

THERAPEUTIC COMMUNITY  
SURVEY OF ESSENTIAL ELEMENTS QUESTIONNAIRE  
(SEEQ)

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SEEQ QUESTIONNAIRE

**From the perspective of this program setting at your agency, rate each of following items on the basis of the following scale:**

**0=Objectionable; 1=Very Little Importance; 2=Some Importance; 3=Moderate Importance; 4=Fairly Important; 5=Extremely Important**

**I. TC PERSPECTIVE**

This section reflects the overall TC view of substance abuse, the view of the addict, the perspective on recovery and the meaning of Right or Healthy Living.

A. View of the Addictive Disorders

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1. Substance abuse is a disorder of the whole person.                     | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. The treatment problem to be addressed is not the drug, but the person. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Substance abuse is a symptom, not the essence of the disorder.         | 0 | 1 | 2 | 3 | 4 | 5 |

B. View of the Addict

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 5. Immaturity, conduct or character problems and low self esteem are typical psychological features of substance abusers.              | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Substance abusers are similar in the types of psychological and behavioral disorders that must be resolved if recovery is to occur. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Among substance abusers, the pattern of drug use is less important than the psychological and behavioral disorders.                 | 0 | 1 | 2 | 3 | 4 | 5 |

C. View of Recovery:

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 8. Recovery involves the development of a personal identity and global change in lifestyle including the conduct, attitudes, and values consistent with the concept of Right Living. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Abstinence from all psychoactive street drugs (not prescribed by an MD) is a prerequisite for sustained recovery.   | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Recovery involves not only rehabilitation but habilitation for many substance abusers.   | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Recovery is a continuing process that unfolds in characteristic stages that extend beyond the TC treatment.  | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. Recovery from drug addiction is a life-long process <i>involving continuing growth.</i>  | 0 | 1 | 2 | 3 | 4 | 5 |

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D. View of Right Living

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 13. Right Living develops from committing oneself to the values shared by the TC community.                                   | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Right Living involves positive social values, such as the work ethic, social productivity, and community responsibility.  | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Right Living reflects personal values, such as honesty, self-reliance, and responsibility to self and significant others. | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. Recovery comes about through the commitment to Right Living   | 0 | 1 | 2 | 3 | 4 | 5 |

**Rate each of the following questions according to the following criteria:**

**0= Not included/used in this program; If included in this program, how would you rate its importance:**

**1=Very Little Importance; 2=Some Importance; 3=Moderate Importance; 4=Fairly Important; 5=Extremely Important**

**II. THE AGENCY: TREATMENT APPROACH AND STRUCTURE**

The treatment approach and structure provide the framework within which the therapeutic process takes place. Ideally the structure augments the therapeutic aims of the TC and is comprised of the managerial procedures consisting of the lines of authority along with the agency's policies, rules and regulations.

A. Agency Organization

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 17. Program involves drug free treatment (with the exception of physician prescribed medication).   | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. There is a minimum planned duration of residential TC treatment of 6 months or more, although exact length may vary according to individual requirements.   | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. Program adheres to the Clients Bill of Rights as defined in the Therapeutic Community Certification Manual (or another acknowledged client bill of rights.) | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. There are cardinal rules which if violated, can lead to termination from program. (i.e., no drug use, no violence or sexual acting out.)                    | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. There is a written, agreed upon and periodically updated treatment plan for each resident.  | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. There are written, agreed upon, and well known administrative procedures.   | 0 | 1 | 2 | 3 | 4 | 5 |
| 23. Program includes staff training which all clinical staff must complete.   | 0 | 1 | 2 | 3 | 4 | 5 |
| 24. Program includes staff training which all non-clinical staff must complete.   | 0 | 1 | 2 | 3 | 4 | 5 |

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B. Agency Approach to Treatment

25. Treatment involves focusing on belonging to the community. 0 1 2 3 4 5

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4=Fairly Important; 5=Extremely Important

26. Treatment involves learning and becoming committed to shared community values. 0 1 2 3 4 5

27. Treatment entails participating in the treatment community. 0 1 2 3 4 5

28. Treatment involves learning by doing. 0 1 2 3 4 5

29. Treatment encompasses learning by watching others. 0 1 2 3 4 5

30. Treatment encompasses a multidimensional treatment approach involving therapy, education, values and skills development. 0 1 2 3 4 5

31. Treatment entails both insight and the appropriate emotional experiences 0 1 2 3 4 5

32. Treatment encompasses developing individual responsibility. 0 1 2 3 4 5

33. Treatment involves caring and sustained responsibility to others. 0 1 2 3 4 5

34. Treatment involves specialized planning to meet the specific needs of individual substance abusers. 0 1 2 3 4 5

35. Treatment encompasses developing behavioral alternatives to the use of drugs. 0 1 2 3 4 5

C. Staff Roles and Functions

36. The primary clinical staff includes ex-addicts rehabilitated in the TC or similar program. 0 1 2 3 4 5

37. Staff includes recovering drug addicts to serve as role models for clients. 0 1 2 3 4 5

38. Clinical staff function as rational authorities. 0 1 2 3 4 5

39. Clinical staff serve as role models for shared community values. 0 1 2 3 4 5

40. The most important role of the clinical staff is to facilitate the clients' commitment to the shared community values. 0 1 2 3 4 5

41. Clinical Staff retains ultimate authority for the disposition of client status. 0 1 2 3 4 5

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42. Staff provide residents with the reasons and projected consequences regarding their decisions. 0 1 2 3 4 5

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4=Fairly Important; 5=Extremely Important

D. Clients Role and Functions

43. Clients are stratified by levels of responsibility and clinical status, such as Junior, Intermediate and Senior. 0 1 2 3 4 5
44. Senior residents acquire increasing responsibility for administrative and maintenance functions. 0 1 2 3 4 5
45. Senior residents take responsibility for orienting and instructing new clients. 0 1 2 3 4 5
46. Senior residents conduct important peer management functions (i.e., house meetings, etc.) 0 1 2 3 4 5
47. Residents facilitate some groups or seminars while staff monitors. 0 1 2 3 4 5
48. Senior residents act as role models for more junior clients. 0 1 2 3 4 5

E. Health Care

49. Program provides regular physical examinations. 0 1 2 3 4 5
50. Program provides health education training in both prevention and control of threatening diseases. 0 1 2 3 4 5

**III. COMMUNITY AS THERAPEUTIC AGENT**

This section refers to use of the community as a therapeutic agent and the strengthening of the community bonds that allow it to carry out its therapeutic function.

A. Peers as Gate Keepers

51. Program uses groups to provide "positive persuasion" to change behavior and attitudes. 0 1 2 3 4 5
52. Program employs confrontation by peer groups when community values are breached. 0 1 2 3 4 5
53. Peers provide supportive feedback, such as reinforcement,

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instruction and suggestions for changing behavior and attitudes. 0 1 2 3 4 5

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54. Program fosters the development of personal relationships to facilitate individual change. 0 1 2 3 4 5

55. Clients confront the negative behavior and attitudes of each other and the community. 0 1 2 3 4 5

56. Clients provide affirmation of positive behaviors of others in the community 0 1 2 3 4 5

B. Mutual Help

57. Much of the help received by the clients is informal and carried out by the residents themselves in their daily interactions. 0 1 2 3 4 5

58. There are therapeutic group activities in which clients help each other. 0 1 2 3 4 5

59. Clients are aware of the therapeutic goals of fellow residents and try to assist them to achieve these goals. 0 1 2 3 4 5

C. Enhancement of Community Belonging

60. The evaluations of client progress reflects their commitment to community values. 0 1 2 3 4 5

61. Staff and residents eat together in the same dining room. 0 1 2 3 4 5

62. Meetings are held daily that serve to motivate clients. 0 1 2 3 4 5

63. Meetings are held daily in which community business either is or can be transacted. 0 1 2 3 4 5

64. General meetings are convened as needed to address negative (or extraordinary positive) behavior, attitudes or incidents at the facility. 0 1 2 3 4 5

65. There are daily or frequent seminars that convene the entire facility to provide information on recovery and Right Living. 0 1 2 3 4 5

66. Residents participate in program rituals and traditions, such as initiations, graduations, etc.) 0 1 2 3 4 5

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67. Residents and staff participate together in some leisure activities, such as organized sports, etc. 0 1 2 3 4 5

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4=Fairly Important; 5=Extremely Important

68. Problem solving in the community is a combined responsibility of the residents and the staff. 0 1 2 3 4 5

D. Contact with Outside Community (Complete for Residential Programs Only)

69. The program monitors or supervises contact with individuals outside the TC. 0 1 2 3 4 5

70. Unsupervised contact with people outside the community (with the exception of family or outside ancillary treatment facilities) is related to clinical progress. 0 1 2 3 4 5

E. Community/Clinical Management: Privileges.

71. Privileges are related to progress in program. 0 1 2 3 4 5

72. Status advancement (i.e., head of work unit, etc.) is used as a reward for clinical progress. 0 1 2 3 4 5

F. Community/Clinical Management: Sanctions

73. Program contains a written set of norms governing client behavior. 0 1 2 3 4 5

74. Behavioral contracts or learning experiences are used to correct infractions of written rules. 0 1 2 3 4 5

75. Program provides sanctions for violating behavior rules. 0 1 2 3 4 5

76. Disciplinary actions are designed as learning experiences. 0 1 2 3 4 5

77. The choice of disciplinary actions depends upon clinical considerations. 0 1 2 3 4 5

G. Community/Clinical Management: Surveillance

78. Program includes regular drug screening (i.e., random urine analysis as well as tests for probable cause.) 0 1 2 3 4 5

79. There are periodic "House Runs" or thorough inspection of the premises. 0 1 2 3 4 5

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**IV. EDUCATIONAL AND WORK ACTIVITIES**

This section refers to the extent to which both informal and formal education and training are included as integral components of the overall program and used to support the therapeutic aims.

A. Formal Educational Elements

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 80. The daily activities include both therapeutic and educational /vocational goals.                                      | 0 | 1 | 2 | 3 | 4 | 5 |
| 81. Educational seminars are held on various topics of concern to clients (i.e., gender, health issues such as HIV, etc.) | 0 | 1 | 2 | 3 | 4 | 5 |
| 82. The program includes academic training or tutoring services for those who need it.                                    | 0 | 1 | 2 | 3 | 4 | 5 |
| 83. The program includes vocational training and/or experience.   | 0 | 1 | 2 | 3 | 4 | 5 |

B. Therapeutic-Educational Elements

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 84. Listening, speaking and communication skills are emphasized.   | 0 | 1 | 2 | 3 | 4 | 5 |
| 85. Program includes training in personal decision-making skills.  | 0 | 1 | 2 | 3 | 4 | 5 |
| 86. Regular seminars are held to help residents balance the emotional and cognitive experiences of the TC program. | 0 | 1 | 2 | 3 | 4 | 5 |
| 87. Clients are taught to control their emotions and release them in appropriate contexts, such as group, etc.     | 0 | 1 | 2 | 3 | 4 | 5 |
| 88. Clients learn conflict resolution skills.  | 0 | 1 | 2 | 3 | 4 | 5 |
| 89. Work is utilized as part of an educational and skill training process.   | 0 | 1 | 2 | 3 | 4 | 5 |

C. Work as Therapy

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 90. There is a hierarchical structure consisting of different levels of resident job functions. | 0 | 1 | 2 | 3 | 4 | 5 |
| 91. Residents' job functions are related to clinical progress.                                  | 0 | 1 | 2 | 3 | 4 | 5 |



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92. Work is utilized as part of the therapeutic program (i.e., to build self-esteem and social responsibility.) 0 1 2 3 4 5

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4=Fairly Important; 5=Extremely Important

93. Work is used to help develop interpersonal skills ( i.e., coping with criticism, authority.) 0 1 2 3 4 5
94. Work is used to develop a cooperative attitude. 0 1 2 3 4 5
95. Work is used to reinforce the values of the community. 0 1 2 3 4 5
96. Clients perform all chores, such as cooking, cleaning and home maintenance functions. 0 1 2 3 4 5

**V. FORMAL THERAPEUTIC ELEMENTS**

This section refers to the formal therapeutic activities carried out by the TC.

A. General Therapeutic Techniques

97. Clients are encouraged to "act as if" as a means of developing a more positive attitude. 0 1 2 3 4 5
98. Positive performance of clients is reinforced with praise. 0 1 2 3 4 5
99. Confrontation is used to counter effects of negative behavior and attitudes. 0 1 2 3 4 5
100. Confrontation focuses upon behavior, not the individual. 0 1 2 3 4 5
101. Self-help techniques are taught throughout the program and accelerated before re-entry. 0 1 2 3 4 5
102. Peer feedback occurs more frequently than staff counseling. 0 1 2 3 4 5

B. Groups as Therapeutic Agents

103. Use of encounter groups to confront negative behavior and attitudes. 0 1 2 3 4 5
104. Use of periodic probes (staff led groups) that meet to uncover important and sensitive biographical material. 0 1 2 3 4 5
105. Program uses didactic tutorial groups to teach interpersonal skills and recovery oriented concepts. 0 1 2 3 4 5

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106. Periodic use of marathons and retreats to develop insight and catharsis. 0 1 2 3 4 5

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4=Fairly Important; 5=Extremely Important

C. Counseling Techniques

107. Counselors more often interact informally than formally with residents. 0 1 2 3 4 5

108. Counselors serve as role models for residents 0 1 2 3 4 5

109. Much of the counselors' influence is exerted outside the formal counseling situation. 0 1 2 3 4 5

110. Counselors function as a role model is of equal or greater importance than their formal therapeutic capacity. 0 1 2 3 4 5

111. Staff counselors meet individually with residents on a regular basis. 0 1 2 3 4 5

112. Staff counseling techniques sometimes include didactic instruction. 0 1 2 3 4 5

113. Staff counseling techniques sometimes include personal sharing of experiences and feelings. 0 1 2 3 4 5

114. Staff counseling techniques include redirecting clients to peers. 0 1 2 3 4 5

D. Role of the Family

115. Family Services or counseling is included in the treatment plan. 0 1 2 3 4 5

116. Where appropriate, the family is utilized as a therapeutic or behavior management agent. 0 1 2 3 4 5

**VI. PROCESS**

Rehabilitation in the TC unfolds as a developmental process which may be understood as a passage through several stages of incremental learning.

A. Stages of Treatment

117. The program is designed as 3 main stages, orientation/induction, primary treatment, and reentry, with sub phases in each stage. 0 1 2 3 4 5

118. There are phase specific goals that residents are expected to meet. 0 1 2 3 4 5

119. There is a programmatic or planned sequence of increasing

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responsibility for residents as clinical goals are met. 0 1 2 3 4 5

**Rate each of the following questions according to the following criteria:**

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1=Very Little Importance; 2=Some Importance; 3=Moderate Importance;  
4=Fairly Important; 5=Extremely Important

B. Introductory Period

120. The goals of orientation/ induction, center upon assimilating the resident into the community. 0 1 2 3 4 5
121. There is a psycho social evaluation of the individual at the time of entry into program. 0 1 2 3 4 5
122. An individualized treatment plan is developed following the initial evaluation and then revised periodically throughout treatment. 0 1 2 3 4 5
123. There is an initial period in which new clients are assigned to senior residents or staff for introduction to the program and initial support. 0 1 2 3 4 5

C. Primary Treatment Stage

124. A major goal of the primary treatment stage is psychological growth. 0 1 2 3 4 5
125. A main goal of the primary treatment stage is building a sense of ownership or belonging in the community. 0 1 2 3 4 5
126. A main goal of the primary treatment stage is reinforcing abstinence from drugs. 0 1 2 3 4 5
127. Program encompasses clients developing a realistic view of their capabilities and prospects. 0 1 2 3 4 5
128. Program involves adhering to rules and accepting behavioral disciplinary contracts. 0 1 2 3 4 5
129. Program involves increasing privileges and more responsible job functions. 0 1 2 3 4 5
130. Program involves developing a commitment to the shared values and goals of the community. 0 1 2 3 4 5
131. Program includes focus on clients becoming more employable. 0 1 2 3 4 5
132. Program encompasses the development of autonomous decision making skills. 0 1 2 3 4 5

D. Community Re-entry Period

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133. The main goal of re-entry is the preparation for and transition to life outside of the TC. 0 1 2 3 4 5

**Rate each of the following questions according to the following criteria:**

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1=Very Little Importance; 2=Some Importance; 3=Moderate Importance; 4=Fairly Important; 5=Extremely Important

134. A major goal of re-entry in a TC is encouraging a sense of individuality or selfhood. 0 1 2 3 4 5

135. A main goal of re-entry is the development of a network of positive support systems. 0 1 2 3 4 5

136. The re-entry program involves increased individual decision making. 0 1 2 3 4 5

137. The re-entry program utilizes "live out" or "working out" status." 0 1 2 3 4 5

138. The re-entry program involves monitored or supervised work, training, or education outside of agency facility. 0 1 2 3 4 5

139. The agency offers aftercare services following discharge. 0 1 2 3 4 5

140. The agency offers services to help clients to help clients locate jobs and/or housing 0 1 2 3 4 5

**Sources of Items**

Center for Therapeutic Community Research (CTCR) TC Expert Panel consisting of: Jean Denes, Charles Devlin, Ray Frost, Dr. James Inciardi, David Kerr, Joseph Locaria, Kevin McEneaney, David Mactas, Rod Mullen, Robert Neri, Dr. Harry Wexler, and Ronald Williams.

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