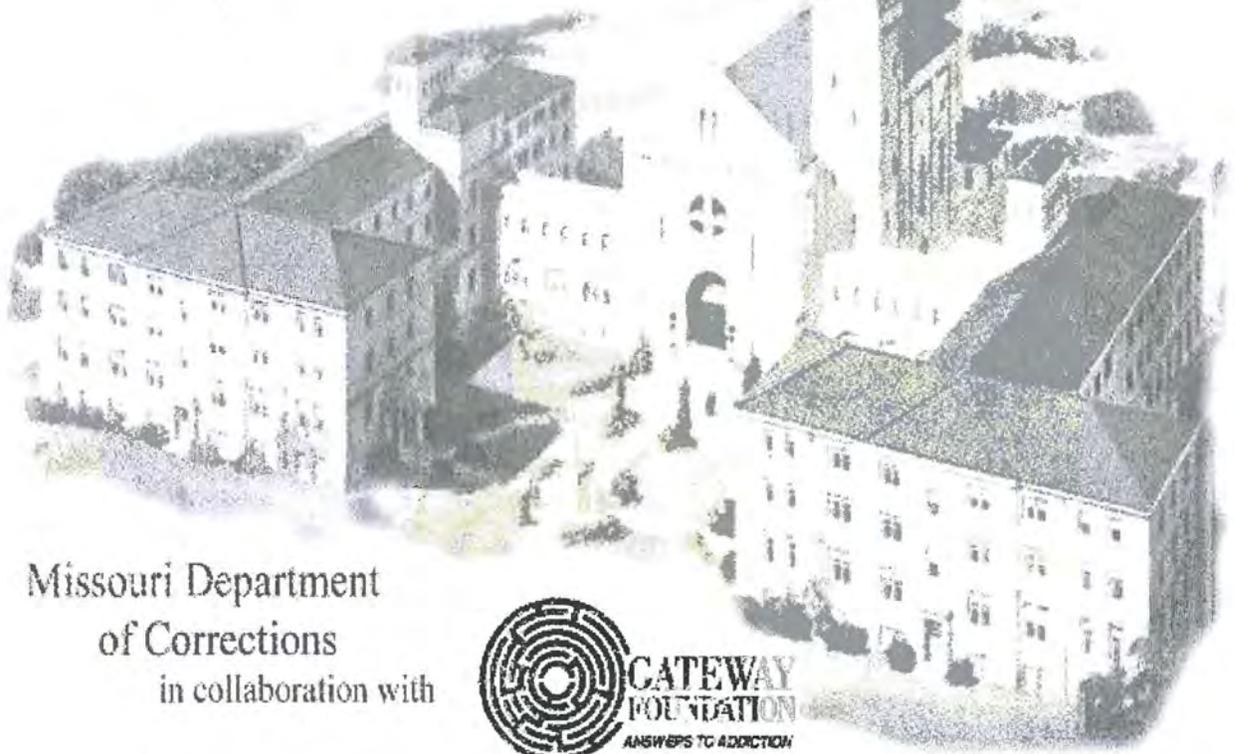


# Maryville Treatment Center



Missouri Department  
of Corrections  
in collaboration with



Treatment Program certified by Missouri Department of Mental Health, Division of Alcohol and Drug Abuse, Certificate No. 404432487

## Therapeutic Community Program Handbook

January 2012

### **Mission**

*To return recovering offenders to society  
as productive, responsible and law-abiding citizens*

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This Handbook describes how the Therapeutic Community developed by Maryville Treatment Center in collaboration with Gateway Foundation works and what you will need to do to complete treatment successfully.

## Therapeutic Community Philosophy

### Why Are We Here?

We are here because there is no refuge, finally, from ourselves. Until a person confronts himself in the eyes and hearts of others, he is running. Until he suffers them to share his secrets, he has no safety from them. Afraid to be known, he can know neither himself, nor any other; he will be alone.

Where else but in our common ground can we find such a mirror? Here, at last, a person can appear clearly to himself, not as the giant of his dreams, nor the dwarf of his fears, but as a man, part of a whole, with a share in its purpose. In this ground, we can each take root and grow. Not alone anymore as in death, but alive to ourselves and to others.

**TODAY, DRUG FREE AT MTC!**

## The Meaning of the MTC Philosophy

We are here because there is no refuge, finally, from ourselves

*We are running from ourselves and we have nowhere to hide anymore. Our main "hiding place"—in our drugs and/or alcohol—is not working anymore. We are open and can hide no more.*

Until a person confronts himself in the eyes and hearts of others, he is running

*We must be willing to stop trying to hide—to face ourselves as others see us.*

Until he suffers them to share his secrets, he has no safety from them

*A secret is a danger to us—we can be hurt if others find out. However, if we share our secrets, they can no longer hurt us; they are no longer a danger to be used against us.*

Afraid to be known, he can know neither himself, nor any other; he will be alone

*If we can't be open and honest with others, they cannot know us, and we will not know our real selves. We will be alone with no one to turn to for help.*

Where else but in our common ground can we find such a mirror?

*We are all the same. I am no better than you, and you are no better than me. We are here in the TC, and I can see myself in you and you can see yourself in me.*

Here, at last, a person can appear clearly to himself, not as the giant of his dreams, nor the dwarf of his fears, but as a man, part of a whole, with a share in its purpose

*The giant is the person we thought we were in our addiction. The dwarf is us in withdrawal. The man is the real us—clean and sober. To find this man, we must be a part of this Therapeutic Community—invest in it with our caring, for ourselves and each other.*

In this ground, we can each take root and grow. Not alone anymore as in death, but alive to ourselves and to others

*We can invest and grow as men, as our Therapeutic Community will grow. As part of this TC, we become alive and honest to ourselves and to others.*

## A LETTER from the STAFF

### Welcome to Maryville Treatment Center

This program was designed with both you and your recovery in mind. The goal is to assist you in learning to live an alcohol and drug-free lifestyle. We will assist you in treating your "whole person," for example, socially, psychologically, spiritually, etc. This will help you achieve a healthy lifestyle in recovery. However, you get out of the program what you put in; the harder you work and more you share, the more personal growth and lifestyle changes will occur. You are expected to be an involved member of the Maryville Treatment Center Therapeutic Community.

We challenge you to be different, especially different from the past. A true measure of an individual's life is the courage and determination to make difficult, but positive change. This program serves as the beginning for self-help involvement that will continue with follow-up treatment in the community. If you are able to achieve and maintain an alcohol and drug-free life, then your chances of returning to prison are greatly reduced and your future as an active and productive member of society and in your family is highly likely. The philosophy of this program is that *recovery is possible – it is a process*. Recovery is not just abstinence, but it involves learning to live comfortably and enjoyably as a productive and responsible member of society. It involves healing your person as a whole, through learning to work, developing personal relationships, strengthening family ties, practicing positive leisure activities, and developing spiritually, all without the need for, or use of, mood-altering chemicals.

Learning through experience, failing and succeeding, all while experiencing rewards and consequences, is important in achieving lasting change. Those who do recover are only able to do so by asking and accepting genuine help from other recovering individuals, which can be overwhelming in the beginning. Hold on for the journey that awaits you. If you are able to be honest with yourself and others, if you will learn to appropriately express your feelings and be willing to give and receive feedback, if you will dedicate yourself to an alcohol and drug-free lifestyle and to help those who are suffering with similar problems (being your brother's keeper); then, you will be setting a solid foundation for your life long recovery. Respected by yourself, your family, and your community, you will no longer be a part of the problem, but part of the solution.

Change comes as a result of action. It is important that you become an active participant in the program. Every participant, regardless of the circumstances, is considered a person of worth and value. Recovery, and all its benefits, is possible for anyone at any time, with no greater requirement than a desire to change. We welcome you to our "family" and hope that your stay at MTC is filled with limitless possibilities of reaching your goals of a sober, crime-free lifestyle.

Welcome to Maryville Treatment Center – your "**gateway**" to change.

## **1. PROGRAM DESCRIPTION**

MTC is a modified Therapeutic Community with a total population of 525. We are dedicated to treating clients with a substance abuse problem. As a participant, you are expected to maintain a pro-social culture and assist each other in making positive change.

Within the structure of our TC, there is "no free lunch." In other words, "you will get out what you put in." A daily routine of structured meetings, groups, and activities are provided to promote trust, unity, sharing and caring amongst each other. Each client will be held accountable through receiving graduated interventions, acquiring responsibility, gaining recognition and receiving privileges, all determined by each client's actions, level of honesty, various observations and the overall quality of effort. The core theme of our TC is, "I am my brother's keeper." Each of you represent an "agent of change" with a vital role in each other's treatment through observation of behavior, degree of participation and extent of individual change.

The primary goal of our TC is to strive toward personal growth and to make positive change. These changes are achieved through positive affirmations, confrontation, and a variety of groups within the community.

Like any healthy city, our TC is based on a common philosophy, a shared belief system, privileges, rules and discipline.

Our TC holds four principles that support your successful membership in the community:

1. Discipline and self-restraint
2. Responsibility for your past mistakes and current choices
3. Realistic changes in your habitual thoughts, attitudes, and actions
4. Helping others learn to act with responsibility ("I am my brother's keeper")

Our TC promotes the concepts of "Right Living," They are as follows:

1. Focus on the "here and now"
2. Truth, honesty and integrity
3. Respect for self and others
4. Acceptance of personal responsibility for your own destiny
5. Acceptance of social responsibility
6. A moral code concerning right and wrong behavior
7. Trust of self and others
8. Dependability and responsibility
9. Good work ethic
10. Economic self reliance
11. Goal setting and follow through

## 2. PHASES OF TREATMENT

Our TC has three phases of treatment:

1. Orientation Phase
  2. Intensive Phase
  3. Re-entry Phase  
(If you are mandated for Long-term Treatment, you will participate in a fourth phase):
  4. Maintenance Phase
- PHASE I – Orientation Phase: You will become familiar with the TC environment and structure and learn how to properly fill out and submit written Pull-ups/Push-ups and Encounter Slips. In addition, TC terminology, principles, behavioral guidelines, rules and tools are taught. An extensive assessment will be completed that will identify your needs and these will become a part of your Treatment Plan.
  - PHASE II – Intensive Phase: You will attend structured educational classes and learn to identify those problem areas needing change in order to lead a substance and crime-free lifestyle. In addition, you will learn to develop your cognitive skills and identify your relapse triggers and warning signs, complete your Relapse Prevention Plan and a comprehensive Aftercare Plan focusing on your continuing care needs.
  - PHASE III – Re-entry Phase: During this Phase, the focus will shift and you and your counselor will begin creating a bridge from your present environment to living successfully on the outside. To assist you with these needs, you will attend structured educational classes.
  - PHASE IV – Maintenance Phase: You will attend structured educational classes and the focus will be threefold: a) to maintain the progress you have made, b) to demonstrate those relapse prevention and re-entry skills already learned, and c) to serve as a mentor, leader and role model for the new members.

You must demonstrate measurable progress within all the Phases in order to receive the privileges for the next Phase. Once you have completed the requirements and met the criteria for a Phase, you may apply to advance to the next set of Privileges. Once you have applied for advancement, your counselor and assigned floor Staff will review your application and you will be informed of the decision. In addition to the specified criteria, you will be evaluated in terms of your overall participation, attitude, accountability, responsibility and willingness to change problem behavior. If you fail to meet requirements/criteria, you will be told what you need to work on. In addition, if your request is denied, you must wait two weeks before re-applying for an advancement in privileges.

*\*\*Every offender is expected to participate in all treatment activities regardless of phase progress until they leave MTC.*

**A list of Privileges and the requirements/criteria for Privilege-Advancement are posted on your housing unit. If you have questions, ask your Big Brother.**

### **3. THERAPEUTIC COMMUNITY STRUCTURE and ROLES**

Throughout all phases, you will be given job functions in the TC structure. The best way for you to advance within this structure is to properly use the TC tools, be a positive role model and demonstrate accountability and responsibility for your choices.

#### **How it Works**

When you arrive, you will be assigned to a position on the Structure Board. You will be expected to demonstrate "mobility" within the structure positions.

*Staff, as rational authority, will have the final decision regarding job assignments.*

The following is a brief summary of each structure position:

#### **ELDER:**

*\*He must Exhibit Maturity and Integrity*

Elders are the most senior role model in the Family. They serve as a mentor/consultant – "the voice of experience" to others in their Family. They help train new structure members and assist existing structure board members to maintain consistency in performing all job duties on the floor. They assist the Family Coordinator in identifying problems in the floor's structure that may need Staff attention. The Elder may be required to act as any "open" structure board position. \*\*They may speak to those on a "Whisper" or "Silent" contract as needed.

#### **FAMILY COORDINATOR:** (Full-time Institutional Job)

*\*He must be a Positive Role Model – Exhibit Maturity and Responsibility*

Family Coordinators are at the top of the Family Structure. There is one Family Coordinator per floor. He is "senior to" but not "over" any other Coordinator. They oversee the operations of the entire floor, sit on the TPR Panel (as needed), maintain proper chain of command and meet daily with Clinical Staff assigned to the floor.

#### **CHIEF EXPEDITOR:** (Full-time Institutional Job)

*\*He must be a Positive Role Model – Exhibit Maturity, Patience and Responsibility*

Chief Expeditors are responsible for time, movement and structure during all activities, are accountable to report problems to the Family Coordinator, to consistently communicate with clinical staff assigned to the floor, to administer "spoken to's" and to sit on the TPR Panel. They schedule and oversee all work assignments of the L.E. Expeditor and other Expeditors. In the absence of the Family Coordinator, he is expected to act in his capacity.

#### **PROGRAM SECRETARY:** (Full-time Institutional Job)

*\*He must be a Positive Role Model – Exhibit Initiative, Ability to be Discreet and Attentive to Detail*

Program Secretaries report to the clinical staff assigned to the floor and the Family Coordinator and work in close cooperation with the Chief Expeditor and the L.E. Expeditor. They are responsible for planning future structure board needs, for completing or delegating all record keeping, for tracking dot changes and job applications, for Privilege Advancement requests and Privilege Advancement denials and for posting memos etc. and updating Bulletin Boards.

L.E. Expeditor: (Full-time Institutional Job)

*\*He must Exhibit Assertiveness Skills, Healthy Boundaries and Willingness to Use TC Tools*

The L.E. Expeditor assists the Chief Expeditor as needed, develops, tracks and verifies (at direction of Staff) all learning experiences. They are expected to address those who have not completed their Learning Experiences within the required time frames or have somehow dishonored their Learning Experiences.

Department Coordinator: (Full-time Institutional Job)

*\*He must Possess Leadership and Management Skills and have the Ability to Motivate Others*

The Department Coordinator reports directly to the Family Coordinator. Their overall responsibility is to the efficient and effective functioning of their Department and assigned Department Heads.

Department Head:

*\*He must Exhibit Positive Leadership Qualities and Willingness to Assume Responsibility.*

Department Heads report directly to the Department Coordinator. They are responsible for the daily operations of their assigned Department and for ensuring that all responsibilities are met.

Department Ramrod:

*\*He must Exhibit Positive Leadership qualities and Willingness to Assume Responsibility.*

Department Ramrods report directly to their Department Head. Ramrods are responsible for the duties and the actions of their crew.

Crew Member:

*\*He must Exhibit a Willingness to Assume Responsibility*

Crew Members report directly to their Department Ramrod. They are expected to follow the directions of the Ramrod and to complete assigned tasks to meet the needs of the Family.

ENCOUNTER MASTER:

*\*He must Exhibit Maturity, Empathy and the Ability to Motivate Others*

Encounter Masters and their assigned assistants work closely with the clinical staff assigned to the floor. They are expected to review Encounter Slips, set up and plan Encounters and to ensure that the Encounter Group procedures are followed.

TOPS:

The Family Coordinator, Chief Expeditor and Program Secretary are the designated TOPS (Top of the Population). They are expected to coordinate the Family Structure and to ensure that job responsibilities are carried out. Any coordinator will meet with the Functional Unit Manager (FUM) as deemed necessary.

**FAMILY COORDINATOR COUNCIL:**

One Family Coordinator will be designated the Senior Family Coordinator. He is expected to represent the Community and will be the single point of contact for impromptu information and directions. Thus, he may be contacted by any Administrative Staff to assign tasks and to pass along duties to other Family Coordinators and their floors. The Program Manager will meet regularly with the Council of Family Coordinators to facilitate the flow of information, provide direction and address concerns of their Family members. Each member of the Family Coordinator Council will be assigned the duty of overseeing one of the Work Crews on all seven Floors. That is, one Family Coordinator will oversee all seven Program Secretaries, a second Family Coordinator will oversee all Cognitive Coordinators, a third will oversee Orientation Coordinators, a fourth all Creative Energy Coordinators, a fifth all Service Crew Coordinators, and a sixth Family Coordinator will oversee all Chief Expeditors.

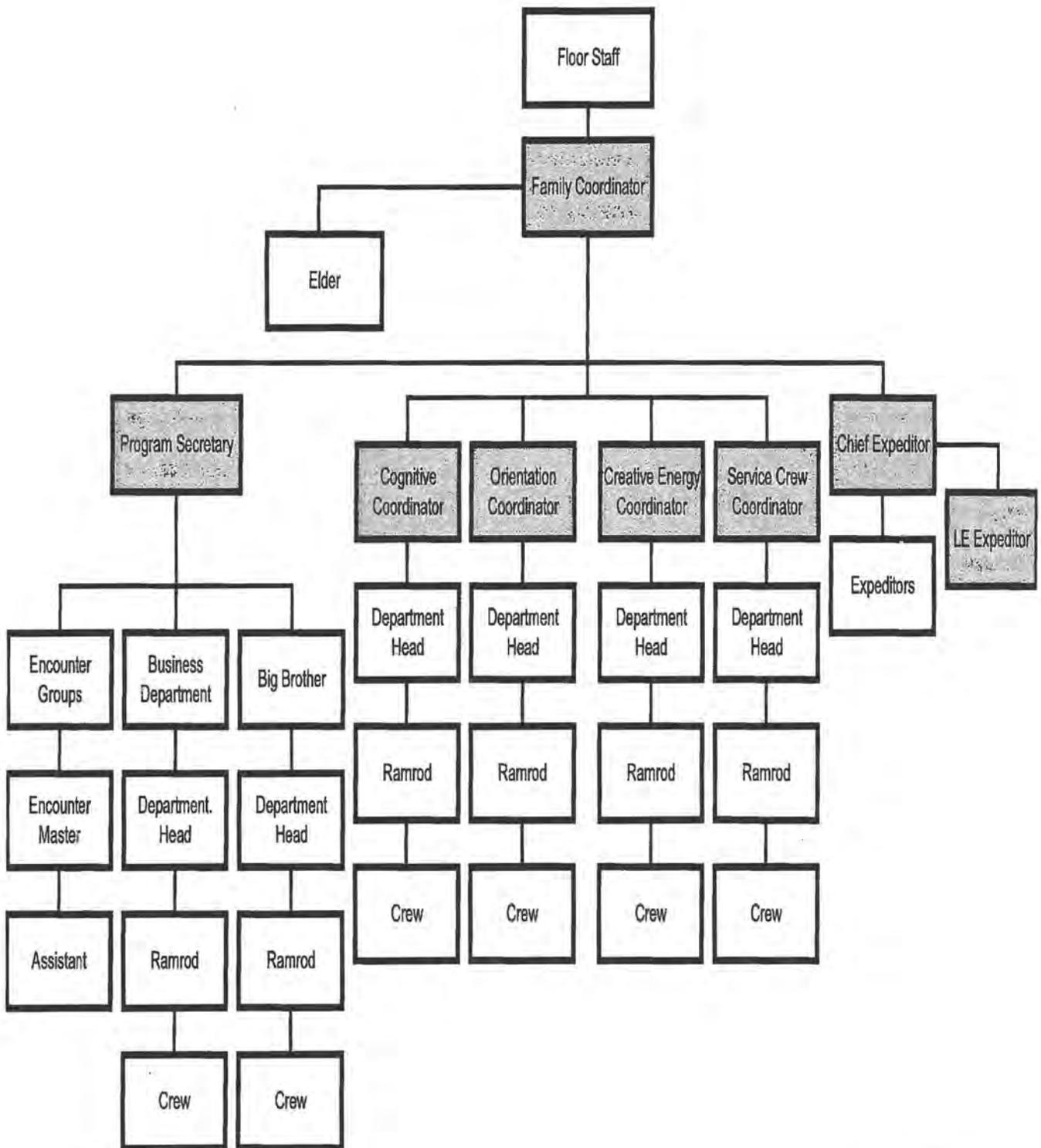
**Job/Role Changes**

You must be in "good standing" in order to apply for a job change. All job changes require a Job Change Application. Regular changes should be made in the structure board to ensure all offenders have the opportunity to hold positions of responsibility. No position should be held longer than 60 days.

*\*Staff has final decision thus, completing an application does not mean that a job change is automatic.*

The chart on the next page shows each Family's TC structure.

Maryville Treatment Center  
 Therapeutic Community Structure  
 By Floor



#### 4. DOTS and PRIVILEGES

You will have the opportunity to earn privileges as you make progress through the treatment program. As you progress, you are expected to take on more responsibility.

Your level of privileges can be easily identified by the color of your DOT on your State ID badge.

- When you enter the program, you will have NO DOT level of privileges.
- When you have met the criteria posted on your Housing Unit, you will apply for Privilege Advancement to RED DOT, then GREEN DOT Privilege Level.
- If you remain in treatment at MTC beyond 180 days and meet criteria, you may apply for advancement to BLUE DOT level of privileges
- If you are a TOP, you will receive privileges in ADDITION to your current Privilege Level.

**The Privileges and criteria are posted in your Housing Unit.  
If you have questions, ask your Big Brother.**

#### **LOSS of PRIVILEGES - (LOP)**

If you demonstrate a repetitive pattern of attitude/behavior problems or a very serious behavior event, you will be placed on a Loss of Privileges status for a designated length of time.

During the period of your LOP, you will be returned to the NO DOT Privilege Level. See TPR consequences for length of LOP. The Offender Management Team and the Program Review Committee may also place you on LOP for any length of time they see fit.

#### 5. YOUR TC TOOLS

- **Three A's:** Awareness: Special information given to a community member, a group or the TC as a whole to heighten awareness to a problem area or misbehavior. Apology: A statement of sincere regret when you have caused trouble, offended or hurt another member of the community or your family member. Affirmation: A positive statement that supports the value of someone.
- **Three B's:** Brag: To speak about one with admiration or pride. Blooper: A wrong action supporting a bad judgment, ignorance or inattention. Break-through: When one makes a positive change towards right living.
- **Three C's:** Care and Concern: Demonstration of interest in the well-being of a peer. Challenge: Asking or prompting someone to make a change for the better. Confession: An admission of a misdeed, error or fault regarding an obligation.

- **Verbal Push-up:** A tool that is given verbally and is used to acknowledge a positive behavior of a community member. The proper response is "Thank You."
- **Verbal Pull-up:** A tool that is given verbally and is used when immediate attention is needed to address a negative or inappropriate behavior. The proper response is "Thank You" and to correct the behavior.
- **Written Push-up:** A tool used to acknowledge positive behavior by a community member. When you address a peer via pull-up, it is expected you will acknowledge their corrected behavior with a push-up. It is written on a Push-up/Pull-up form.
- **Written Pull-up:** A tool used when a verbal pull-up has not been effective or if a behavior is serious enough to warrant a written pull-up. It is written (within 24 hours) on a Push-up/Pull-up form.
- **Spoken-To:** A tool that is given verbally and involves a peer and the individual being confronted. The individual is taken aside and "spoken-to" about his negative behavior.
- **Therapeutic Peer Reprimand (TPR):** A tool used to reprimand a persistent and negative behavior. The individual appears before a Panel of Peers who will relate the behavior to the individual's past, present, and future. This reprimand may include (at Staff discretion) Sanctions, Learning Experiences (assignment/essay), a Thinking Report, an Addiction/Offender Cycle, a Loss of Privileges, a therapeutic behavior contract (TBC) or a referral to the Offender Management Team or the Program Review Committee.
- **Encounter:** A tool used to help an individual become aware of how his behavior affects others and their feelings, and to bring awareness to the family as a whole. It is written on a Request for Encounter slip.
- **Resolution Table:** A tool used when two or more people have a disagreement and have been unable to come to a solution on their own.
- **"HALT":** A tool used by Staff or designated person(s) during any class/group activity. The expectation is that ALL talk and movement will "stop" until prompted by Staff, designated person(s) to proceed.

## 6. ADMINISTRATIVE and CLINICAL INTERVENTIONS

Staff may use any of the following interventions to address your need for change.

### THERAPEUTIC BEHAVIOR CONTRACT (TBC)

A TBC is a behavior modification tool (lasting 14 days) and can be issued at any time to help you improve a problematic attitude/behavior that may be standing in the way of your completing the program successfully.

Refusal to sign the contract, to complete the assignments/tasks identified on the Contract or to meet the goals of a TBC will require further action, including referral to the Offender Management Team or the Program Review Committee.

At the time a TBC is written, you will be provided a copy and the original will be placed in your Treatment file.

## OFFENDER MANAGEMENT TEAM (OMT)

A referral to OMT indicates that you have a serious problem with your attitude/behavior and that your successful completion of the program is at risk. Referrals to OMT may be made by your primary counselor or any clinical or classification staff.

OMT is chaired by a Clinical Supervisor and may include your Primary Counselor, a Classification Staff person and a Custody Officer who work together as a team to identify ways for you to improve your attitude/behavior so that you can complete treatment successfully.

The Team may recommend the following:

- No Action
- Program level reduction (privileges) – Place on LOP status
- Issue Behavior Directives
- Referral to Primary Counselor with instructions to:
  - Issue a Therapeutic Behavior Contract
  - Modify or extend an existing Therapeutic Behavior Contract
  - Modify TAP Treatment Plan
- Referral to Program Review Committee

If you do not accomplish the recommendations of the Offender Management Team, you will be referred back to OMT for further review and a possible referral to the Program Review Committee (PRC).

## PROGRAM REVIEW COMMITTEE (PRC)

A referral to PRC is very serious. It means that in spite of efforts by the Community and Staff, you continue to demonstrate attitude/behavior that is not conducive to change or the attitude/behavior was serious enough to jeopardize the health of the Therapeutic Community. Therefore, you are at risk of being terminated from the program.

PRC is chaired by the Functional Unit Manager (FUM) and includes the program Director/Manager or designee, a Classification Staff person, Custody Lieutenant or above, and possibly an Institutional Parole Officer (IPO) who work as a team to decide if keeping you in the program is likely to bring about the changes you need to make.

The Committee may recommend the following:

- No Action
- Program level reduction (privileges) – Place on LOP status
- Program Extension
- Behavior Directives

- Referral to Primary Counselor for TAP modification
- Referral to Primary Counselor for Therapeutic Behavior Contract
- Referral to OMT for therapeutic interventions (TBC)
- Administrative Termination/Transfer
- Negative Termination
- Phase Reduction

If you do not accomplish the recommendations of the Program Review Committee, you will be referred back to PRC for further review.

If you are terminated from the program, your counselor will document in your Discharge Summary the specific reasons for your termination.

**\*\*Note:** There may be other reasons unrelated to negative attitude/behavior resulting in a referral to PRC such as; technical, administrative, mental health or medical reasons.

### INFORMAL SANCTION

An informal sanction may be utilized by *any staff* as an informal resolution of *minor* infractions of the rules. They are as follows:

- Activity Restriction
- Room Restriction
- Extra Duty – up to 16 hours maximum
- Specialized Assignments
- Specialized Presentations

**\*\*You must announce conduct violations as a **Confession** during the PMC or AMC Meeting and send an LOC to your primary counselor within 24 hours of receiving them.**

### RESOLUTION TABLE

A Resolution Table is an informal process between TWO community members who have something they disagree on and have been unable to come to a solution on their own. It may be requested by any individual involved or assigned by Staff. Staff will assign a time and place for the participants to sit down together and talk about the problem or incident until they reach an agreement or a solution to the problem. The Resolution Table will be facilitated by a third party who has been appointed by Staff. Staff will assist whenever indicated and always be present if any party believes there is a risk of threats or violence. The resolution will begin with the party who brought the issue to the table describing the problem or incident that led to the Resolution Table.

## ON BAN

You may be placed "On Ban" by Staff to temporarily reduce/stop any non-helpful interaction between you and another individual(s). When placed "On Ban" you and the other individual(s) will be assigned a badge to wear for a period of 2 (minimum) to 7 (maximum) days. During this period you will be forbidden to speak to each other or to interact in any manner with each other until you have earned the "right." This does not override the TC rule, "take the next available seat" in classrooms, at mealtime or during other TC meetings or groups. Examples of behaviors that undermine an individual's treatment include animosity, teasing, over-dependence on others, or exclusive relationships that isolate the individuals from others in the TC Family/Community. A Resolution Table may be included as part of the "On Ban".

## WHISPER CONTRACT

Staff may direct an individual, group, or entire floor to maintain a Whisper Contract for a specific period of time and in specified areas of the institution when there is a problem with extreme noise and/or loudness in a Housing Unit. A Whisper Contract promotes a quiet atmosphere to help you pay attention to your thoughts and feelings. It helps you calm those thoughts and feelings that may lead to risky behavior and consequences by focusing instead on more helpful, hopeful and positive thoughts.

## SILENT CONTRACT

Staff may direct an individual, group or entire floor to maintain silence for a specific period of time and in specified areas of the institution. A Silent Contract is used when attitudes, feelings and behaviors suggest the need for more than a Whisper Contract. Silence helps you to pay attention to your thoughts and feelings and gives you the opportunity to practice letting go of anger, fear, impulsivity and over-reaction. It helps you become more aware of who you are and how you can cope rather than focusing on what is happening "to you."

## GLUE CONTRACT

Staff may assign a Glue Contract when two men are having problems between themselves. The Contract will require them to spend a specified amount of time together thus giving them a chance to settle their differences.

## MENTORING CONTRACT

Staff may assign a Mentoring Contract when one is at risk of failing treatment because he is struggling with some area of treatment. The Contract will require the individual to spend a specified amount of time with a Mentor who has been selected by Staff. The Mentor will assist the individual in learning the skills he needs to overcome his problem(s).

## FLOOR MEETING

A Floor Meeting is called to address issues and correct problems that threaten a Family's health. This is a "corrective" intervention and the purpose of the meeting is to utilize peer pressure to motivate family member(s) to make positive changes. Floor meetings may be suggested by the Coordinators but can only be requested and implemented by Staff.

An Informal Floor Meeting will include all individuals assigned to a specific housing unit. All individuals must attend during their treatment hours (AM or PM) and if not currently engaged in work/school/ESLS. All coordinators will attend during both AM and PM sessions.

A Formal Floor meeting will include all individuals assigned to a specific housing unit. They will be released from work/school/ESLS and must attend the entire day.

## TIGHT HOUSE

A Tight House is considered to be the most intense form of TC intervention. It is used when a TC Family/Community has displayed behavior that is unacceptable and threatens the integrity/welfare of the Family/Community. A Tight House will include Loss of Privileges and additional restriction of privileges if needed. A Tight House will result in a seven-day program extension for each week in which half of normally scheduled treatment days are missed.

## PROGRAM EXTENSION

If you are absent from the Treatment Center due to court and/or medical out-count, your estimated program completion date will be extended day-for-day (minus a one-time, 3 day grace period).

In addition, the Program Review Committee can extend your program completion date for various reasons.

## **7. RULES**

Our TC maintains an explicit code of rules that define the behavioral boundaries of the community. Violations and infractions of these rules will lead to formal sanctions or disciplinary actions delivered by Staff. The code of rules is organized into levels of strictness reflecting their importance to the safety and health of the community.

## CARDINAL RULES

Cardinal Rules are essential to the physical and psychological safety of the TC. Violation of these rules will result in referral to PRC, as there is "zero" tolerance for the following violations.

1. All major conduct rules 1-9
2. Rule 10 – Minor Assault
3. Rule 11 – Possession/Use of an Intoxicating Substance
4. Rule 12 - Threats
5. Rule 15 – Sexual Misconduct
6. Rule 22 - Theft
7. Rule 25 - Fighting
8. Rule 28 - Gambling
9. Vandalism
10. Any written or verbal acts of discrimination to include race, creed or gender

## MAJOR RULES

Major Rules are essential to the social health of the TC.

1. Intentional misuse of any TC Tool
2. Insulting behavior
3. Unsubstantiated accusations (written or verbal)
4. Addressing any Staff member by their first name
5. Horseplay/physical contact
6. Possessing contraband
7. Refusing to comply with TC Interventions/Sanctions/Learning Experiences or Staff directive
8. Refusing to attend or walking out of any treatment group/activity
9. Skipping any scheduled activity
10. Trafficking and Trading (TNT)
11. Refusing to submit to random urinalysis or breathalyzer upon DOC request
12. Talking above a whisper in any hallway
13. Breaking confidentiality during and following Caseload Group

## HOUSE RULES

The following House Rules represent the norms, values and expectations of daily life in the community. They are "expected" behaviors and attitudes, based on "trial and error" learning however, a "repetitive pattern" of violations will lead to some form of disciplinary, Staff action.

1. Compliance with all DOC/MTC rules
2. Proper use of TC Tools
3. Proper attire as defined in Institutional Rules – Dress Code
4. Be on time

5. No food or drinks in activity rooms (see Institutional Rule for timeframes)
6. No lying
7. Use proper response of "Thank you" when being directed or addressed
8. No nuisance contraband
9. Clean up after yourself
10. No cliques
11. No rat-packing
12. No negative contracting
13. No glorifying drug/alcohol use or criminal lifestyle "war stories"
14. Use Lines of Communication
15. No interrupting
16. Raise hand to speak

### GROUP AND CLASSROOM RULES

Group rules ensure an environment in which trust is built and honest sharing can take place. Violations of these rules will lead to some form of disciplinary action by your TC Staff.

1. Be on time
2. Maintain eye contact when speaking
3. No out-bursting or talking over
4. Raise hand to be recognized
5. No daydreaming, staring out the window, sleeping, hands in pockets
6. Sit at PROPS – Relaxed PROPS (as directed)
7. Adhere to DOC dress code
8. Show respect for Staff and/or Staff's designated Assistant/Facilitator
9. No candy etc. in groups/classroom/activities
10. Caseload groups must sit in a circle
11. Classes must sit in rows, filling in the front first
12. Lights on unless viewing a film
13. No leaning against walls
14. Leave classrooms in single file

### INSTITUTIONAL RULES

You were issued a Missouri Department of Corrections OFFENDER RULEBOOK and a copy of Institutional rules is posted on each floor. Learn them.

## 8. RULE VIOLATIONS

Clinical floor staff will determine the severity of a rule violation. A distinct "pattern" of rule violations may result in your referral to OMT/PRC, extension of estimated completion date and/or termination from the program.

Minor Violations	Intermediate Violations	Advanced Violations
<ol style="list-style-type: none"> <li>1. Nuisance contraband</li> <li>2. Spreading negativity</li> <li>3. Antagonizing peers</li> <li>4. Intimidating peers</li> <li>5. Manipulating staff/peers</li> <li>6. Character assassination</li> <li>7. Coming off sick/sideways</li> <li>8. Rat-packing</li> <li>9. Violating group/class rules</li> <li>10. Sleeping during treatment hours</li> <li>11. Not completing job duties</li> <li>12. Messy bunk</li> <li>13. Not taking next available seat</li> <li>14. Loitering in the bathroom/ on the yard</li> <li>15. Late or interfering with count (talking etc.)</li> <li>16. Talking on/in line</li> <li>17. Not following last directive</li> <li>18. Not following LOC</li> <li>19. Horse-playing</li> <li>20. Lack of participation</li> <li>21. Negative contracting</li> <li>22. Cliqing up</li> <li>23. Condoning</li> <li>24. "Playing" with TC Tools</li> <li>25. Not complying with restrictions -RR, AR, Bans etc</li> <li>26. Late to class/group/Med.</li> <li>27. Improper dress</li> <li>28. Dialoguing Pull-ups</li> <li>29. Mocking Pull-ups</li> <li>30. Littering</li> <li>31. Not securing property</li> <li>32. Addressing peers by nickname/first name</li> <li>33. Breaking line structure</li> </ol>	<ol style="list-style-type: none"> <li>1. Contraband (items not obtained from Canteen or items that are not approved)</li> <li>2. Spreading negativity</li> <li>3. Antagonizing peers</li> <li>4. Intimidating peers</li> <li>5. Manipulating staff/peers</li> <li>6. Insulting behavior</li> <li>7. Character assassination</li> <li>8. Coming off sick/sideways</li> <li>9. Breaking confidentiality</li> <li>10. Dialoguing pull-ups</li> <li>11. Rat-packing</li> <li>12. Late or Interfering with count (talking etc)</li> <li>13. Traffic n' Trading (TNT)</li> <li>14. Not completing treatment assignments</li> <li>15. Stalling on a Sanction / LE</li> <li>16. Abusing job position</li> <li>17. Refusing to do job</li> <li>18. Skipping groups (1st time)</li> <li>19. Abusing Privileges</li> <li>20. Punching holes in program</li> <li>21. Negative Contracting</li> <li>22. Cliqing up</li> <li>23. Destroying property</li> <li>24. Glorifying drug use and/or criminal lifestyle</li> <li>25. Late to class/group/Med.</li> <li>26. Violating group/class rules</li> <li>27. Breaking meeting structure and/or out-bursting</li> <li>28. Abusing phone privileges</li> <li>29. Non-Compliance with LOP = 2<sup>nd</sup> intermediate</li> <li>30. Misuse of TC Tools = 2<sup>nd</sup> intermediate</li> </ol>	<ol style="list-style-type: none"> <li>1. Dangerous contraband</li> <li>2. Insulting behavior</li> <li>3. Forging another person's name/initials</li> <li>4. Skipping groups (2 or more times)</li> <li>5. Horseplay—continuous or more intense; physical contact; sexually acting out</li> <li>6. Traffic n' Trading (TNT)</li> <li>7. Theft</li> <li>8. Threats</li> <li>9. Refusing to comply with treatment interventions</li> <li>10. Abusing phone privileges (2 or more times)</li> <li>11. Sexual misconduct</li> <li>12. Defacing/destroying property</li> <li>13. Possession or use of a controlled substance</li> <li>14. 5th Intermediate violation</li> <li>15. Addressing staff by first name</li> </ol> <p data-bbox="976 1249 1390 1396">**The level of sanction for behaviors not listed or where the degree of severity is unclear will be determined by the Clinical Floor Staff</p>

## **POSSIBLE SANCTIONS and/or LEARNING EXPERIENCES FOR MINOR VIOLATIONS**

Minor violations will include completion of an Addiction Offender Cycle and Thinking Report assignment in addition to **ONE or a COMBINATION of the following:**

- **1<sup>st</sup> Violation:** Spoken To; Apology during AMC/PMC; 1 hour Community Service
- **2<sup>nd</sup> Violation:** Apology; 3 Announcements during AMC/PMC; 1 Learning Experience; 2 hours Community Service
- **3<sup>rd</sup> Violation:** Apology; 5 Announcements during AMC/PMC; 2 Learning Experiences; 3 hours Community Service
- **4<sup>th</sup> Violation:** Apology; 7 Announcements during AMC/PMC; 2 Learning Experiences; 4 hours Community Service; 3 day Loss of Privileges (LOP)
- **5<sup>th</sup> Violation:** Apology; 8 Announcements during AMC/PMC; 2 Learning Experiences; 5 hours Community Service; 5 day LOP; Placement on Therapeutic Behavior Contract (TBC)
- All subsequent minor violations will receive a #1 intermediate sanctions

## **POSSIBLE SANCTIONS and/or LEARNING EXPERIENCES FOR INTERMEDIATE VIOLATIONS**

Intermediate violations will include completion of an Addiction Offender Cycle and Thinking Report assignment in addition to **ONE or a COMBINATION of the following:**

- **1<sup>st</sup> Violation:** Apology; 5 Announcements during AMC/PMC; 2 Learning Experiences; 6 hours Community Service
- **2<sup>nd</sup> Violation:** Apology; 7 Announcements during AMC/PMC; 2 Learning Experiences; 5 days LOP; 7 hours Community Service; Placement on TBC
- **3<sup>rd</sup> Violation:** Apology; 8 Announcements during AMC/PMC; 2 Learning Experiences; 7 days LOP; 9 hours Community Service; Placement on TBC and/or referral to Offender Management Team (OMT)
- **4<sup>th</sup> Violation:** Apology; 9 Announcements during AMC/PMC; 2 Learning Experiences; 9 days LOP; 10 hours Community Service; referral to OMT
- All subsequent intermediate violations will receive #2 advanced sanctions

## **POSSIBLE SANCTIONS and/or LEARNING EXPERIENCES FOR ADVANCED VIOLATIONS**

Advanced violations will include completion of an Addiction Offender Cycle and Thinking Report assignment in addition to any **ONE or COMBINATION of the following:**

- 1<sup>st</sup> Violation: 2 Apologies; 10 Announcements during AMC/PMC; 14 days LOP; 10 hours Community Service; 2 Learning Experiences; Placement on TBC
- 2<sup>nd</sup> Violation: 2 Apologies; 12 Announcements during AMC/PMC; 21 days LOP; 12 hours Community Service; 2 Learning Experiences; Automatic referral to Offender Management Team
- 3<sup>rd</sup> Violation: 2 Apologies; 14 Announcements during AMC/PMC; 28 days LOP; 14 hours Community Service; 4 Learning Experiences; Automatic referral to Offender Management Team with option to refer to Program Review Committee

## **9. PROCEDURES AND GUIDELINES**

### ENCOUNTER GROUP

General Purpose: To change negative patterns of behavior/attitude/feeling. It is used to resolve interpersonal problems and to heighten an individual's awareness of specific attitude/behavior/feeling patterns that should be modified. (This is the first step in the change process). Encounters are used to:

- Express thoughts and feelings toward others in a manner that helps to result in meaningful resolution.
- Learn how to work on interpersonal problems and issues from an attitude of responsible concern for others.
- Learn how to work through conflicts with others through emotional interactions as opposed to physical interactions.
- Learn how to become more verbally assertive as opposed to physically aggressive.
- Learn how to listen to others.

### Guidelines for requesting an Encounter

There are several ways an individual may be referred to an Encounter Group. Some examples are:

- Encounter Request
- Request for Encounter by Staff person
- Written pull-up (that Staff turns into an Encounter Request)

Requests for Encounters must be submitted within 24 hours of the observed behavior. To request an encounter, you must fill out the Encounter Slip, which consists of – **a)** person to be addressed **b)** main reason (in 15 words or less) for speaking to the person in brief and explicit terms.

\*One sentence is all that is needed when describing what the person did/didn't do or said.

Processing an issue in Encounter Group is independent of other actions related to the issue at hand. For instance, you may receive sanctions from a TPR panel or referral to Offender Management Team for a negative behavior but still be

required to deal with the feelings of your peers about the behavior in the Encounter Group. Encounter Group itself is *not* a form of DOC sanction; therefore, you will not receive any additional sanction from the Encounter Group related to the issue that got you there unless you violate any rule during the Encounter Group itself.

### Encounter Group Rules

In addition to all rules in effect at the Maryville Treatment Center, participants in an Encounter Group will observe the following rules:

- Stay seated in your chair if you are in the encounter.
- Sit in PROP's unless relaxed PROP's directed by Staff.
- The EM and/or Staff may call "Halt." Everyone sits quietly in their chairs and waits for instructions from the EM and/or Staff to resume.
- No rescuing or rat-packing.
- No reference, in a negative sense, to age, race, ethnicity, culture, gender or sexual orientation.
- Minimal hand gestures.
- Freewheeling member interaction and intense expression of feelings are expected.
- Participants share in any way that allows an honest and personal disclosure/reaction. Natural language expressing emotionality and at times, street terms will be used.
- Curse words are permitted, provided they are not used as power thrusts, incessantly repeated, vague or deliberately derogative.
- Confront behaviors NOT people.

### Format of Confrontation Phase:

- Encounter Master reads the rules
- Self-starting (members place themselves in the circle) based on their concrete observations and emotional reactions to the behavior/attitude and their concerns for the person, the environment and others.
- The data and the feelings attached (**NOTE: Requester "expounds" on his feelings: "I felt \_\_\_\_\_ because \_\_\_\_\_; "I felt \_\_\_\_\_ because \_\_\_\_\_; "I felt \_\_\_\_\_ because \_\_\_\_\_**). these are initially presented by the requester who is quickly followed by others' data. (**NOTE: there is no need for the person encountering to re-read the slip**)
- Members then contribute their observations and emotional reactions in the context of "evidence/data."
- Objective: That the person being encountered "**hears & understands**" the impact of his attitude/behavior on himself, others and the environment
- Members listen to one another present the data and ask themselves "**what is the common theme or pattern**" that is self-defeating to the person, others and the environment? **EXAMPLES:** sloppiness in habits, constant negative attitude about treatment, keeping to oneself, insensitive treatment of others.

- Member hears all of the confrontation before responding. It is expected that once he is prompted to clarify his understanding of why he was brought to encounter (**what did you hear them say?**), he will attempt to defend himself. The encounter “tools” can then be used to help the member “hear and acknowledge” the core theme of the confrontation.
- Use of the provocative tools (anger, hostility, humor, engrossment, carom shot) will help the group “clarify its purpose” using more “DATA” or more clearly expressed “CONCERNS.”
- This phase ends once the member has heard and acknowledges his understanding (through rephrasing of confrontation content) and has ceased to “defend and/or resist” hearing the confrontation.

#### Format of Conversation Phase:

Objective: To bring about a genuine “**acceptance of the problem**” as it relates to the member’s self-defeating “attitude/behavior” and honest disclosure of past experiences such as how the attitude/behavior has affected himself, others and the environment.

- Honestly dealing with the content of the confrontation.
- More quiet “give and take” and is centered on the groups efforts to elicit “self-disclosure” from the member.
- Use of the evocative tools (identification, compassion, empathy) will help the member move towards acceptance of the problem.

#### Format of Closure Phase:

Objective: To provide the member with “suggestions”, “support” and/or “encouragement” for CHANGING the confronted behavior/attitude.

- Encouraged to make a commitment to change and to state his “honest” intent to change the attitude/behavior. (Not an expectation nor forced)
- Group suggestions, support, encouragement reflects on their similar experiences with changing this attitude/behavior.
- Primary tool: Supportive words, Supportive actions, Reassurance

#### Format of Social Phase:

- Involves ALL participants in the Encounters
- A “patch-up” format
- A relaxed and informal conversation about the encounter but with specific focus on “the people” NOT the issues addressed. EX: “I’ve been through it like you”, “You did a really good job listening”, “I don’t know if I would have been able to take that like you did” etc.....

#### Role of the Encounter Masters/Assistant Encounter Masters

- To ensure slips are written appropriately
- To remain neutral
- To guide the process – Keep the Encounter on course & moving through the Phases.
- To limit excesses in feedback (over confrontation; repeated confrontation)
- To manage abuses of language (cussing)
- To interrupt rat-packing; red-crossing

- To redirect the group should it drift from the identified attitude/behavior being encountered.
- To maintain focus on the here and now versus the past
- To address over compliance (quick cop) or persistent defenses
- To manage the time

## The Tools of the Encounter Group

### Provocative Tools

- 1) Hostility or anger: authentic expression (venting) of feelings used to intensify the individual's awareness.
- 2) Engrossment: extreme exaggeration that is generally humorous. Used to heighten the individual's awareness of their impact on themselves and others and to penetrate denial.
- 3) Humor or ridicule: the use of all forms of humor such as sarcasm, paradox, and comic imitations to penetrate denial and specifically break false images or mask. Humor promotes easier acceptance of individual weakness and helps prevent extreme view of their problem.

### Evocative Tools

- 1) Identification: You are him. You imagine you are in his shoes and then tell him what you would feel and how you would act. ("If I were like you, I would feel sad, and I'd be afraid that she might leave me, and I'd just beg her to stay.") This is purely a description – identification does not tell him what is "best" to feel or do.
- 2) Compassion: emotional understanding while still placing responsibility on recipients for their actions and for changing themselves.
- 3) Empathy: a vicarious emotional understanding of the member's difficulty or pain. A gesture used to facilitate honest relating and to encourage behavior and attitude change. Empathy does not require identification with similarly shared life experience. It is an expression of understanding based upon common pains in life, such as loss, disappointment, and despair.
- 4) Affirmation: consists of various words and gestures that provide a signal to the individual of support, approval, encouragement, and validation. Affirmation extends beyond rewarding correct, good, or acceptable behavior to the broader theme of acknowledging that the individual is engaged in an honest struggle to learn and change. The group expresses affirmation for what members do but also for who they are in the struggle. Thus in all forms of group process, affirmation is particularly appropriate for balancing self criticism.

### Provocative-Evocative Tools

- 1) Projection: He is you. You imagine he is in your shoes and then tell him what he would feel and how he would act. (If you were like me, you'd be mad as hell at her and you'd just throw her out of your house.") This also is purely a description – projection does not tell him what is "best" to feel or do.
- 2) Gossip: two or more members of the group talk about a third member as if the latter were not in the room. It is often used with humor to provide group feedback to the member(s) without the emotionality of the direct confrontation.
- 3) Carom Shot: an indirect and mild confrontation to avoid or weaken resistance

from direct confrontation. The confronter speaks to another member whose problem is similar to a third member, the real target of the confrontation.

- 4) Lugs: indirect references to pull-ups, or mild criticisms of others in order to raise awareness or reduce defensiveness. For example, the statement "Some people in this room have not been considerate of other people's feelings" illustrates this tool.

## THERAPEUTIC PEER REPRIMAND

### TPR Defined

The Therapeutic Peer Reprimand is an intensive reprimand from peers for displaying a poor attitude or negative behavior.

### Choosing the TPR Panel

Family structure member(s), with Staff approval, will select three members of the Family to participate on the panel. As a general rule, panel members should be representative of each Phase of the program.

The members of the Family structure will orient the panel members using information regarding the person receiving the TPR and their problem behavior. The panel of peers will be given a specific assignment representing the Past (past life), the Present (current community status) and the Future (future recovery).

### TPR Procedure

- Standing outside the designated room, the Receiver "knocks on the door."
- The Expeditor on Duty asks, "Who is it?"
- The Receiver responds stating his name.
- The Expeditor on Duty asks, "What do you want?"
- The Receiver responds with "Recovery."
- The Expeditor on Duty responds, "we will help you find recovery", opens the door and the Receiver enters the room.
- The Receiver moves to the "flaming feet" and stands with his hands behind his back.
- The designated facilitator says the following:
  - Hello Mr. \_\_\_\_\_
  - Welcome to AM/PM edition of TPRs
  - You have been brought here today to stand before a panel of your peers for the following violation(s) \_\_\_\_\_
  - The rules for the TPR are:
    - Hands behind back
    - Direct eye contact with the person speaking to you
    - Absolutely no talking until the end of the process at which time the proper response is "Thank you for your responsible concern."
  - With that, I turn the process over to your Past

- The panel members provide feedback based on the past, present and future using a balance of “you” and “I” statements. Following their feedback it is optional for the facilitator to offer additional feedback, concerns, insight.
- The member representing the past should relate the Receiver's behavior to his behavior in the past (especially how that behavior related to addiction and criminal lifestyle) and where that likely led him. “In the past, our behavior often displayed a lack of respect for others and that led to others losing trust and respect for us.”
- The member representing the present should relate the Receiver's behavior to how he is affecting his TC family/community now. “Presently, your unwillingness to clean up after yourself gives the appearance our entire floor has no care or concern for our environment and we are all forced to GI in our free time.”
- The member representing the future should describe how the Receiver's behavior could affect his future should he not change. “In the future, displaying a lack of respect for authority may result in you losing your job, making it impossible for you to provide for your family.”
- The facilitator closes the TPR with “as a consequence, you have been given the following sanctions .....
- The Receiver responds to all with “Thank you for your responsible concern.”

#### TPR Sanctions and/or Learning Experiences

Sanctions and/or Learning Experiences will be selected from the table presented in the Handbook. All sanctions will be chosen during the preparation period, prior to the TPR itself. Should you be assigned a Loss of Privileges, all sanctions must be completed before you are taken off LOP status.

#### BIG BROTHER/LITTLE BROTHER PROGRAM

The Big Brother/Little Brother program is a process to assist the newest members of our community and those who may be struggling with adapting to the community in settling into TC life. Most residents find their first 2-3 weeks here to be very stressful. The Big Brother's purpose is to ease that stress as much as he can. Being a Big Brother is a privilege and a big responsibility. What sponsors are to the 12 Step programs, Big Brothers are to TCs. Being a Big Brother is about “Giving it Away to Keep It.” If you want recovery, you have to give away the gold. There is an old saying: “if you want to learn something, teach it”. What you teach, you learn. Reach out!

The Big Brother teaches his Little Brother the House Tools and how to use them. If you have any questions, see a senior structure member for additional help. Big Brothers are expected to talk to Little Brothers when they get upset and help them decide what they should do. Although the Big Brother's formal job only lasts 30 days, many men find they make lasting friendships for the remainder of treatment.

A Big Brother's responsibility is to be open minded, fair and concerned about his Little Brother. Your Little Brother should know he could come to you anytime to discuss problems he is having. Stress to him the rules and tools of the program. With your help, he will get a jump-start on recovery.. The Big Brother job is a BIG JOB and you will feel stressed at times. This job will require that you work a program of "do and say". You will be his first role model here. What you do and say is very important. Be for him what you would want in a Big Brother yourself.

#### Who is Eligible?

Phase IV, Phase III and Phase II residents who have displayed responsibility, integrity and true care and concern for peers will participate as Big Brothers.

#### Procedures:

- The Big Brother Department Head will assign each new resident a Big Brother they day they arrive. He will try to match up personalities and needs as much as possible.
- Big Brothers should complete the Big Brother Checklist within 7 days. Upon completion of the checklist, it will be turned in to the Big Brother Department Head.
- If a Big Brother is discharged, it is the Big Brother's responsibility to notify the Big Brother Department Head in order to assign a new Big Brother.
- Notify the Big Brother Department of any major conflicts between Big Brother and Little Brother.
- The Big Brother Department will monitor and maintain the Big Brother/Little Brother tracking sheet in their housing unit.

#### Expectations of the Big Brother:

- Comply with all rules
- Be a positive role-model
- Review Handbook with Little Brother
- Participate actively in all treatment activities
- Communicate openly with his Little Brother and Staff
- Help his Little Brother meet program expectations
- Confront all negative attitude/behavior displayed by his Little Brother
- Escort his Little Brother to TPR and Encounters (if requested)
- Stand with his Little Brother when he is receiving a TPR
- Ensure that his Little Brother recites the Philosophy and completes LE's
- Complete the Big Brother checklist within week one

*\* The completed checklist will be entered in the Little Brother's treatment file.*

#### Expectations of Little Brother:

- Have a general respect for the program.
- Be sincere and serious in your approach to treatment.
- Talk about your feelings and your background.
- Ask questions so you can increase your understanding of the program as well as decrease feelings of frustration and confusion.

- Listen attentively to show interest and participate in all groups, classes and treatment activities.
- Memorize the MTC Gateway Philosophy and start applying its principles.
- Be willing to accept constructive criticism.
- Realize that everyone who goes through treatment will get consequences in the form of TPRs, pull-ups and LEs, including you. This is no tragedy. You can live and learn from it.
- Respond appropriately to pull-ups.
- Treat all officers and staff with respect.
- Use groups to deal with frustration and anger so you don't act out in the community.
- Do your assigned job duty with a sense of motivation.
- Be responsible to take care of your clean up duties as assigned.
- Use good hygiene.
- Abide by all MTC rules and standards.
- Apply yourself to your treatment plan.
- Make it your responsibility to get the treatment you came for.

## REFUSAL/WITHDRAWAL PROCEDURE

If you refuse treatment or sign out of the program, you must complete a Refusal/Withdrawal Form. Directions on how to complete it will be given to you with the form. New offenders who have not signed into the program must ask staff for a Refusal Form after the first orientation session, scheduled for the morning after your arrival at MTC.

If you decide to withdraw any time after you have signed the Consent for Treatment, you must obtain a Refusal Form from your primary counselor.

1. You have two working days to complete the Refusal Form. (Your counselor will write a due date on the back of the form when you receive it).
2. If you do not complete the form within two working days, you will receive a CDV # 20 (refusal to obey an order).
3. If you refuse/withdraw, then change your mind, you still must be referred to PRC. At that meeting, you may make a decision to remain in the program.
4. You must obtain signatures in the following order from; your primary Counselor, your Parole Officer, Mental Health staff (if you have a MH level of 3 or higher) and the Functional Unit Manager assigned to your housing unit.
5. Your Floor's Custody Officer must call to arrange for you to obtain the required signatures and write necessary passes for you to see those persons.
6. It is your responsibility to return the Refusal/Withdrawal Form to your Floor's FUM, and to obtain the FUM's signature after all other required staff signatures.

7. You will be scheduled to see the Program Review Committee. During the PRC, you will be given an opportunity to remain in treatment.
8. When you have been terminated for refusal/withdrawal from the MTC program by the PRC, your dot will be taken and you will receive No Dot privileges until you are transferred from MTC. (See Page 12)
9. When you have been terminated by the PRC, you may not change your mind and rejoin the program.

### COMMUNICATION WITH STAFF/LINE OF COMMUNICATION

Two issues which are consistent with both criminal and addictive behavior are a strong sense of entitlement and a need for immediate gratification (I want what I want when I want it). While MTC staff is here to assist you in your journey to recovery and change, certain protocols MUST be followed to access counseling staff and supervisors. Observance of the Line of Communication (LOC) provides a way for you to seek help in a structured, self-disciplined and organized fashion. \*\*\*MTC staff includes ALL individuals employed at MTC: custody, classification, counselors, wardens, maintenance, etc.

In the Therapeutic Community, the community itself is the agent of change. Your brothers in the community are your primary source for advice and information and should be the first persons you turn to for both. If your questions or needs cannot be answered by your peers, your structure members are also available to you.

If your family structure is unable to resolve your concerns, you may submit an LOC form in order to request a meeting with your counselor. The form should be completed and submitted to your coordinator who will then forward it to your counselor. Apart from basic polite exchanges, you should never break LOC by approaching staff or attempting to engage them in conversation without having completed the LOC form and being contacted for a meeting.

## **10. ERRORS IN THINKING**

### **1. Closed Thinking**

- Not receptive
- Not self-critical
- No disclosure
- Good at pointing out or giving feedback on the faults of others
- Lies by omission, commission, assent

### **2. Victimstance**

- Views self as a victim
- Blames social condition, family, past, others
- Sees responsibilities for problems as being caused by others and circumstances

### **3. Views Self as a Good Person**

- Focuses only on own positive attributes
- Fails to acknowledge own destructive behavior
- Builds self up at other's expense

#### **4. Lack of Effort**

- Unwilling to do anything found to be boring or disagreeable
- I “can’t” meaning I “won’t”
- Engages in self-pity and looks for excuses
- Assumes his perception is right and acts on it without consideration of right/wrong

#### **5. Lack of Interest in Responsible Performance**

- Responsible living is unexciting and unsatisfying
- No sense of obligation to others / society
- Will only respond if there is an immediate payoff
- Always looking for the short-cut

#### **6. Lack of Time Perspective**

- Does not use past as a learning tool
- Expects others to act immediately on his demands
- Decisions are based on assumption rather than facts

#### **7. Fear of Fear**

- Displays irrational fears but is unwilling to admit them
- Fundamental fear of injury or death
- Profound fear of a putdown
- When held accountable, experiences “zero state” – a feeling of worthlessness

#### **8. Power Thrust**

- Compelling need to be in control of every situation
- Uses manipulation, deceit, anger and threats as ways of feeling powerful
- Refuses to be dependent unless able to take advantage

#### **9. Uniqueness**

- Different and better than others
- Expects of others that which you fail to meet
- Super-optimism – cuts off fear of failure
- Quits at first sign of failure

#### **10. Ownership Attitude**

- Perceives all people and things as objects to possess
- No concept of the ownership rights of others
- Sex for power and control – not intimacy

### **SEVENTEEN TACTICS USED TO AVOID ACCOUNTABILITY**

Tactics to avoid accountability support thinking errors by providing justification and rationalization. Thus they act as a barrier for positive change.

1. Continually pointing out Staff inadequacies
2. Building yourself up by putting others down
3. Telling others what they want to hear and not what is the truth
4. Lying by omission by distorting the truth and by disclosing only what benefits you
5. Vagueness (“Someone”, “I will think about it”, “Maybe”, “If I feel like it”) etc.
6. Diverts attention away from self. Introduces irrelevant material. Invokes racial issues
7. Attempting to confuse others

8. Minimizing the situation ("I just got into a little trouble", "only the little rules") etc.
9. Agreeing or saying "yes" without really meaning it
10. Using silence – reveals nothing
11. Paying attention only to what suits you
12. Making a big scene about a minor point
13. Putting off doing something by saying "I forgot"
14. Putting others on the defensive via degrading, quibbling over words, or trying to embarrass others using anger as a weapon
15. Total inattention
16. Accusing others of misunderstanding
17. Claiming that you have changed because you did it right once

## **11. CORRECTIVES to ERRORS IN THINKING**

1. Open Channel
  - Voluntary disclosure
  - Self-critical
  - Receptive
  - Shares thoughts, fears and intentions
  - Makes genuine self-examination daily and has a willingness to do something different
2. Personal Responsibility
  - Keeps focus on own obligations
  - Promptly admits personal wrong-doings with no excuses
  - Works towards earning trust
3. Self Respect
  - Focuses on changing destructive traits / patterns
  - Stops and thinks how actions effect others
  - Lives by the Golden Rule – Treat others as you want to be treated
4. Daily Efforts
  - Will perform disagreeable tasks to achieve goals
  - Follows through with good intentions, promises, and commitments
  - Makes decisions based on corrective thinking
5. Commitment to Positive Performance
  - Continues with new, healthy activities
  - Grows in commitment to family, friends, employer, and society
  - Shows empathy for others
  - Associates with other positive, healthy people
6. Proactive Living
  - Bases decisions on an examination of the facts
  - Plans ahead, sets goals, and is willing to wait for achievement
  - Looks daily at how present actions relate to future goals
  - Sees things in stages of accomplishment which builds toward the future
7. Courage over Fear
  - Asks for feedback, expects accountability and does not feel "put down"
  - Has realistic expectations of self and others
  - Trusts others for help
  - Discovers and accepts cultural values
8. Power through Achievement
  - Stops power struggles with people, places and things – uses I "language"

- When angry – stops and looks at the world and the situation realistically
  - Lives interdependently – works toward mutual benefit where all win
9. Humility
- Sees self as no better and no worse than others
  - Endures difficulty and faces set-backs
  - Has an appropriate, periodic, fearful wish to avoid grandiosity
10. Interdependent Relationships
- Respects the thoughts, feelings and property of others
  - Will negotiate and compromise to achieve cooperative relationships
  - Sex is used to express commitment and intimacy

## 12. TC TERMS

**These terms should guide the language that you use when “speaking to” others in the community or when “addressing behavior via the verbal and written pull-ups”.**

**Amends:** Repairing an insult, injury or loss.

**Announcement:** Making the community/family aware of information and events or a public admission of a rule violation, attitude problem or character defect.

**Backbiting:** to belittle a person who is not present in the conversation.

**Bandwagon:** To go along with someone even though you disagree but won't say so.

**Bogus:** Phony, untrue.

**Brother's Keeper:** Helping one to take accountability for his behaviors and allowing them to be accountable for yours.

**Cliquing Up:** To involve yourself with a particular group while ignoring others.

**Coming off Sick:** To portray a negative or disrespectful behavior or use your feelings or problems as excuses for negative behaviors and/or a lack of effort.

**Concept:** A way of life, an idea or philosophy.

**Condoning:** To “go along with or to “not confront” negative behaviors and attitudes that do not comply with the program's philosophy, rules or right living concepts.

**Cop Out:** An excuse made in order to “run” from an obligation; evading or avoiding the unpleasant.

**Cop To:** Admit or Confess to something.

**Dialoguing:** Talking back after being pulled up or given a directive - attempting to justify your behavior when confronted with an incident.

**Dropping Lugs:** Dropping hints instead of talking about what is really bothering you. Not coming straight to the point.

**Enabling:** Failing to help someone change by not confronting an attitude or behavior that is detrimental to his program or recovery efforts.

**Flipping the Script:** When someone is confronted on his negative behavior and attempts to make it look like the person confronting him is the one who is really at fault.

**“Hands”:** Used by staff or a designated person during classes/activities with the expectation that each individual will raise his hand and all talk/movement stops.

**Hang Tough:** To stay with it no matter what and not give up.

**Hiding in the Woodwork:** Not getting involved; trying to avoid being “a part of” through minimal participation in the family/community.

**Image:** A façade or shield used to keep other people from seeing us as we actually are.

**Jacket:** Reputation of a person.

**Jailing:** Holding on to your negative behavior patterns (street, prison, criminal code), including “nicknames” and ‘street language.’

**Leaking:** Expressing feelings indirectly and inappropriately through posture, physical or facial gestures.

**Negative Contracting:** Two or more people agreeing and conspiring with others to circumvent rules and/or allowing others to break rules or to exhibit negative behavior.

**On Your Square:** “Keeping your balance” in the face of negative situations, behaviors, attitudes or circumstances.

**Off Your Square:** Getting “out of balance” in the face of negative situations, behaviors, attitudes or circumstances.

**Out-Bursting:** When one speaks out or expresses himself in a group/meeting without first having been given permission by the facilitator.

**Personalizing:** Taking anything someone says in general as a personal remark.

**Playing it Safe:** Doing just enough to get by. When someone is always on his guard and does little in the program, attempting to make no mistakes or errors, never stirring up any feelings and avoiding confrontation.

**Projection:** To tell a member something about himself because it already is true in your own self (the mirror image).

**PROPs:** A posture that shows People Respecting Other People. Formal PROPs: Stand up straight, sit up straight in any chair with both feet on floor, with hands on lap, no leaning chairs back or stretching out on tables. Stand (or walk in single file) holding left thumb with right hand, not using hands/arms to gesture while speaking. Formal PROP's is expected in Encounters, TPR's and when otherwise directed by staff. Relaxed PROPs: hands at side when standing or walking in single file, or clasped behind while standing; may cross arms or ankles while seated, but no leaning back in chair or stretching across tables. Staff will direct when Formal or Relaxed PROPs are in effect.

**Pulling your Weight:** Taking responsibility for one's share of duties in the community.

**Punching Holes:** Finding fault and complaining about the program. Complaining and finding fault in people instead of accepting people and things the way they are.

**Pushing Buttons:** To deliberately provoke or attack a person where you know he is most sensitive and vulnerable, in order to make him react, become hostile and lose control.

**Quick Cop:** Admit or confess something to avoid further confrontation.

**Rat Packing:** Two or more persons verbally attack an individual or group.

**Red Crossing:** Taking sides with an individual (trying to "rescue him") when he is being confronted by another individual.

**Rocks in your Jaw:** When a person is walking around projecting a negative attitude, uptight and/or appearing to be angry.

**Run a game:** To manipulate or con.

**Selling Wolf Tickets:** Threatening someone.

**Shining:** Showing off in order to gain something in a manipulative way.

**Staff Splitting/Shooting a Curve:** Going to someone else to get a "different" answer when another already gave you a valid response.

**Stuffing Feelings:** Not venting your feelings and keeping them locked inside thus creating resentments.

**Taking a Trip:** Evading a question and/or accountability by talking about anything and anyone to avoid answering the question or taking accountability for your actions.

**Trafficking and Trading (TNT):** Engaging in lending, borrowing or trading any item or service.

**Treatment Team:** A group of people, including you, who make decisions about substance abuse treatment. Members may include counseling, security, and classification, medical, mental health, parole or other Staff.

**Uptight:** Tense, worried or anxious.

### 13. Addendum

#### **When You Remain On-Site at MTC after Completing Core (180 or 365 day) Classes and PRC Program Extensions (when given), awaiting release from MTC**

TC treatment begins from the time offenders sign into the program and continues until they are released or transferred from MTC. The mandated 180 or 365 days (and any program extensions by PRC) constitute your "core classes". All other activities are part of the Therapeutic Community environment and continue 24/7 for the duration of your residence at MTC.

Offenders who have successfully completed their mandated 180/365 core classes (and remain at MTC awaiting their release) will continue in all treatment activities, continuing a half-day treatment and half-day work schedule.

They will be assigned to assist in facilitating specific core orientation, addictions and recovery classes, as determined with their primary counselor. If staff determines they are unable to facilitate treatment classes, they will be assigned other TC duties at those times. They also are encouraged to apply for TC Structure positions, including those that are paid full-time TC Positions.

Offenders who complete core 180/365 day classes may be referred to OMT or PRC. However, PRC will not "terminate" someone remaining at MTC after they have completed their core classes and PRC extensions (if applicable). If an offender's negative behavior warrants, they will be placed in AdSeg awaiting their release date, or transferred to another institution. Discharge Summaries will note any negative behavior after successful completion of required core classes.

Due to the large waiting list of new offenders needing treatment, if a successful completer's release date is more than 30 days after completion of core classes, he will request a transfer to another institution to await discharge.

If offenders receive a program termination during their 180/365 mandated core treatment period (including any PRC extensions), they are placed in ADSEG, awaiting transfer to another institution, or any other disposition determined by the Court or Parole Board. Once terminated, they are no longer in Therapeutic Community.

All offenders who remain on-site after completion of the core program are expected to use and respond appropriately to all TC Tools (push-ups and pull-ups, behavioral directives/contracts, TPRs etc.).

When signing into the program, all offenders sign a consent that gives them the information summarized above, so they understand that full participation in Therapeutic Community continues until the day they leave MTC.