

Welcome to Guthrie House Therapeutic Community

*“An incredibly glorious,
beautiful and exciting destiny
awaits us all.*

We are the creators.

*We, and all things in all
universes, are one.*

*There is absolutely nothing to
fear.*

*Love is the master key to all
doors.”*

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1. PROGRAM OVERVIEW

Guthrie House Therapeutic Community is a 4 month residential substance abuse treatment program where residents have the opportunity to make changes in their lives.

There are 4 phases to the program that assist in developing skills for Recovery Management, Re-entry planning and linkages to Recovering Communities.

The aim of treatment involves a change in lifestyle and personal identity. The primary approach to treatment is the community as a healer versus individual focus. Treatment activities emphasize learning, doing therapy rather than getting therapy.

Our goal is to provide a safe and healing environment that will prepare residents to Successfully live in their communities.

2. TOOLS WE USE TO CHANGE - COMMUNITY AS METHOD

- 1) ***Use of Participant Roles*** – Each individual participates in and contributes to all activities of daily life in the Guthrie House TC. This provides him with the opportunity to learn by taking on a variety of social roles such as peer, friend, coordinator and tutor. Individuals are active participants in the process of changing themselves and others.
- 2) ***Use of Membership Feedback*** – Peer members are the primary source of instruction and support for individual change. Providing observations and authentic reactions to the individual is the shared responsibility of all residents.
- 3) ***Use of Membership as Role Models*** – Each resident strives to be a role model of the change process. Along with this responsibility each resident has to provide feedback to others as to what they must change. Each Guthrie House TC resident must also be a living example of such change.
- 4) ***Use of Collective Formats for Guiding Individual Change*** – The Guthrie House TC residents engage in the process of change primarily with their peers. Education, training and therapeutic activities occur in groups, meetings, seminars, job functions and recreation. The learning and healing experiences essential to recovery and personal growth unfold in a social context and through social exchanges – in community.
- 5) ***Use of Shared Norms and Values*** – Rules, regulations and social norms protect the physical and psychological safety of the community. However, there are also beliefs and values that serve as explicit guidelines for self-help recovery and for teaching right living.

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- 6) ***Use of Structure and Systems*** – Work in the Guthrie House TC includes the many jobs and management roles needed to maintain the daily operations of the facility. The organization of this work is a primary vehicle for teaching self-development. Learning occurs not only through specific skill training, but also in adhering to procedures, in accepting and respecting supervision, and in behaviour as a responsible member of the community – being someone on whom others depend.

- 7) ***Use of Open Communication*** – The public nature of shared experiences in the community is used for therapeutic purposes. The private life of the individual, his/her feelings and thoughts are matters of importance to the recovery and change process, not only for the individual, but also for other residents of the Guthrie House TC. Thus, all personal disclosure is eventually publicly shared.

- 8) ***Use of Relationships*** – Friendships with particular individuals, peers and staffs is essential to encourage the individual to engage and remain in the change process. Relationships developed in treatment are the basis for the social network needed to sustain recovery beyond treatment.

3. OUR GOALS - PROGRAM THEMES

Decision making with regards to programs and programming in the Guthrie House TC (i.e. content, format, delivery, assessment, confrontation, reflection...) must take into consideration the purposive use of the community in creating social and psychological change in the residents. Programs and programming will be more successful when the following four themes are considered – factored into – the decision making process.

- ❑ **Community as Method** - community as primary change agentⁱ. Belief in the power of a therapeutic milieu or ‘total environment’ geared to recoveryⁱⁱ. Creating community (common-unity) by living and making decisions in a cooperative process of self-help and mutual help. In the Guthrie House TC, the community is both teacher and healerⁱⁱⁱ (e.g. “We will **support you** to achieve change by making healthy choices for yourself.”).

- ❑ **Principles of Learning** – recovery from addiction is a developmental learning process...a hierarchal stages of change process (e.g. Prochaska and DiClemente^{iv}), involves social and didactic learning^v, and takes into account individual readiness/capacity to change (e.g. “The **motivated client** agrees with the presented view, complies with feedback, states desire for help, participates in group, and has successful outcomes.”). “An important concept...is the principle of treatment responsivity. This involves matching the learning style of the offender to the treatment approach in order to maximize the effectiveness of the intervention.”^{vi}

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- **Increased Self-Awareness/Self-Esteem** – co-creating a safe environment and supportive family-like atmosphere. Better understanding the relationship between belonging and individuality^{vii}. Restoring and re-humanizing...a holistic view of recovery. Treating each other with dignity and respect while raising one’s consciousness of the effect of their conduct and attitudes on themselves and others (e.g. “A major focus is on development of **affective skills**^{viii}...such as identifying and expressing self in a pro-social manner.)
- **Developing Independent Living and Interpersonal Skills** – appropriate attitudes and values concerning work, self-care, relationships...and right living^{ix} are taught and role modelled. Substance abuse and criminality are seen as symptomatic behavioural problems that are secondary to the disorder of the whole person^x (e.g. “Programs foster **internal control** in the individual...that each is responsible/accountable for decisions of personal health and welfare.”)

4. **WHAT WE LIVE BY – OUR PHILOSOPHY**

Guthrie House Therapeutic Community Philosophy

We have made a commitment to change ourselves by creating a respectful, clean and sober environment, where we will heal our minds, bodies, and spirits.

We will grow through individual and community challenges, changing our behaviours, thoughts, attitudes and beliefs.

We will succeed and take our rightful place in or communities.

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5. HOW OUR PHILOSOPHY WORKS

Instilling Hope - No one can argue that addiction is a hopeless existence. In the TC, members learn that they are not hopeless; addiction can be overcome. In addition, the members begin to experience success by moving through the phases of the TC and achieving their goals.

Feeling of Togetherness - By observing and communicating with fellow addicts, the TC members begin to recognize their common ties, thus shedding their feeling of uniqueness. Also, the loving concern in the community prevents the members from isolating themselves, isolation being one of the primary causes of addiction.

Altruism - By helping fellow members, the addicts begin to develop a sense of self-worth and feel a sense of being needed and belonging.

Socialization - In direct contrast with their addictive behaviours, the addicts learn how to satisfy their needs within the rules and regulations of the TC. The addicts learn socially acceptable forms of communication, needs fulfillment, and gratification delay – skills which they probably never had.

Group Cohesion - As new members become integrated into the TC, they learn that they are valuable to and necessary in the community. This realization fosters a sense of self-esteem and helps still the fear of rejection that leads to isolation.

Development of Interpersonal Skills and the Sharing of Information - Isolation stunts the development of skills used to relate and share with others. As the members progress in their TC experience, they learn how to talk about, identify, and express emotions appropriately; give and accept criticism; and share life's successes and failures with others who care.

Reliving Situations from the Community of Origin - Most addicts come from dysfunctional or ineffective families. The TC acts as a new, healthy community, in which the members can observe, practice, and relearn all of the skills and coping behaviours they learned incorrectly as a child.

Identification - In the TC, the addicts come to identify with healthy role models: the senior recovering members and staff. Thus, the members begin to see themselves as they can be, and they feel a sense of belonging to a healthy group or community.

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6. OUR DAILY SCHEDULE - STRUCTURED DAY

7:00 am	-Breakfast	
7:30 am	-Shower, clean up, prepare for morning meeting, inspection and the rest of the day.	
8:00 am – 8:15 am	-“Good Morning” meeting to update residents and be uplifting and positive; creating a sense of community.	
8:15 am – 9:00 am	-Workers with jobs outside Guthrie go to work. -Jobs for inside Guthrie house to be completed. -Prepare for morning primary treatment group.	
9:00 am – 10:30am	-Morning treatment group. -A time for afternoon treatment members to do assigned jobs.	
10:30 am – 12:00 pm	-Personal time for residents (journaling, reading, or assignments).	
12:00 pm – 12:30 pm	-Lunch.	
1:00 pm – 3:00 pm	-Workers with jobs outside Guthrie go to work. -Afternoon Treatment Group /Orientation Group -Morning Treatment Members to do assigned jobs.	
3:00 pm – 4:30 pm	-Gym.	
5:00 pm – 5:30 pm	-Dinner.	
6:00 pm – 8:00 pm	-Hobbies.	
7:30 pm – 8:30 pm	-N.A. on Monday, A.A on Wednesdays and Fridays.	
8:30 pm – 9:00 pm	-Evening meeting, to update residents and be uplifting and positive; creating a sense of community.	
9:00 pm – 10:00pm	-Hobbies.	
10:00 pm	-End of the Day.	<ul style="list-style-type: none"> *Peer Support Groups – Three times a week *Celebration Meeting – “Last Tuesday of the month” *House Coordinator/Crew Leaders/Staff meeting Mondays *Large group presentations Fridays

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7. RESIDENT JOB DESCRIPTIONS

SENIOR COORDINATOR

The Senior Coordinator has a very important job in the house structure, as s/he is responsible for the supervision of the entire house. S/he is responsible for communicating directly with staff concerning matters that impact the community. The Senior Coordinator is in a position where s/he must be a role model for the rest of the community member. Overall, s/he must remember that s/he is responsible for making sure that all rules and regulations within the facility are followed, and that all attitudes are dealt with in the appropriate manner.

JOB DESCRIPTION – ASSISTANT COORDINATOR

The job function of the Assistant Coordinator requires that they be in constant contact with the Senior Coordinator of the facility. The Assistant Coordinator is the Crew Leader of all Crew Leaders and therefore must understand each Crew and its functions. The job of Assistant Coordinator requires a highly motivated and competent individual as it is a job.

JOB DESCRIPTION – BUSINESS/COMMUNICATIONS CREW

The following is a general outline of the duties/responsibilities for all persons working on the Business and Communications Crew. The Business and Communications Crew is a vital part of the facility's daily operation. The words communicate and community is derived from the same root word. You cannot build a community without the presence of good communications. The responsibility of this Crew therefore is to keep the community informed.

JOB DESCRIPTION – KITCHEN CREW

The Kitchen Crew is crucial to the overall health and well being of each member in the Therapeutic Community. This Crew is responsible for the provision of three nutritionally balanced meals and snacks for the TC on a daily basis. This Crew is also responsible for community rituals. That is, the Crew initiates, plans and carries out rites, rituals, and celebrations that create a shared experience for the community. For example, the Kitchen Crew plans and carries out celebrations for graduations, birthdays and fun activities during breaks.

JOB DESCRIPTION – MAINTENANCE/SERVICE CREW

The Maintenance Crew is responsible for maintaining an attractive, comfortable, orderly, and clean environment for the community to carry out the work of the day. They are responsible for maintaining all general cleanups within the facility.

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JOB DESCRIPTION – ORIENTATION CREW

Orientation Crew is the welcoming committee of the Therapeutic Community. They Educate new residents on the TC rules and behavioural expectations. Mentoring new Residents through the orientation phase helps with assimilation and is an integral part to Building the community.

8. WHAT YOU WILL ACCOMPLISH DURING THE 4 PHASES OF TREATMENT

Orientation Phase

During the first 2 weeks to 1 month, individuals are assimilated into the community. Orientation activities include Program Intro, referral and participation in CORE programs, development of relationships, personal assessment, building an understanding of the addictive disorder, and random drug screens.

To meet Phase I goals successfully and to move to Phase II, a resident demonstrates:

- Understanding of TC policies, procedures, philosophy, and expectations
- Trusting relationships with at least some of his or her peers and TC staff members
- An initial understanding of his or her circumstances and need for support and assistance in recovery
- An understanding of the TC view of substance use disorder as a disorder of the whole person
- A beginning understanding of what is needed for recovery
- A willingness to commit to the recovery process, including agreeing to remain in treatment
- Some self-discipline
- Attendance at all community meetings
- Successful completion of the Early Recover Skills Program
- Completion of the CEST Intake
- Completion of the Criminal Thinking Scales
- Completion of the Addiction Severity Index (to be determined)
- Needs assessment and appropriate referral into Work, Core and educational programs
- Clean drug screens

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Primary Treatment Phase

The main goals of the second phase of treatment are socialization, personal growth and psychological awareness and takes place over a minimum of 2 – 3 months. In this phase community expectations for the residents' full participation in all activities and roles markedly

increases, as does the intensity of group process and peer and staff counseling. Job functions become more complex, privileges grant wider latitude, and seminar content expands to address a wide variety of themes relating to recovery and right living. Treatment activities include ongoing assessment, Individual Treatment Planning, attendance to Didactic Encounter Groups, Cognitive Restructuring, Family/relationship enhancement, and Release Planning.

To meet Phase 2 goals successfully and to move to Phase 3, a resident is expected to:

- Conform to the rules and procedures of the TC
- Participate consistently in daily activities including attendance at all community meetings
- Acknowledge orally the seriousness of his or her substance use and other problems
- Accept increasing responsibility in work assignments.
- Set a positive example for other residents
- Accept TC staff members as rational authorities
- Accept responsibility for his or her behaviour, problems, and solutions
- Co-facilitate group sessions and meetings with senior residents
- Earn increasingly more privileges and hold increasingly responsible jobs in the TC.
- Development of a Individual Treatment Plan
- Successful completion of Reading Assignments
- Successful completion of at least 100 hours of clinical group
- Development of a Release Plan
- Clean drug screens

Re-entry/Transition Phase

The primary objectives of re-entry are to facilitate the individual's separation from Guthrie House and entry to an aftercare program in the larger society. To meet Phase 3 goals successfully and to move to Phase 4, a resident is expected to:

- Be an active participant in group sessions and meetings and frequently co-facilitate groups with other senior residents
- Adopt self-management skills and develop the ability to handle privacy appropriately
- Become involved with school or vocational training
- Develop a positive social network of peers during furloughs
- Become an established role model and provide leadership in the community
- Successful completion of Relapse Prevention Training
- Comprehensive written Aftercare plan

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Aftercare Stage:

The 4th phase is in the community and will last at least 6 months. Aftercare activities include outpatient clinics, Day Intensive Program, Residential Treatment, etc....

Residents who have completed the TC program successfully and are eligible for graduation:

- Have remained alcohol and drug free
- Are employed or are in school or a training program
- Have resolved or are in good standing regarding their legal problems

- Have resolved most of their practical problems, like housing, health, and family estrangement
- Accept that they need to continue to work on particular problem areas and on themselves in general
- Have a regular therapist, if necessary
- Are attending NA or AA meetings regularly
- Are committed firmly to continued abstinence
- Have stayed in touch with the TC via telephone and/or in person with the Outreach Worker
- Are actively involved with a support network
- (and/or Have followed your Release Plan. Many of the above items will be included in your Release Plan.)

ⁱ Center for Substance Abuse Treatment, (2006). *Therapeutic Community Curriculum: Trainer's Manual*. DHHS Publication No. (SMA) 06-4121. Rockville, MD: Substance Abuse and Mental Health Services Administration, (pg. 4-11)

ⁱⁱ Center for Substance Abuse Treatment, (2006). *Therapeutic Community Curriculum: Trainer's Manual*. DHHS Publication No. (SMA) 06-4121. Rockville, MD: Substance Abuse and Mental Health Services Administration, (pg. 2-8)

ⁱⁱⁱ Gaudenzia, Inc. (2006). *Therapeutic Community Experiential Training Manual*, (pg. 23 of Day 1)

^{iv} Prochaska, James, and DiClemente, Carlo, (1986).

^v Center for Substance Abuse Treatment, (2006). *Therapeutic Community Curriculum: Trainer's Manual*. DHHS Publication No. (SMA) 06-4121. Rockville, MD: Substance Abuse and Mental Health Services Administration, (pg. 4-15)

^{vi} Shine, John, (2001). Characteristics of Inmates Admitted to Grendon Therapeutic Prison and Their Relationships to Length of Stay, *International Journal of Offender Therapy and Comparative Criminology*, 45(2), (pg. 253).

^{vii} Center for Substance Abuse Treatment, (2006). *Therapeutic Community Curriculum: Trainer's Manual*. DHHS Publication No. (SMA) 06-4121. Rockville, MD: Substance Abuse and Mental Health Services Administration, (pg. 6-20)

^{viii} McCaffrey, B.R., Office of National Drug Control Policy, (1999). *Therapeutic Communities in Correctional Settings: The Prison Based TC Standards Development Project – Final Report of Phase II*. Report prepared for The White House Office of National Drug Control Policy, (pg. 3 of Appendix B).

^{ix} Center for Substance Abuse Treatment, (2006). *Therapeutic Community Curriculum: Trainer's Manual*. DHHS Publication No. (SMA) 06-4121. Rockville, MD: Substance Abuse and Mental Health Services Administration, (pg. 3-9)

^x McCaffrey, B.R., Office of National Drug Control Policy (1999). *Therapeutic Communities in Correctional Settings: The Prison Based TC Standards Development Project – Final Report of Phase II*. Report prepared for The White House Office of National Drug Control Policy, (pg. 2 of Appendix B).