THERAPEUTIC COMMUNITY
SURVEY OF ESSENTIAL ELEMENTS QUESTIONNAIRE (SEEQ)

SHORT FORM

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SEEQ
Short Form

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
Substance abuse reflects a more general problem in coping.   0   1   2   3   4   5

B. View of the Addict
Substance abuse has its roots in other more general
developmental or psychological problems.   0   1   2   3   4   5

C. View of Recovery:
Recovery involves global changes in identity,
behavior, and life style   0   1   2   3   4   5

D. View of Right Living
Right living, including self-reliance and positive social and
work related attitudes is crucial to the recovery from substance abuse.   0   1   2   3   4   5

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 polices, rules and regulations.

A. Agency Organization
There is an emphasis on structure, including a full program of
 mandatory daily activities and meetings, rules for behavior
and clear consequences for breaking these rules.   0   1   2   3   4   5

B. Agency Approach to Treatment
The treatment approach centers on members' participation
in the community.   0   1   2   3   4   5

C. Staff Roles and Functions
Staff members function first as members of the community
who reinforce community values, confront breaches in accepted
behavior, and serve as role models for others.   0   1   2   3   4   5

Rate each of the following questions according to the following criteria:
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D. <u>Clients Role and Functions</u>
Clients, particularly senior residents, function as members of a
community, sharing responsibility for the maintenance and health
of the community, adherence to community values, and serving
as role models for others.   0   1   2   3   4   5

E. <u>Health Care</u>
The program teaches good health practices, including regular physical
examinations, health education and AIDS prevention training.   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. <u>Peers as Gate Keepers</u>
Peers, particularly the senior residents, protect the community
values, by offering support, using positive persuasion and, when
necessary, confrontation.   0   1   2   3   4   5

B. <u>Mutual Help</u>
Members developing deep personal relationships and helping each
other is critical to the recovery process.   0   1   2   3   4   5

C. <u>Enhancement of Community Belonging</u>
There are daily activities, such as meetings, etc., that emphasize
participation in the community.   0   1   2   3   4   5

D. <u>Contact with Outside Community</u> **(Complete for Residential Programs Only)**
The extent and type of contact with the outside community is
subject to the member's clinical progress.   0   1   2   3   4   5

E. <u>Community/Clinical Management: Privileges,</u>
Status and privileges are related to progress in the program.   0   1   2   3   4   5

F. <u>Community/Clinical Management: Sanctions</u>
There are sanctions for violating community norms.   0   1   2   3   4   5

G. <u>Community/Clinical Management: Surveillance</u>
The program includes some form of surveillance, such as regular
drug screening and/or periodic inspections 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
There are educational activities, such as seminars in special topics,
academic training and/or vocational training.   0 1 2 3 4 5

B. Therapeutic-Educational Elements
There is an educational component that focuses on personal
development, such as control of emotions, and conflict resolution,
personal decision-making, communication and listening skills.   0 1 2 3 4 5

C. Work as Therapy
Work is used as part of the therapeutic program (i.e., to build
self-esteem and social responsibility.)   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
The members are reinforced for acting in a positive manner
while negative behavior is met with confrontation.   0 1 2 3 4 5

B. Groups as Therapeutic Agents
There are numerous group activities that reinforce community
values and encounter negative behavior.   0 1 2 3 4 5

C. Counseling Techniques
The counselor serving as a role model for the attitudes and
behavior sanctioned by the community is central to the therapeutic task.   0 1 2 3 4 5

D. Role of the Family
Where appropriate, the family is included in the therapeutic plan.   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
Treatment is designed to consist of three main stages,
orientation, primary treatment an reentry, each with their
own specific goals and expectation.   0 1 2 3 4 5

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B. <u>Introductory Period</u>
The major goal of orientation/ induction, center upon assimilating the
resident into the community.   0   1   2   3   4   5

C. <u>Primary Treatment Stage</u>
 A major goals of the primary treatment stage is the development
of set of values consistent with those of the community.   0   1   2   3   4   5

D. <u>Community Re-entry Period</u>
The main goal of re-entry is the preparation for and transition
to personal independence outside of the TC.   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.

De Leon, G. (1986). The therapeutic community for substance abuse: Perspective and approach. In G. De Leon & J.T. Ziegenfuss, Jr. (Eds.)
<u>Therapeutic Communities for Addictions</u>. Charles C. Thomas: Springfield, Ill.

Kerr, D.H., <u>Certification Manual</u>, Task Force on Credentialing, Therapeutic Communities of America: Newark, N.J.

Sugarman, B. (1986). Structure, variations, and context: A sociological view of the therapeutic community.In G. De Leon & J.T. Ziegenfuss, Jr. (Eds.)<u>Therapeutic Communities for Addictions</u>. Charles C. Thomas: Springfield, Ill.