



# METHODOLOGY MANUAL THERAPEUTIC COMMUNITY

Rehabilitation of users of psychoactive substances  
in therapeutic community settings

---





# CONTENTS

## OF THE MANUAL:

### 1. The history of therapeutic community development

1.1	Definition of therapeutic community.	4
1.2	The history of therapeutic community development (international experience)	4
1.3	The history of therapeutic community development in the Viata Noua community settings.	8

### 2. General description

2.1	In what way therapeutic community is different from other methods and approaches.	10
2.2	The eight fundamental notions in the therapeutic community method.	10
2.3	The basic rules and principles of a therapeutic community.	12

### 3. Detailed description of tools and interventions applied in TC

3.1	Schedule of activities.	14
3.2	Consulting.	14
3.3	Individual tasks.	16
3.4	Self-development.	16
3.5	Feelings diary.	16
3.6	Group activities.	17
3.7	Work activities: distribution of activities and joint activity.	20
3.8	Leisure activities of the community.	21

### 4. The roles structure and rehabilitation stages in therapeutic community settings

4.1	The roles structure.	22
4.2	The residents' activities structure and hierarchy.	24
4.3	Taking work-related decisions.	25

### 5. Regulated socialization

5.1	The structure.	26
5.2	The system.	26
5.3	The process of communication.	27
5.4	Daily schedule of planned activities.	27

### 6. Gender sensitivity

6.1	What are the problems common to both male and female residents of the TC?	28
6.2	What are the issues common to both male and female residents of the TC?	28

### 7. Requirements to the TC staff

7.1	Seven key rules for the staff.	30
7.2	The TC staff competence in understanding the connection of affiliation and individuality in the community.	30
7.3	The TC staff competence in understanding and facilitating the group process.	32
7.4	How staff facilitates treatment and learning by means of work.	33
7.5	The TC staff competence in understanding and encouraging vertical mobility and the system of privileges.	33
7.6	The TC staff competence in maintaining precise recording and documenting residents' personal files.	33

### 8. Monitoring and evaluation

8.1	Monitoring.	34
8.2	Valuation.	34

### 9. Appendices

Nº1	«Schedule»	36
Nº2	«Initial Questionnaire»	37
Nº3	«Key Agreements»	38
Nº4	«Individual Plan»	40
Nº5	«Description of ailment history, severity and effects»	42
Nº6	«Dream visualization and updating of plans»	43
Nº7	«Results of the first course and setting tasks for the vacation period»	44
Nº8	«Extract from the therapeutic community»	45
Nº9	«A shift handover log»	46
Nº10	«A guide-book for invited specialists and feedback»	48

# THE HISTORY

## OF THERAPEUTIC COMMUNITY DEVELOPMENT

### 1.1 Definition of therapeutic community (What is therapeutic community?)

Therapeutic Communities (TCs) are structured, psychologically informed environments [...] where the social relationships, structure of the day and different activities together are all deliberately designed to help people's health and well-being. (source: Richard Hayton, *Therapeutic Community, Kansas-City, Muccypu; Mid-America Addiction Technology Transfer Center, 1998*)

### 1.2 The history of therapeutic community development (international experience)

There had been numerous programs, which due to their nature and principles, made it possible to develop TC. The TC staff continues the ancient tradition of people helping their fellow-men and women to overcome substance addiction.

*In early 1900-s, Elton Mayo, M.D., and Joe Pratt, M.D., held small group meetings for patients. In such settings:*

- *Patients discussed their individual health conditions and ways to improve their health;*
- *Patients with improved health condition served as role models and key sources of motivation for other patients, who thus believed that their own condition could be improved;*

***In those groups, belief in self-improvement and the importance of giving assistance to others who are in need of it (mutual assistance) were the fundamental principles.***

In 1935, Alcoholics Anonymous (AA) was founded by two persons with alcohol addiction, stockbroker from New-York Bill Wilson and Dr. Bob Smith. They were trying to overcome the addiction and were frustrated because numerous attempts were always followed by a relapse.

The two met in Akron, Ohio. And having shared their experience and disappointments they got an idea of founding an organization of people with alcohol addiction who helped other people with alcohol addiction to stay sober. They strongly believed that people with alcohol addiction were able to help each other to stay sober. Today, the AA is an international group program of 12 steps and 12 methods, which support people during recovery.

Sponsorship is a vital component for the AA program. It is an arrangement when an AA old-timer, who had been on the program, works with one or more new-comers encouraging them to accept the program and, through interaction, facilitates the process of rehabilitation. And also, an old-timer of the AA, who had achieved positive results in recovery, serves as a key model for person, whom he supports.



There are common elements of the AA and current TC for both groups of patients with TB. They are as follows:

- Self-improvement
- Assistance to others (mutual assistance)
- Role modeling
- Small group format

In mid 1940-s, British psychiatrist Maxwell Jones felt disappointed by what he saw as failure of traditional psychiatric treatment. He founded a community in order to provide a structure and content for therapeutic change in the lives of people with prolonged psychic disorders. In his community, Jones treated successfully cases which were considered incurable, such as "chronic failures" and "peace breakers".

Jones built his approach on the theory that healthy group life is able to create healthy individuals; and he considered all connections to be potentially therapeutic. He also considered productive work to be an important component of treatment.

*The Jones model became a prototype of therapeutic community and got disseminated all over England. The term therapeutic community began to be used for describing such treatment community model.*

The common features of the first TC model and current TC models are as follows:

- Holistic approach that reaches out beyond a single level approach of traditional psychiatry or strictly medication approaches
- Belief that such community has a role in individual's rehabilitation
- Existence of clients who actively participate in community's activities and thus become able to successfully reintegrate and socialize in society
- Use of connections of and relations between all members of community for facilitating and intensification of recovery process.

## The Synanon program

The Synanon program was founded in 1958 by Charles Dederich (a reformed alcoholic) in California. Dederich founded Synanon to provide an alternative to the AA, which in his view was restricted, in particular, for people who at that time were using illicit drugs. At that time, the Narcotics Anonymous community was struggling to gain a footing; till 1960-s, having just several groups in California and New York it had not strengthened to its present form. The Synanon started as weekly group meetings. And within a year, it developed into a program that provided care and residence for treatment to people with disorders caused by psychoactive substance abuse.

*At the time when drug addicts were considered incurable, **SYNANON** was a new innovative organization bringing together a lot of people who lived and worked together to search and find personal change.*

The fundamental principles of the Synanon method applicable to current TC are as follows:

- Treatment should provoke dissonance, which means discord or conflict, with individual's self-rating to feel more comfortable in that condition
- A unique group meetings process was developed proceeding from the premise that - when challenged - people do soul-searching and learn new behaviors
- Community supports individual change process.

*Daytop Village and Phoenix House were the first TC programs founded under the impact of the Synanon model.*



Was founded in New York by Monsignor William B. O'Brien, Dr. Daniel Casriel, and some others.

In 1963, the center began to give treatment to convicts.

- To reach individuals' recovery and re-socialization a step-by-step treatment was used.
- The focus was on the correct behavior and correct living.
- In 1965, the term therapeutic community was first used to describe the New York Daytop Village.



Currently, the Phoenix House founded in 1967 is a major non-commercial organization providing treatment for and prevention of disorders caused by substance abuse.

- It is a traditional TC with a three-stage treatment method.
- Builds on the philosophy of mutual assistance to support addicts in overcoming addiction in structured environment.
- Focuses on patients' empowerment with skills and self-confidence for them to be able to live independent, productive and useful life.



# Current therapeutic communities

---

The TC developed to provide services to population. The major elements that have established in the course of their development are as follows:

## Professionals mix

TC members are mix of professionals; some of them are recovered ex-patients of TC and there are also degreed professionals.

## Evaluation and research

There is an increasing body of literature and research that demonstrate that TC is an effective treatment method.

## Standards

There is a trend towards having standardized programs with the determined standard of quality services, including both TC infrastructure and TC professional staff.

## Implementation

The TC approach was adapted and customized to suit various settings, particular population groups and needs in public funding; however, TCs retain the central characteristics of original TCs.

## Professional associations


Associations were founded; they bring together various TCs that share common views of professionalism of approaches applied in TCs.



## 1.3 THE HISTORY OF therapeutic community development in the Viata Noua settings







*In Moldova, TCs for supporting people with substance abuse have been developing along the same lines as TCs in other countries; however, they started to be founded much later than elsewhere.*

Main factors that made TCs necessary in Moldova were as follows:

- Increase in numbers of drug users in 1990-s
- Absence of positive recovery experience by means of traditional medication interventions
- Appearance of self-organized groups of drug users where drug users mutually supported each other in the recovery process (*in the format of informal meetings and non-formalized relations*)
- Some religious organizations were forthcoming to support and assist such self-organized groups.

*The first self-organized group was founded in Chisinau in 1999. The group began to develop dynamically - in terms of both quality and quantity - due to the ambitious attitude of several group members, the timely support and assistance of religious organizations and members of business community, and cooperation with the public substance abuse service.*

**On June 19, 2001**, the said group had the community association named Viata Noua officially registered. By the time of registration, the organization was working in the following areas i.e.:

- Assistance in overcoming substance abuse addiction following the TC principles and values. (Initially, one rented facility, a flat, was used for delivering such services to drug users. In the daytime, beneficiaries came to the facility to participate in group activities; while at night, the facility provided residence to those beneficiaries who needed more support and safe environment round-the-clock. This activity built on principles of mutual respect, distribution of roles and tasks, strife for self-development and mutual assistance. Later, two separate facilities, a day center and a residence center, became available.)
- Services of prevention of drug use, alcohol addiction, smoking, and STD infections. (The services are provided by former TC residents who successfully graduated from the rehabilitation program).

# GENERAL DESCRIPTION

## 2.1 In what way therapeutic community is different from other methods and approaches

What distinguishes TC from other treatment method is that community itself is used as primary treatment method to achieve positive pro-social and psychological changes in resident's life.

The central features of TC are:

- Structured daily schedule and social environment. TC seeks to facilitate moral healing, social learning, changes in behavior, and self-identification 24 hours a day 7 days a week.
- All members of community (both staff and residents) create the milieu for social learning.
- TC residents enjoy a stay in wholesome family environment; this helps them recover emotionally, change their living, and self-identity.



*Recovery is achieved through interaction with peers, self-assistance, and mutual assistance during learning.*

## 2.2 The eight fundamental notions in the therapeutic community method

### 1. Residents' roles

By participating in various activities and roles and making community's daily life activities possible residents eventually become an integral part of the community.

### 2. Permanent feed-back from colleagues and staff

Residents are watched and observed by all community members and are held responsible for their actions. They receive permanent supportive and correcting feed-back from other residents and staff; the feed-back is expressed with true and responsible concern for their well-being and success.

### 3. Key models

Residents embrace principles of recovery and correct living and step-by-step strive to become role models for other residents. Having made progress in their program residents serve as real-life examples of such changes and offer their comment to other residents on what other residents should change in themselves.



#### 4. Friendship and wholesome family relations

Early on, residents try to continue their insincere behavior and only wish to hang out. Having made some progress in treatment they learn what friendship is, they share their feelings and thoughts, and challenge others. Friendship may be for life and becomes a foundation for new social networks of patients.

#### 5. Collective learning

Residents work, learn and recover in group environment, such as meetings, classes, working groups, work, and leisure activities. In fact, all learning and treatment experience required for recovery and personal growth is gained in interaction with positive role models, peers.

#### 6. Internalization of TC culture and language

Gradually, residents embrace and learn the language of TC. Internalization of language is evidence of their assimilation of TC culture of change and of their progress and success.

#### 7. Hierarchic work structure and communication system

In the hierarchic work structure and communication system, residents learn to be responsible and to work according to organizational rules and procedures, to become cognizant of their responsibility and accountability. Residents are considered successful if they become successful role models, which other residents follow. The system of sanctions and privileges emphasizes the cause and effect relation of choice, actions and consequences thereof.

The hierarchic structure of TC, the chain of command, is similar to the organization of mass culture. It is put in place for residents to learn skills and models of behavior which they will need to be successful outside TC.

The system of communication in TC, including observation, data collection, accountability and feedback are to foster productive pro-social behavior of residents and also to encourage them to correct insincere behavior on their own.

#### 8. Open communication and self-exposure

Gradually, as soon as residents feel that the TC is safe environment they embrace open communication and self-exposure. Residents learn to communicate with other people and open their inner thoughts, convictions and feelings, which help them building self-respect, developing trust and relations with other people, healing, knowing themselves, and growing. The process begins in interaction with staff and continues in communication within the milieu of residents.

Sharing feelings publicly is an important element of the recovery and self-assistance process. Development of skills of opening one's feelings is also a part of the process of recovery and mutual assistance. Such openness is conducive of atmosphere wherein residents do not feel lonely and realize that at times, others also experience similar feelings.

In the TC, there are no secrets. When rules are not complied with the non-compliance is discussed publicly for everyone to feel safe and to maintain the integrity of the community.

## 2.3. The basic rules and principles of a therapeutic community

The rules and principles are to guide residents' actions, establish wholesome restrictions, and promote pro-social behavior. By following the rules and principles residents gradually learn to maintain a physically and mentally safe community. The rules and principles create a safe and predictable community, which is conducive to personal growth and recovery.

### The basic principles

protect physical and mental safety of the community and are to be strictly complied with. Non compliance with basic principles practically always leads to estrangement from the TC.

The following are the basic principles:

- No to physical violence
- No to threats of violence or intimidation
- No to drugs, alcohol and tobacco smoking
- No to sexual activity
- No to theft or other illegal actions
- No to vandalism or property destruction

### The basic rules

are similar to expectations of society. They are about the pro-social behavior model, which residents will gradually conceive and follow.

They are as follows:

- Respectful attitude to people around
- Openness and sincerity
- Mutual assistance
- Obeying the instructions
- Punctuality
- Maintaining correct body culture
- Using correct manners







*P.S. The rules and principles are detailed in appendix #3 Basic agreements. Prospective residents are required to read and understand these agreements at the preparatory stage for recovery in TC.*

# DETAILED DESCRIPTION OF TOOLS AND INTERVENTIONS APPLIED IN TC

## 3.1 Schedule of activities

In the therapeutic community, a must for all residents is to live in accordance with an approved daily schedule (see appendix #1). People with substance abuse do not adhere to any structured and stable life organization at all; that is why the daily schedule is an important instrument in the recovery process; a structured daily schedule helps to foster feeling of safety, development, discipline, and responsibility to the community. All TC residents must live according to the schedule; if necessary, an exception can be made for a new-comer in the first week of stay, or for a resident who is not well because of an illness.

## 3.2 Consulting

### Case manager consultation

Case manager has an important role in resident's recovery. Case manager has a special responsibility of helping the resident to identify priority tasks at all stages of recovery, of searching, by joint effort, efficient methods of fulfilling such tasks. The identified tasks and methods are formulated in the form of an individual recovery plan; the fulfillment of such plan is monitored jointly on a regular basis.

*The template for putting together an individual plan, timely monitoring of dynamics and updating the plan is in appendix #4 Individual plan. A tasks-setting template for the vacation is in appendix # 7 Results of the first course and setting tasks for the vacation.*

In consulting, case manager particularly focuses on control of feelings, modeling of resident's roles and assistance in overcoming crises.

### Consultation by on-duty staff according to schedule

The environment recovery should be continuous while the staff work on rotating shifts; therefore, a staff member who is on duty is required to provide consultations of the following nature i.e.:

- Psychological support
- Assistance in overcoming a situation of crisis
- Consultation on fulfillment of responsibilities
- Giving informational and educational consultation
- Correction, if necessary
- Consultation on issues identified by case manager

On-duty staff member is to fill in A shift handover log (see appendix #9), which is a tool for maintaining continuity and improving the efficiency of recovery process. On-duty staff member is not in the right to correct resident's individual plan (prepared by the case manager and the resident); nor must he give any consultation which is counter to the individual plan or to the principles and rules.

### Peer consultation

Peer consultation is an essential service by TC because using the potential of successfully recovered residents is a central feature of TC methodology. Any TC resident, including staff and invited specialists successfully recovered, may give peer consultations.



*Peer consultant is not in the right to correct resident's individual plan (prepared by the case manager and the resident); nor must he give any consultation which ideology-wise is counter to the individual plan or to the TC principles and rules.*

### Consultation by invited specialists

To improve the efficiency of recovery process and implement multidisciplinary approach to services provision external specialists may be invited for comprehensive consulting.

Those may be:

- Specialists that coordinate various areas of TC activity
- Psychologists
- Social assistant
- Social workers



*There is a guide-book for invited specialists and feed-back (appendix #10) which guides the work of invited specialists and is a tool to improve efficiency of work with residents and meet the continuity requirements. Invited specialist is not in the right to correct resident's individual plan (prepared by the case manager and the resident); nor must he/ she give any consultation which ideology-wise is counter to the individual plan or to the TC principles and rules.*



### 3.3 Individual tasks

In the recovery process, particular importance is attached to individual tasks. They are a tool to develop resident's skill to independently set tasks to himself or herself, and to fulfill them; thus self-discipline and accountability are fostered. There are general individual tasks (see appendix #5 Description of ailment history, severity and effects and Appendix # 6 Dream visualization and updating of plans) and specifying separate steps; in addition, there are other individual tasks focusing on better realization of certain aspects. The following may be a starting point for identifying individual tasks i.e.:

- Personal observations by case manager in the course resident's recovery
- A need identified during consultation
- Group activities.

### 3.4 Self-development

Nurturing motivation and self-development skills is another important task in the recovery process. To achieve this, residents are recommended to read literature of positive useful information load (e.g.: Day-by-day, 12 steps, thematic books, information materials of preventive nature, the Bible, and other cultural literature) in the time dedicated to it by the daily schedule.

*What does not belong to the TC recovery process is reading literature of negative information load or literature, which advocates overtly or covertly substance abuse, aggression, or criminal life style or is in general contrary to the TC rules and principles.*

### 3.5 Feelings diary

The recovery process is essentially the development of skills to identify one's feelings, and understand causes leading to feelings and effect thereof; all this necessary in order to overcome fleeing and ignoring one's feelings or sedating negative feelings. An equally important task is to develop an ability of being honest and open with the community about one's feelings and emotions. It is these abilities that are important for correct planning and modeling one's roles and positions. All this is vital to positive recovery dynamics and contributes to prevention of relapse. The feelings diary is a tool to achieve this. It is resident's responsibility to make daily records in the feelings diary to document change in feelings, both positive and negative, and also to try and identify cause and effect of feelings. The diary information is confidential; and case manager alone may ask resident's permission to read it.



### 3.6 Group activities

#### Meetings

*Meetings are a structural component of the day. Participation in meetings is a part of recovery process, and is also conducive to developing a feeling of orderliness, belongingness, and safety. Meetings are a structured method of solving individual and collective problems, and fostering the central ideas of recovery, and also of planning administrative tasks.*

At daily meetings, staff can consider every resident and gauge the mood of individual residents or of the group. Non-participating members are at risk of a bread-down, violence or suicide. TC meetings are:

- Morning meetings, which are short (30 to 45 minutes), they are facilitated by residents to begin the day on a positive note of providing information and scheduling the day.
- Internal or general meetings are held as needed to solve general problems/ tasks of the community.
- Closing meetings are held every evening to do the summing-up of the day and are combined with the sincerity circle.

## Sincerity circle

---

Sincerity circle is a group activity. It is a tool to develop residents' communication skills, ability to openly and sincerely express one's feelings, speak one's mind in assessing situations of the day; by means of sincerity circle residents' ability to listen to both complements and criticism to them is developed, and they learn to express constructive criticism when necessary. In this activity residents learn to express their opinion on both personal dynamics and the dynamics of the TC, ask for help, thank for received assistance and support, and also offer help. In other words, it is a tool to develop healthy interpersonal relations in TC.

*The task of the staff member is to facilitate the activity impartially and, following the TC rules and principles, create a favorable environment for the communication of residents.*

## Work Group based on 12-Step Program

---

*12-step program can be called one of the most efficient programs designed to address alcohol and substance abuse problems. It was developed in 1930-s in the USA and it was very quickly accepted in other countries of the world. The essence of the program is recognition of an obvious fact that a person cannot control his alcoholism, addiction or compulsion and that is why assistance is needed. This assistance is needed to recover, thus, radical changes are needed, since drugs and alcohol have narrowed the whole life to their consumption.*

1. We admitted we were powerless over our addiction — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God , as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual experience as the result of these steps, we tried to carry this message to other alcoholics, and to practice these principles in all our affairs.



## Information groups

- Teach patients on various topics, including prevention of risk taking behavior.
- Ensure intellectual stimulation.
- Help patients to study their personal values.
- Stimulate intelligent thought.
- Help patients to understand TC and its philosophy.
- Raise awareness on key issues related to recovery.
- Help participants to develop skills of self-expression, foster confidence and self-esteem.
- Strengthen patients' concentration and skill to listen.



## Spiritual and moral development

This service is an integral part of the whole package of services. It aims at development of residents' spirituality and achieving their inner harmony with themselves, with the others and with God as each of them understands Him. By developing spiritual skills, the TC residents become more sensitive to their own conscience; they update and strengthen their personal principles based on their developing morals and ability to appreciate others. This service motivates residents to meditate, read specialized literature, priests are invited to hold group events, etc.



*While planning and carrying out these events the staff should be guided by the religious right of each resident, the residents should be encouraged to respect each other irrespective of their faith.*

## 3.7 Labor activity through shared duties or joint activity

Working activity in the form of therapy and education is a distinctive feature of the TC approach. Under other approaches, before returning to working activity clients undergo treatment and their working activity is perceived separately from their treatment. In TC, working activity is an essential part of the treatment, the resident is watched, attention is paid to how the resident behaves at work, what is his attitude to his responsibilities, how he interacts with other residents. Ability of the resident to develop the appropriate attitude towards work, his responsibilities, aptitude for development of necessary skills, ability to establish constructive relations with the colleagues to great extent define the success of the treatment and ability of the resident to integrate into the society after the treatment.

### Importance of work in TC

Though residents perform tasks necessary for sustaining the TC, the main objective of labor activity in the TC is to identify and develop values, as well as to cope with emotional issues of residents' personal advancement.

#### Labor activity in TC is used for:

- Development of personal behavior affecting the recovery process.
- Facilitating positive interpersonal relations.
- Developing the feeling of community.
- Developing attitudes contributing to proper life.
- Developing diligence and professional skills.

#### Labor activity in TC provides the following benefits to the residents:

- The residents can develop and practice their professional skills in a managed and structured environment.
- The residents are located in the environment where they can safely share and discuss their feelings, as well as achieve success, self-development and foster self-esteem.
- Professional hierarchy and the fact that the residents bear responsibility for the TC operation, enhance the feeling of belonging to the community.
- Since the residents are always tested with regard to their readiness for growth by placing them into working situations with higher performance requirements, their professionalism, self-esteem and skills improve.
- Professional hierarchy in the TC approximates the conditions in real life and prepares the residents for integration into the society.
- Promotion in the TC professional hierarchy requires the skills similar to the ones needed in real life, hence, makes residents prepared for endeavors to reach personal success in real life.

*All working activity should be based on the main rules and principles of the TC, since it is one of the links of the chain aimed at resident's recovery.*

### 3.8 Joint leisure time

Given personal experience of the residents and absence of their skills to have healthy and safe leisure, as well as admitting that leisure is an integral part of human life, organization of joint leisure is crucial in the life of TC. As a rule, leisure time can be organized as a short event during break between working hours, or as a sport event, a picnic, hiking, doors open day, etc. on days-off.



*Given importance of this service, namely, understanding the need to develop residents' skills to get positive emotions from healthy leisure, this service, as all others, requires detailed planning and organization.*

Participation of residents is very important both at the stage of planning leisure events and their carrying out. The staff is responsible for controlling that leisure events do not contradict TC rules and principles and do not harass life and health of the residents.



# ROLES STRUCTURE AND RECOVERY STAGES IN THE TC

---

## 4.1 Roles structure

---

### Novice

is the resident who has been staying in the TC for not more than three weeks. Both the staff and other residents pay special attention to the novice to mitigate the crisis of adjustment period and to help to get accustomed to the TC rules and principles as soon as possible. If needed, during the adjustment period case manager allows the novice to sleep longer than the general routine foresees. The task of the novice is to establish relations of confidence and trust with other residents, to develop individual plan with the case-manager – Annex 4 “Individual Plan”, individual work (Annexes 5 and 6), to get familiar with all works and responsibilities in the TC.

### Freshman

is the resident who successfully passed the novice period and confirmed his decision to be part of the TC with the aim of recovery. This period lasts maximum three months from the moment of enrollment for the program, except for the period of being a novice. The freshman's tasks include developing behavioral practices consistent with the TC rules and principles, as well as full observance of the order of the day and engagement into the distributed duties. One of the freshman's task is to develop such attitudes and skills that facilitate efficient application of all available tools used during recovery process in the TC. During this period the freshman actively works with his case-manager on the basis of the individual plan (Annex 4). The period of a freshman is completed by the preparation for mandatory three-day leave, and the results of this preparation are reflected in a special form (Annex 7).

### Sophomore

is the resident who has successfully passed the first course, took mandatory three-day leave, during which he solved personal issues and consulted with the case-manager of the day center (the results of these consultations are reflected in Annex 7) and makes conscious decision to continue treatment in the TC. Taking into consideration rules and principles of the TC, the sophomore not only is committed to the assigned duties in line with the schedule and work distribution, but also takes an active part in group and individual events, is guided by appreciating the value of self-improvement and is aware that his behavior is perceived as role model for other residents. As a rule, at this stage responsibility and commitment to a specific area of activity in the TC is developed, and sophomore takes responsibility for it. This period lasts for three months after return from the leave.

## Intern

is the resident who has successfully passed both recovery courses and who decided to undergo the adjustment period of recovery with the help of the TC. The TC case-manager jointly with the intern and the case-manager of the day center develops schedule for the adjustment period (as a rule, it includes one week in the TC and once week in the city). This period lasts for three months after completion of the second course. In addition to the main duties of the first and second-course residents, intern, being aware of the importance of proper behavior modeling and his full responsibility for it, as it affects the choice of other residents, performs the role of enabling staff assistants.

*The main responsibility of interns is to contribute to the operations of the TC, create favorable environment of respect and observance of the TC rules and principles by all residents.*

## Employee

is the TC resident whose professional activity has become work in the TC. The TC employees have various duties in line with their job descriptions. As a rule, they are responsible for coordination and development of various TC departments, participate in organization and conduct of service programs. The majority of them are case-managers. They provide individual consultations, but the main task of each employee, starting from the TC coordinator, is modeling and demonstration of the role behavior that becomes an example to follow and has positive impact on recovery of residents. Working hours of the employees are regulated by the schedule for employees. For the purpose of ensuring continuity of the residents' recovery process, for timely solution of technical issues and elimination of problems, as well as for security purposes employees fill in a special form (Annex 9) during shift turnover.

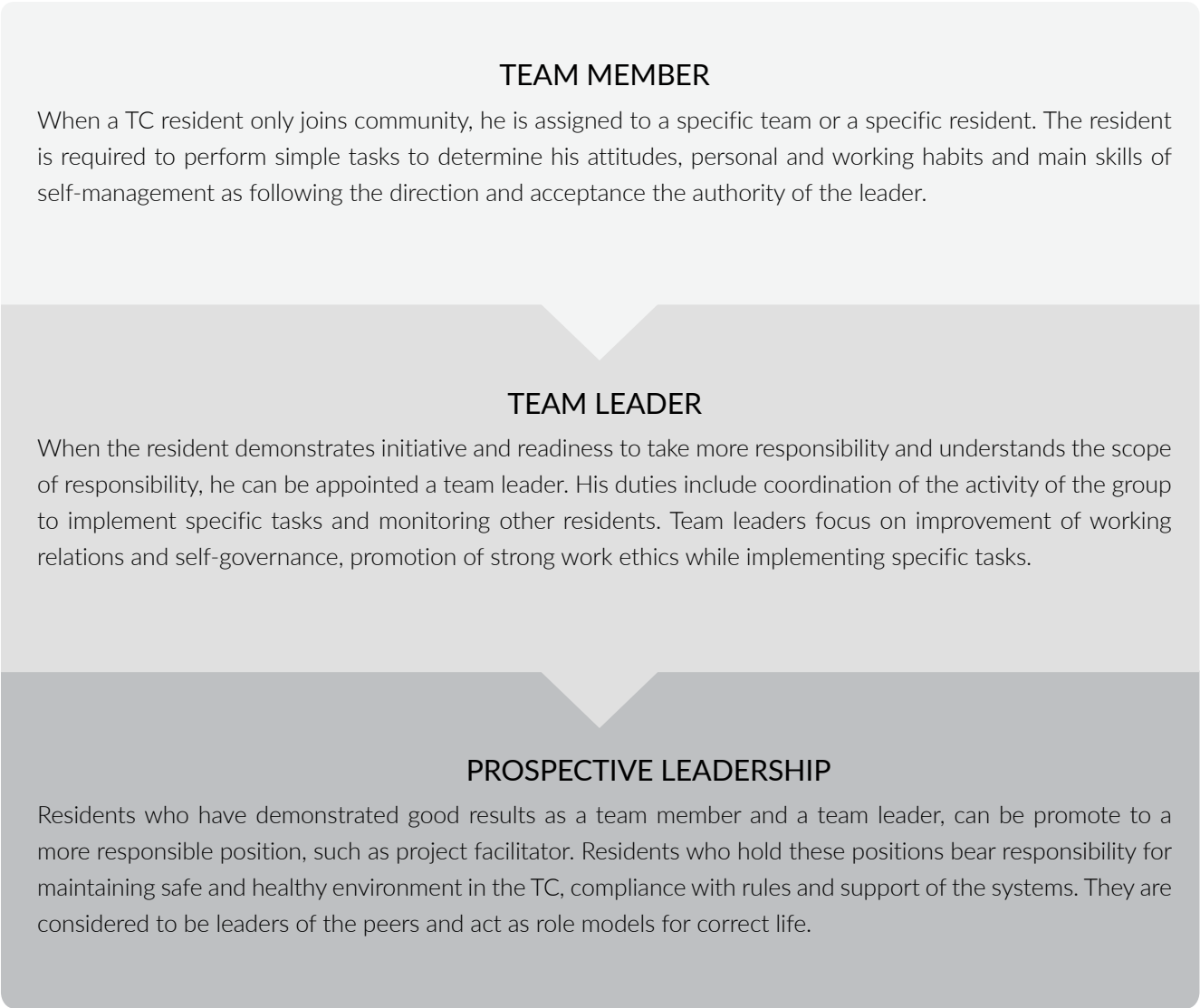
## Invited specialists

are, as a rule, employees of the organization, or employees of friendly organizations/institutions with which partner relations have been established. Participation of invited specialists is regulated by the schedule of specialists involvement. Special form (Annex 10) is used to increase efficiency and prioritize the tasks of invited specialists, as well as for their feedback. Once the specialists cross the threshold of the TC, they are guided by the TC rules and principles and are aware of high responsibility that their behavior is the role model.

***All members of the TC, irrespective of their roles are the residents of the TC and strictly follow all the rules and principles of the TC.***

## 4.2 Structure and hierarchy of the residents’ work

TC ensures well-ordered and rational process for the residents that enables them to get promoted in the work structure and hierarchy:





## 4.3 Making decisions related to work

Professional structure and hierarchy represent the levels of responsibility and leadership, which:

- Promote incremental change of behavior
- Reward positive behavior
- Support daily public activity.

Tasks and promotions are thoroughly examined for each resident. Progress (or regress) in the hierarchy depends on the behavior and the attitude demonstrated by the resident during his working activity, as well as his participation in other aspects of public life in the TC.



*Decisions should be made by the employees with the view of what is the best for the patient and not what is beneficial for the community.*

# COHERENT SOCIALIZATION

---

Coherent socialization is a stage-by-stage process by means of which residents acquire pro-social behavior and relations that allow them to become fully functional members of the mainstream society. Social organization of the TC helps residents to undergo this process and includes four aspects:

- Structure
- Systems
- Communication process
- Daily schedule of planned events

## 5.1 Structure

---

The structure helps the residents to learn:

- Stage-by-stage approach to success: stage-by-stage approach to treatment provide an opportunity of gradual approach to treatment to the residents who have the history of real and alleged failures. It provides them opportunity to achieve success and to positively strengthen the achieved results.
- How their behavior affects others: there are highly structured procedures for the residents who do not care about the consequences of their behavior. These procedures make them to become aware of their environment and how their behavior affects others.
- How to identify and solve their main problems: social structure assigns various roles to the TC residents. These roles help to reveal emotional and behavioral problems.
- Positive interaction with authorities: the structured program provides many opportunities for the residents who had problems with authorities to learn how to interact with the persons with authorities in a positive way.

## 5.2 System

---

TC systems help residents to learn:

- Function in hierarchical social system: TC provides possibility to learn to act in hierarchical social system for the residents who do not trust, are afraid of or have cynical attitude towards the system.
- How to accomplish work: TC systems control the behavior of residents with low responsibility while they learn how to be responsible for their actions, to accomplish their work and to honor their promises.
- How to achieve gradual progress: TC teach residents who tend to give up tolerance and gradual achievement of goals. Compliance with the procedures requires the patients to control their impulses, postpone pleasures, process disappointments and control their emotions.

### 5.3 Communication process

Open communication and communication system foster patients' recovery and training because:

- Slips are discussed: all the slips are reported and discussed for the purpose of further treatment and training.
- Provoked reactions are allowed: information and reactions (thoughts, feelings and questions) are openly discussed and solved to stimulate recovery and training processes.
- Positive feeling of connection is achieved: unofficial communication between residents is the main way by which residents begin to feel being part of the TC.



### 5.4 Daily schedule of planned events

- To become productive: TC teaches residents who do not have structure in their life how to set goals, how to establish productive procedures, complete tasks and manage time.
- Advantages of consistent work: The TC program teaches residents who have problems with achieving long-term goals that these goals are achieved gradually, step by step, and consistent work is rewarded.
- What to do with free time: tight schedule ensures confidence and mitigates concern about free time, which in the past was, as a rule, associated with drug consumption.
- To minimize destructive thoughts: well structured day reduces chances of the residents to be absorbed by destructive thoughts.



# GENDER SENSITIVITY

## 6.1 Common issues for men and women residing in the TC:

- In principle, there are fewer women than men residing in the TC. Often times, problems that women encounter in the TC are similar to the ones in the mainstream society.
- Often, women who abuse substances are condemned by the society more severely than men. Therefore, women in the TC can encounter more complicated problems related with their self-esteem and strong feeling of shame and guilt because of alcohol and drug abuse.
- Women who have been emotionally, physically or sexually abused by men can feel physically or psychologically unsafe when surrounded by men.
- In comparison with the men, who abuse drugs and alcohol, women with substance abuse usually have:
  - Low self-esteem
  - More expressed feeling of anxiety and depression
  - Less qualified professional skills

## 6.2 Common issues for men and women residing in the TC include the following:

- Absence of positive male role models of attitude towards women.
- Tendency to conceal uncertainty, ignorance, and concerns about sexuality
- Harsh male chauvinism and aggressive behavior
- Difficulties with expressing emotions and disclosure of personal vulnerabilities

### TC employees are required:

- To be sensitive to the issues related to gender sensitivity.
- Not to discriminate or have preferences
- To offer specialized group trainings
- To be role model for the people who work on self-comprehension and sensitivity to gender issues.





# REQUIREMENTS TO TC STAFF

---

Main duty of all employees is to provide high-level services to the clients during their treatment. Relations between employees and clients are of special nature and it is crucial that employees are mature people able to cope with the duties they are charged with.

*All employees should know that they are part of the TC, that they should be aware of their actions and actions of other TC residents. Code of ethics is relevant for the employees at all times, both during office hours and beyond.*

## 7.1 Seven main rules for the employees

---

1. Act as mature and positive role models.
2. To keep all the information about residents confidential in line with all applicable laws and rules of the TC.
3. To provide all the residents information about their rights and make sure that all aspects are understood and followed both by the employees and other residents.
4. To respect all residents, to maintain professional relations, and not possessive, subjective, or punitive ones.
5. To provide services irrespective of race, religion, gender, ethnic origin, sexual orientation, age, disability, political views, previous convictions or financial status, to respect clients position in special circumstances.
6. To ban any sexual relations of any kind between employees and other residents.
7. To prevent exploitation of clients for personal benefit.

## 7.2 Competence of the TC staff and their understanding of the interrelation between affiliation to the community and individuality in the community

---

*Affiliation* – is the perception and feeling of identification with other residents of the TC. Feeling of affiliation facilitates participation and responsibility for other residents of the community.

*Individuality* – is self-sentiment and expression of unique peculiarities and gifts of a person.









### 7.3 Competence of the TC staff in understanding of the group process and its facilitation

*Groups play an important role in the TC in the process of changes. Group meetings of the residents is the principal therapeutic format. Residents get to know themselves in groups, they learn recovery process by identification and overcoming feelings to people in various life situations.*

Group process in TC deals with the main problems and broad range of psychological and educational needs of the residents, which occur during their lie in the community. Groups focus on engagement of the residents with each other, which fosters self-assistance and mutual assistance processes. Feedback from other residents is an integral part of the group process that stimulates changes. Employees act as intermediaries in this process.

*Employees can facilitate group process by:*

- controlling the groups and preventing them from following negative directions;
- ensuring psychological and physical security of the group members due to following the rules of the group;
- engaging latent and passive residents into the group process;
- allowing the patients to do major part of the “work” in the therapy or group process;
- encouraging through attention and respect courage, openness and sincerity of the group members;
- summarizing the group work and recapping conclusions made by the group;
- minimizing the organizer’s input.

## 7.4 How employees facilitate treatment and learning by means of work

*Employees are required:*

- To encourage self-assistance: employees should not perform the work instead of the residents, even when employees feel abandoned or they need to be in demand. Short-term intervention, encouragement, recommendation or request for assistance from another resident can be used as support.
- To be a role model: residents watch habits and professional ethics of the employees, as well as the way they:
  - a. dress;
  - b. treat other employees;
  - c. manage their emotions;
  - d. follow TC rules and principles.
- To teach and explain: employees should have time to explain what is expected from the residents and tell them about professional hierarchy in the TC.
- To promote community approach and mutual assistance.
- Encourage residents to responsibility and productivity.
- Change tasks of the residents on a regular basis: residents should have possibility to explore various roles, new impressions, and to increase responsibility level.
- To help residents to be a role model: Employees encourage:
  - a. Motivation
  - b. Achievement of personal results
  - c. Cooperation and team work
  - d. Friendly and healthy competition
  - e. Respect to subordinates and superiors
  - f. Observance of work ethics
  - g. Conflict resolution.

*Employees shall be guided by understanding that they should walk the talk.*

## 7.5 Competence of the TC staff in understanding and facilitating vertical mobility and system of privileges

Privileges serve as a certain reward for the residents who progress through the TC program and treatment stages. System of privileges teaches the residents that reward should be deserved, rather than appropriated. Systems of privileges and awards cannot be used by the employees on a subjective basis or with the aim to raise their own authority in the eyes of a certain resident.

## 7.6 Competence of the TC staff in support of detailed recording and documentation of residents' personal files

It is essential that the records in the resident's personal file, individual plan etc. appropriately reflect treatment process starting from admission up to discharge. Records about residents are used to model recovery process and provide necessary information to interested parties (subject to written consent of the resident).



# MONITORING AND EVALUATION

---

Being aware that monitoring and evaluation are integral mechanisms of any dynamic processes, the following mechanisms should be used in the TC:

## 8.1 MONITORING

---

*Monitoring in TC is carried out in the following ways:*

- a. Gathering of information about resident's treatment that allows assessing the dynamics of the treatment at any point of time. Annexes 5; 6; 4; and 7 are used for data collection and recording.
- b. Gathering of information that allows tracking dynamics, atmosphere, and threat levels in the TC in a specific area and at a specific point of time.
- c. Monitoring of progress or regress dynamics in infrastructure or housekeeping unit (information is reflected in annual plans and reports on specific areas)
- d. Frequency of invited specialists visits to the TC.
- e. Efficiency of the recovery program in the context of quantitative and qualitative indicators (data is collected in the register and in the electronic data-base of the residents).

## 8.2 EVALUATION

---

*Evaluation is performed in the following way:*

- a. Case-manger evaluates efficiency of the treatment on the basis of dynamics analysis reflected in the personal file of the resident. Annexes 5; 6; 4; and 7 are used for these purposes.
- b. Evaluation of treatment efficiency by means of dynamics analysis, as well as assessment of local environment and threat levels in the TC is carried out through discussion of these issues at Multi-Disciplinary Commission during shifts turnover and Annex 9 is used for these purposes.
- c. Progress or regress dynamics in infrastructure or housekeeping unit is assessed once a year at a working meeting (annual plans and reports are used).
- d. Evaluation of efficiency on the basis quantitative and qualitative indicators is performed once a year at a working meeting with the help of the information from the electronic database.



# ANNEXES

---

## Annex Nº 1 «Order of the Day»\*

---

5:45	Wakeup of duty men
6:30	General wakeup
6:30-7:00	Personal sanitation
7:00-7:30	Physical exercise
7:30-8:00	Self-edification
8:00-8:30	Breakfast
8:30-9:00	Prestart meeting, motivation group
9:00-12:00	Work therapy
12:00	Tea break
12:00-12:30	Preparation for group work
12:30-13:00	Self-edification
13:00-14:00	Recovery group
14:00 -14:30	Lunch
14:30 – 15:30	Personal time
15:30	Tea break
15:45-17:00	Group work
17:00 – 18:45	Work therapy
18:45 – 19:00	Preparation for dinner
19:00 – 19:30	Dinner
19:30 -20:30	Personal time
20:30 – 21:30	Sincerity circle
21:30 – 22:30	Personal sanitation. Bedtime routine
22:30	Bedtime

\* Order of the day can be changed at the discretion of the Therapeutic Community staff



## Annex № 2 «Primary form»

1. Full name \_\_\_\_\_
2. How many years of addiction? \_\_\_\_\_
3. Treatment in drug dependence clinic \_\_\_\_\_
4. Unconventional treatment methods \_\_\_\_\_
5. What drugs did you use? \_\_\_\_\_
6. Other types of addiction \_\_\_\_\_
7. Coexisting illnesses \_\_\_\_\_
8. Previous conviction \_\_\_\_\_
9. Education/Profession \_\_\_\_\_
10. Marital status \_\_\_\_\_
11. Parents:
  - Father's name \_\_\_\_\_
  - Mother's place of work \_\_\_\_\_
  - Father's place of work \_\_\_\_\_
  - Mother's place of work \_\_\_\_\_
  - Address \_\_\_\_\_
  - Telephone number \_\_\_\_\_
12. Current overall condition \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Full name of the employee \_\_\_\_\_ Signature of the employee \_\_\_\_\_

Date of filling in \_\_\_\_\_

*\* This form is a primary screening, as a rule it is filled in by a social worker / consultant*

## Annex N<sup>o</sup> 3 «BASIC AGREEMENT»\*

*PUBLIC ASSOCIATION "VIAȚA NOUĂ" CARRIES OUT RECOVERY PROGRAM FOR SUBSTANCE ABUSERS AND PERSONS WITH CRIMINAL BEHAVIOR.*

*THIS AGREEMENT SHALL BE VALID DURING THE WHOLE PERIOD OF THE PROGRAM THAT CONSISTS OF THE FOLLOWING STAGES:*

**ADMISSION STAGE** - stage, at which beneficiary gets familiarized with the services of the Center and visits it during appointed time for consultations, group events and development of the individual plan.

**QUARANTINE STAGE** – is preparatory rehabilitation stage during which beneficiary undergoes practical preparation for intensive process. At this stage, reevaluation of motivation system of the beneficiary and his conformity with the program requirements.

**REHABILITATION** (in therapeutic community) - is the program that offers a package of services and activities that facilitate spiritual growth, qualitative change of social status, of specific feature of the character, way of life and health improvement of the TC resident.

**ADJUSTMENT** – is the period of re-socialization, during which the TC resident continues to use in his daily life those skills and principles that were developed during rehabilitation program in the TC, and takes active part in the activity of the organization.

**POST-ADJUSTMENT PERIOD** - within this period, responsibility for one's own behavior and sober way of life is developed, as well as new behavioral skills, family relations are restored and the person is engaged in active social life.

### GENERAL PROVISIONS

1. I am sensible of the fact that I voluntarily join rehabilitation program (that consists of admission stage, quarantine, rehabilitation stage in the Therapeutic Community, as well adjustment period). I know that I can leave the program at any point of time (repeated admission is possible 6 months)
2. I agree with the aforementioned definition and order of activities in the rehabilitation program.
3. I agree to do physical work and to observe moral norms.
4. I agree to take personal responsibility for my actions. I am sensible of the fact that everything that is called an inappropriate behavior will be resisted. I agree to face disciplinary actions.

5. I am sensible of the fact that the purpose of rehabilitation is to overcome addiction, restore healthy social and family connections, to gain skills to work and have healthy life in the society, to learn more about principles of spiritual and moral growth sober way of life.

6. I am sensible that public association "Viața Nouă" is not a specialized medical institution and does not render medical services (in particular, detoxication)

7. I am sensible of the fact that being admitted to the rehabilitation program with withdrawal syndrome I take all responsibility for my health.

8. Also, I promise to inform if I am on the wanted list or under investigation.

### SPECIAL PROVISIONS

1. While undergoing the program I promise to refrain from smoking tobacco and consumption of psychoactive substances (except for substitution therapy during quarantine)
2. I take responsibility not to manifest aggression in any form (physical, psychological, verbal, sexual) toward other people.
3. I promise not to initiate and to take part in the discussions with negative information related to my prior way of life, since I am aware that such discussions can trigger negative actions.
4. I am ready to refuse from any financial means during rehabilitation process, also I agree to command finance during adjustment period to cover my priority needs.
5. I promise to have proper personal appearance.
6. I promise to take good care of all the property of the organization.
7. I will respect other people, will take in to consideration their feelings, personal opinion and beliefs.
8. I agree not to leave the territory (of the Therapeutic Community) for three months without accompaniment, and later, before completion of the rehabilitation program, only at the permission of authorized persons.
9. I am ready to be under close control during the first month of adjustment.
10. I bear responsibility not to bring to the rehabilitation program (quarantine stage, rehabilitation in Therapeutic Community, during adjustment stage), radio, tape-recorder, player, discs, musical instruments, books, newspapers, magazines and other information media, knives, personal photos, playing cards, pornographic pictures. Also, during my stay in the Therapeutic Community I refrain from using mobile

phone, an in case of emergency, I will contact the TC staff.

11. During adjustment stage I agree to use various information media with the view of recommendations of the case-manager.

12. I promise to give access of the staff to my personal belongings during the whole rehabilitation stage.

FAMILY

1. During rehabilitation program, I am ready to keep contact with my kith and kin only at the agreement of the TC staff and via them.

2. I confirm that my kin and kith can visit me only at the agreement of the TC staff.

3. I am ready to visit my family during adjustment period on the day set by the case-manager.

ACTIVITIES

1. I will respect the rights of others and participate in the joint events of the TC.

2. I promise to behave properly, especially in public places and to be guided by moral principles.

3. I am ready to attend all planned events, including spiritual and moral events, seminars< group activities. I will conscientiously fulfill all necessary tasks.

DISCIPLINE AND MISCELLANEIUS PROVISIONS

1. After releasing from the rehabilitation program, I promise to take my personal belongings (TC staff shall bear nor responsibility for my left belongings).

2. I promise not to express dissatisfaction about food, various events, schedule, and etc.

3. I agree to keep my room, communal areas, and my working place clean and tidy.

4. I am aware of the fact that I will be required to observe the order of the day and established regulations of the TC.

5. I promise to wear tidy and modest clothes and to take care of my appearance.

6. I understand that disciplinary measures can include additional work during my free time and on days-off, additional duty tours, cancellation of bonuses, additional individual tasks, as well as dismissal from the program (repeated admission is possible only 6 months later).

7. I agree with the condition to take active part in the TC life and activities.

8. I promise not to leave the program without discussing this with my TC case manager.

Full name of the client\_\_\_\_\_ Date \_\_\_\_\_ Signature\_\_\_\_\_

Psychologist\_\_\_\_\_ Date \_\_\_\_\_ Signature\_\_\_\_\_

Social assistant\_\_\_\_\_ Date \_\_\_\_\_ Signature\_\_\_\_\_

Representative of the TC \_\_\_\_\_ Date \_\_\_\_\_ Signature\_\_\_\_\_

Case manager from the Day Center \_\_\_\_\_ Date \_\_\_\_\_ Signature\_\_\_\_\_

TC Coordinator \_\_\_\_\_ Date \_\_\_\_\_ Signature\_\_\_\_\_

*\* I have read the aforementioned provisions of the agreement and my signature testifies to the fact that I understand them and ready to comply with them*



# Annex Nº 4 «Individual plan»\*

Full name of the resident \_\_\_\_\_ Date\_\_\_\_\_

Individual plan for the period of \_\_\_\_\_

Tasks	Evaluation	Activities	Timeframe	Evaluation

Resident \_\_\_\_\_ Case-manager \_\_\_\_\_

*Summary by the case-manager:*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

*\* This form is filled in by the case-manager jointly with the resident both at the planning stage and at the evaluation and extension stage.*

Annex N° 5 «Current illness description, its severity and consequences»\*

Full name of the resident \_\_\_\_\_ Date \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

\* This annex is filled in by the resident within the first two weeks in the TC and represents the first task for individual analysis.



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

43

# Annex Nº 7 «Results»\*

*Results of the first course of recovery and setting goals for the leave period :*

Full name of the resident \_\_\_\_\_ Date \_\_\_\_\_

Full name of the case-manager of the TC \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Results of taken leave and tasks for the forthcoming period:*

Full name of the resident \_\_\_\_\_ Date \_\_\_\_\_

Full name of the case-manager of the Day Center \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\* This annex is the result of efficiency assessment of the first course carried out jointly by the case-manager case manager and the resident, it is also the result of tasks setting for the forthcoming period.*

# Annex N° 8 «Extract from AO VIAȚA NOUĂ Therapeutic Community »

Date of filling in \_\_\_\_\_

Medical Condition	Social condition	Psychological condition
Other		

Full name of the resident \_\_\_\_\_ Signature \_\_\_\_\_

Full name of the case manager \_\_\_\_\_ Signature \_\_\_\_\_



## Annex Nº 9 «Passing of duty form»

Period from \_\_\_\_\_ to \_\_\_\_\_ Full name \_\_\_\_\_

### Primary

- Bread \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
- Attendance schedule \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
- Transportation \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
- Attendance Register \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
- Yard \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
- Group Register \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
- Fund \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
- Data Base \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

### Analysis of performance and dynamics in line with the tasks set forth in the context of technical issues

Description of the task	Result			Notes
	Achieved	Not achieved	In the process	

### Analysis of performance and dynamics in line with the tasks set forth in the context of services and separate cases

Description of the task	Result			Notes
	Achieved	Not achieved	In the process	

Services and cases requiring special attention

Full name	Description of the situation	Measures undertaken	Recommendations

Technical issues requiring special attention

Case description	Measures undertaken	Recommendations

# Annex Nº 10 «Guidance for invited specialists and feedback»

Period from \_\_\_\_\_ till \_\_\_\_\_

Task	Result	Notes

Main recommendations from the specialists of the therapeutic community:

TC specialists\_\_\_\_\_

Invited specialist \_\_\_\_\_

Signature\_\_\_\_\_

Signature\_\_\_\_\_



*Recommendations of invited specialist:*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Specialist \_\_\_\_\_

Signature\_\_\_\_\_

Non-governmental organization  
«Positive Initiative»

Republic of Moldova, Chisinau,  
6/2 Independentei street.  
Tel.: + 373 22 00 99 74  
Fax: + 373 22 00 99 56  
[www.positivepeople.md](http://www.positivepeople.md)  
[www.facebook.com/comunaterapeuticaviatanoua](https://www.facebook.com/comunaterapeuticaviatanoua)



Chisinau - 2016

Photo Sandu Tarlev, Elena Derjanschi