THERAPEUTIC COMMUNITY
SURVEY OF ESSENTIAL ELEMENTS QUESTIONNAIRE
(SEEQ)
SHORT FORM

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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:

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

D. Clients Role and Functions
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. Health Care
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. Peers as Gate Keepers
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. Mutual Help
Members developing deep personal relationships and helping each other is critical to the recovery process. 0 1 2 3 4 5

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

D. Contact with Outside Community. (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. Community/Clinical Management: Privileges.
Status and privileges are related to progress in the program. 0 1 2 3 4 5

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

G. Community/Clinical Management: Surveillance
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. **Introductory Period**
   The major goal of orientation/induction, center upon assimilating the resident into the community.  
   0 1 2 3 4 5

C. **Primary Treatment Stage**
   A major goal of the primary treatment stage is the development of a set of values consistent with those of the community.  
   0 1 2 3 4 5

D. **Community Re-entry Period**
   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.

