I. INTRODUCTION

A. This course provides an overview of the use of therapeutic communities as an approach in rehabilitation of incarcerated substance abusers. Prerequisites: DAAC 1304, DAAC 1309 and DAAC 1319.

B. This course is required to meet the curriculum requirements for Central Texas College and the State of Texas Certified Criminal Justice Professional.

C. This course is occupationally related and serves as preparation for jobs in the Mental Health Services field. This course provides Related Education Hours as defined by the Texas Commission on Alcohol and Drug Abuse (TCADA).

D. Alphanumeric coding used through the syllabus, learning outcomes and learning activities denote the integration of SCANS occupational competencies (C) and foundation skills (F).

II. LEARNING OUTCOMES

Upon successful completion of this course, Therapeutic Communities in a Criminal Justice Setting, the student will be able to do the following using the theories of the Therapeutic Communities model:

A. Explain the issues of addiction counseling related to treatment of incarcerated substance abusers. (F1,2,5-17; C1,3-20)

B. Explain the ethical standards and laws related to addiction counseling of incarcerated substance abusers. (F1,2,5-17; C1,3-20)

C. Integrate relapse prevention, elements of self-help programs, stress management, discharge planning, and aftercare as related to the incarcerated substance abuser. (F1,2,5-17; C1,3-20)

D. Develop appropriate referral resources to a specific community. (F1,2,5-17; C1,3-20)

E. Discuss Special population to include: women, juvenile, and death row inmates. (F1,2,5-17; C1,3-20)
F. Explore the history of the United States Correctional System. (F1,2,5-17; C1,3-20)
G. Demonstrate an understanding of Constitutional elements. (F1,2,5-17; C1,3-20)
H. Define incarceration and explore different forms of incarceration. (F1,2,5-17; C1,3-20)
I. Analyze the definition of Supervision in the community and how the Therapeutic Community is integrated in it. (F1,2,5-17; C1,3-20)

Program Threads and SCANS Competencies

The curriculum content in all Mental Health Services courses are organized around five general content areas known as program threads.

**Program Threads:**
- Communication
- Legal and Ethical Practices
- Effective Helping
- Diversity
- Critical Thinking

These threads are used to formulate content, connect one course of study to another, and provide a structure for evaluation of basic professional skills.

The Secretary’s Commission of Achieving Necessary Skills (SCANS), U.S. Department of Labor, was formed “to encourage a high-performance economy characterized by high-skills, high-wage employment.” Representatives from education, business, labor, and government identified the five competencies that are necessary in the work place.

Programs in the Mental Health Services Department are organized around these competencies and the three part foundational skills that the competencies are based on. Learning Activities and outcomes, which relate to the SCANS Competencies, are identified either in the Learning Guide, or in the syllabus with C1-20 and/or F1-17.

The competencies C1-20 include:

**Resources:** identifies, organizes, plans, and allocates resources (C1-C4).
**Information:** acquires and uses information (C5-C8).
**Interpersonal:** works with others (C9-C14).
**Systems:** understands complex interrelationships (C15-C17).
**Technology:** works with a variety of technologies (C18-C20).

The foundation competencies F1-F17 include:

**Basic Skills:** reads, writes, performs arithmetic and mathematical operations, listens and speaks (F1-F6).
**Thinking Skills:** thinks creatively, makes decisions, solves problems, visualizes, knows how to learn, and reasons (F7-F12).
**Personal Qualities:** displays responsibility, self-esteem, sociability, self-management, integrity, and honesty (F13-F17).

III. INSTRUCTIONAL MATERIALS

A. The instructional materials identified for this course are viewable through www.ctcd.edu/books

B. Other Instructional Materials as directed by the instructor.

IV. COURSE REQUIREMENTS

A. Reading Assignment: It is suggested that the student first read the learning outcomes in the syllabus and then the assigned required readings, which are detailed in the Daily Plan.

B. Projects, Oral Reports, Case Studies, Book Reports, Research Papers: Assigned written work is detailed in the Course Outline, on the Daily Plan. All assigned work must be submitted on time. No late papers will be accepted. The due dates are noted on the daily plan, or as stated by the instructor.

C. Class Performance: Students are required to: attend class regularly; be on time and to stay the whole class period; or an absence will be recorded. Students may be administratively withdrawn from class when their absences exceed a total of four (4) class meetings for a 16 week semester, three (3) class meetings for an 11, 8 or a 6 week semester, or if absences prevent the meeting of course objectives. See the current Central Texas College Catalog for details.

D. Class Participation: Students are required to be prepared for classroom discussions, unannounced quizzes, and exams. The student should be prepared to participate in all classroom group activities and assigned community, library and Internet activities as they relate to meeting the course objectives.

V. EXAMINATIONS

A. There will be a minimum of three major examinations. Examinations will be essay, multiple choice, true/false, or short answer.

B. A student must be present for all examinations. No make-up examinations will be scheduled; alternative arrangements must be made with the instructor individually PRIOR to the exam date. Unexpected absences due to illness or extenuating circumstances will require the students to see the instructor individually as soon as possible.
VI. SEMESTER GRADE COMPUTATIONS

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<thead>
<tr>
<th>Item</th>
<th>Possible Points</th>
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<tbody>
<tr>
<td>Concept Checks</td>
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<td>Exams</td>
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<td>Written Assignments</td>
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<td>Discussion</td>
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<td>Project</td>
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<tr>
<td>TC Quizzes</td>
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**Extra Credit** 50

A student must take the final examination to receive a grade for the course.

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<th>Numerical Grade</th>
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<tr>
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<td>D</td>
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<td>Below 600</td>
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NOTE: The faculty reserves the right to adjust a student's grade for instances of disruptive/uncivil classroom behavior.

VII. NOTES AND ADDITIONAL INSTRUCTIONS FROM COURSE INSTRUCTOR

A. Course Withdrawal: It is the student’s responsibility to officially withdraw from a course if circumstances prevent attendance. Any student who desires to, or must, officially withdraw from a course after the first scheduled class meeting must file a Central Texas College Application for Withdrawal (CTC Form 59). The withdrawal form must be signed by the student.

CTC Form 59 will be accepted at any time prior to Friday of the 12th week of classes during the 16-week fall and spring semesters. The deadline for sessions of other lengths is:

- Friday of 6th week for 8-week courses
- Friday of 7th week for 10-week courses
- Friday of 9th week for 12-week courses
- Friday of 12th week for 16-week courses

The equivalent date (75% of the semester) will be used for sessions of other lengths. The specific last day to withdraw is published each semester in the Schedule Bulletin.
A student who officially withdraws will be awarded the grade of “W” provided the student’s attendance and academic performance are satisfactory at the time of official withdrawal. Students must file a withdrawal application with the College before they may be considered for withdrawal.

A student may not withdraw from a class for which the instructor has previously issued the student a grade of “F” or “FN” for nonattendance.

B. Administrative Withdrawal: An administrative withdrawal may be initiated when the student fails to meet College attendance requirements. The instructor will assign the appropriate grade on CTC Form 59 for submission to the registrar.

C. Incomplete Grade: The College catalog states, “An incomplete grade may be given in those cases where the student has completed the majority of the course work but, because of personal illness, death in the immediate family, or military orders, the student is unable to complete the requirements for a course . . .” Prior approval from the instructor is required before the grade of “I” for Incomplete is recorded. A student who merely fails to show for the final examination will receive a zero for the final and an “F” for the course.

D. Cellular Phones and Beepers: Cellular phones and beepers will be turned off while the student is in the classroom or laboratory.

E. Disability Support Services provide services to students who have appropriate documentation of a disability. Students requiring accommodations for class are responsible for contacting the Office of Disability Support Services (DSS) located on the central campus. This service is available to all students, regardless of location. Explore the website at www.ctcd.edu/disability-support for further information. Reasonable accommodations will be given in accordance with the federal and state laws through the DSS office.

F. Instructor Discretion: The instructor reserves the right of final decision in course requirements.

G. Civility: Individuals are expected to be cognizant of what a constructive educational experience is and respectful of those participating in a learning environment. Failure to do so can result in disciplinary action up to and including expulsion.

H. Discrimination Policy: Central Texas College District does not discriminate in admissions or access to, or treatment or employment in, its programs and activities on the basis of race, color, religion, national origin, gender, disability, age or veterans’ status.
VIII. COURSE OUTLINE

A. Module One: History of American Corrections and the Therapeutic Community

1. **Learning Outcomes**: Upon successful completion of this module, the student will be able to:
   - Describe the growth of the U.S. corrections system in the last 40 years and identify at least three issues raised by that growth.
   - Define the systems framework and explain why it is useful.
   - Name the various components of the corrections system today and describe their functions.
   - Discuss what we can learn from the “great experiment of social control.”
   - Compare and contrast the basic assumptions of the penitentiary systems of Pennsylvania and New York.
   - Discuss the elements of the Cincinnati Declaration.
   - Describe the reforms advocated by the Progressives.
   - Discuss the forces and events that led to the present crime control model.
   - Define the “Age of Reason” and its impact on corrections.
   - List the major goals of punishment and be familiar with the different criminal sanctions that are used.
   - Define the types of sentences that judges hand down and discuss the problem of unjust punishment.
   - Describe the evolution of the Therapeutic Community.

2. **Learning Activities**:
   a. **Read**: (F1,10-14,16-17; C1,3,5-8,15-20)
      - American Corrections in Brief, Chapters 1& 2
      - The Therapeutic Community, Chapters 1& 2
      - Complete the following for each chapter as assigned: (F1,5,6,15,16,17; C1,4,5-7,9,13,14,15-20)
        - Chapter Summary
        - Suggested Activities
      - Apply Module Learning Outcomes to your Specialization: Chemical Dependency, At-Risk Youth or Social Work. (F1,2,5-17;C1,3-20)
   b. **Key Terms and Key Concepts**: (F1,6,10-14,16-17; C1,3,5-8,15-20)
      - community corrections, congregate system, corrections, crime control model of corrections, determinate sentence, Enlightenment (Age of Reason), evidence-based corrections, federalism, general deterrence, good time, incapacitation, indeterminate sentence, indeterminate sanctions, intermediate sanctions, jail, lease system, Lex talionis, mandatory sentence, mark system, medical model, parole, penitentiary, positivist school, presentence report, presumptive sentence, prison, probation, reformatory, rehabilitation, restorative justice, retribution, separate
confinement, selective incapacitation, sentencing disparity, sentencing guidelines, shock probation, social control, system, specific deterrence, utilitarianism, wrongful conviction.

c. **Written Assignment:** (F1,5-17; C1,3-7, 9-14)
   Write a paper 3-5 page paper on the following:
   1. Describe the history of Therapeutic Communities. Be sure to include information on when the first one was created as well as what organizations and people influenced its evolution. You will need to do some additional research outside of the textbook. Be sure to list all references used (including the textbook) using APA style for formatting.

2. • Describe The Great Experiment in Social Control and the effect that it has had on the incarceration rates.
   • Distinguish the basic assumptions of the penitentiary systems of Pennsylvania and New York.
   • Research the rates of incarceration for crack cocaine and powdered cocaine in the state that you live. Identify whether or not there is a sentencing disparity regarding these two forms of cocaine.

d. **Discussion Assignment:** (F1,5-17; C1,3-7, 9-14)
   1. Choose one of the following topics for your discussion:
      • What are the four goals of the criminal sanction? In your opinion, which should be the dominant goal? Why? Provide references to back up your answer.
      • What is restorative justice? Is it effective? Provide references to back up your answer
   2. Respond to at least two of your classmates' postings.

e. **Concept check:** (F1,5-17; C1,3-7,9-14)
   Complete the Critical Thinking questions on pages 27 and 54 in the textbook. List the questions first and then respond to them.

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**B. Module Two: Corrections in the Community**

1. **Learning Outcomes:** Upon successful completion of this module, the student will:
   • Describe the history of the jail and its current function in the criminal justice system.
   • Describe who is in jail and why they are there.
   • Discuss the kinds of jails in the United States and the main issues facing jails today.
   • Outline the problems of bail and list the main alternatives to bail.
   • Outline the problems of jail administration and describe new developments in jails and jail programs.
   • Describe the history and development of probation, including how it is organized today.
• Describe the rationale for intermediate sanctions and list the various types of intermediate sanctions and who administers them.
• Critically assess the future of probation, intermediate sanctions, and community corrections.
• Describe the two functions of probation and the effectiveness of probation supervision.
• Discuss the purpose and content of the pre-sentence investigations report.
• Define "recidivism" and describe its importance to probation.
• Define evidence-based practice and discuss its importance.
• Discuss the revocation of probation, including “technical” revocation.
• Discuss drug abuse as a disorder of the “whole person.”
• Describe the typical cognitive characteristics of substance abusers in Therapeutic Communities (TCs).
• Describe the perceptual characteristics of substance abusers in TCs.
• Describe emotional characteristics of substance abusers in TCs.
• Define parole and explain its history and how it operates today.
• Describe how the release decision is made.
• Explain the steps taken to ease the offender’s reentry into the community.
• Identify the major problems confronting parolees.
• Describe why some parolees are viewed as dangerous and how society handles this problem.

2. **Learning Activities:**
   a. **Read:** (F1,10-14,16-17; C1,3,5-8,15-20)
   - American Corrections, In Brief, Chapters 3, 4, 5 and 10
   - The Therapeutic Community Chapters 3 & 4
   - Complete the following for each chapter as assigned: (F1,5,6,15,16,17; C1,4,5-7,9,13,14,15-20)
     - Suggested Activities
     - Apply Module Learning Outcomes to your Specialization: Chemical Dependency, At-Risk Youth or Social Work. (F1,2,5-17; C1,3-20)
   b. **Key Terms and Key Concepts** (F1,6,10-14,16-17; C1,3,5-8,15-20)
   absconders, antabuse, authority, bail, bondsman, Boot camp, Client-specific planning, community service, conditions of release, continuum of sanctions, day fine, day reporting center, direct supervision, discretionary release, electronic monitoring, evidence-based practice, expiration release, free system, expungement, forfeiture, home confinement, intensive supervision probation (ISP), intermediate sanctions, judicial reprieve, justice reinvestment, lockup, mandatory release, methadone, motivational interviewing, new-generation jail, other conditional release, pardon, performance-based supervision, podular unit, presentence investigation (PSI), pretrial diversion, preventive detention, principle of interchangeability, probation center, probation release, punitive conditions, recidivism, recognizance, reentry courts, regional jail, release
on recognizance (ROR), reinstatement release, restitution, restitution center, shock incarceration, standard conditions, technical violation, treatment conditions, urinalysis, victim impact statement.

c. Written Assignments: Write a 2 to 3 page paper on the following questions. (F1,5-17; C1,3-7, 9-14)
   • What is community corrections legislation and is it effective?
   • Describe the roles of the probation officer, probationer and the probation bureaucracy.
   • Write a short essay on the history and origin of the parole system. Essay should be 2-3 pages double spaced and references must be provided.

d. Discussion Assignments: (F1,5-17; C1,3-7, 9-14)
   Choose one of the following:
   • Post your answer to the questions in the Do the Right Thing section on page 95.
   • What is recidivism and does probation lower the chances of it? Provide references to support your point of view.
   Respond to at least two of your classmates' postings.

C. Module Three: Institutional Corrections and the Physical Environment of the Therapeutic Community

1. Learning Outcomes: Upon successful completion of this module, the student will:
   • Discuss the goals of incarceration.
   • Explain who is in prison.
   • Discuss the explanations for the increase in the incarceration rate and be familiar with the problem of prison crowding.
   • Discuss the “inmate code” and talk about where the values of the prison subculture come from.
   • Explain the issues surrounding the incarceration of women.
   • Discuss why prison industries and medical services are important.
   • Explain the principles used to organize the functioning of prisons.
   • Discuss the importance of prison governance.
   • Explain the different types of prison violence.
   • Discuss the different groups of personnel in U.S. prisons.
   • Explain how the correctional officer’s role has changed over time.
   • Describe the negative consequences of boundary violations and job stress among prison staff.
   • Discuss the physical environment of the Therapeutic Community
   • Discuss the various aspect of the social organization of the Therapeutic Community.
• Describe the therapeutic and educational elements within the Therapeutic Community.

2. **Learning Activities:**
   
a. **Read:** F1,10-14,16-17; C1,3,5-8,15-20
   - American Corrections in Brief Chapters 6, 7 & 8
   - Therapeutic Community; Chapters 7, 8, & 9
   - Complete the following for each chapter as assigned: (F1,5,6,15,16,17; C1,4,5-7,9,13,14,15-20)
     - Chapter Summary
     - Suggested Activities
     - Apply Module Learning Outcomes to your Specialization: (F1,2,5-17; C1,3-20)

b. **Key Terms and Key Concepts** (F1,6,10-14,16-17; C1,3,5-8,15-20)
   - administrative control theory, boundary violations, campus style, chain of command, coercive power, cognitive skill building, compliance, confrontation therapy, construction strategy, courtyard style, custodial model, classification, formal organization, hepatitis C, inmate balance theory, inmate code, job burnout, job stress, line personnel, maximum-security prison, medium-security prison, minimum-security prison, normative power, null strategy, prison programs, prisonization, psychotherapy, psychotropic medications, radial design, reality therapy rehabilitation model, reintegration model, remunerative power, span of control, staff personnel, telephone-pole design, transactional analysis, unit management, unity of command.

c. **Written Assignments:** (F1,5-17; C1,3-7, 9-14)
   1. Write a 1 1/2 to 2 page, double spaced paper on the following:
      Describe the three models of incarceration that have been prominent since the early 1940s. Give pros and cons for each. Which model do you agree with the most? Provide references to support your answer.
   2. And choose 2 of the following to complete in a 1 ½ to 2 page paper:
      - Explain why prisons are usually located in rural areas. What are some of the objections to having prisons built within a community?
      - What are some of the pros and cons of privatization of prisons?
      - Describe the characteristics of women prisons. Include the different subcultures within the prisons.
      - What are the different types of prison violence?

d. **Discussion Assignments:** (F1,5-17; C1,3-7, 9-14)
   1. Choose one of the following to address:
      - What concerns emerge regarding the practice of contracting with private, for-profit organizations to operate correctional facilities?
      - Which strategy(s) do you support to deal with prison overcrowding?
   2. Respond to at least 2 other students’ postings.

e. **Concept check:** (F1,5-17; C1,3-7, 9-14)
   Complete the Critical Thinking questions on pages 158 and 181.
D. **Module Four: Programs of Therapeutic Community**

1. **Learning Outcomes:** Upon successful completion of this module, the student will:
   - Explain the various roles of staff in the Therapeutic Community.
   - Describe the purpose of business meetings and case conferences.
   - Explain the purpose of staff retreats.
   - Describe the support staff roles and functions.
   - Describe the role of staff as community members.
   - Explain the functional roles of peers in the Therapeutic Community.
   - Describe the role of peers as community members.
   - Describe the specific forms of peer communication.
   - Discuss the various subgroups within the community.
   - Describe the general approach to sexuality in Therapeutic Communities.
   - Discuss the relationships and roles outside the program.
   - Explain the program stages in the TC.

2. **Learning Activities:**
   a. **Read:** (F1,5,6,15,16,17; C1,4,5-7,9,13,14,15-20)
      Therapeutic Communities Chapter 10, 11, 12, & 13
   b. **Key Terms and Key Concepts** (F1,6,10-14,16-17; C1,3,5-8,15-20)
      agency support staff, clinical support staff, facility support staff, monitors,
      peer counseling, peer tutors, pull-ups, pulling-in others, push-ups, staff as
      facilitator/guide, staff as counselor, staff as community manager
   c. **Written Assignment:** (F1,5-17; C1,3-7, 9-14)
      - Submit an outline on the staff, peers, relationships and program stages
        of a TC. Be sure to use the APA style for outline.
      - Write a 1 ½ to 2 page essay that explains how cliques ("tips") affect
        the effectiveness of a TC program. List any references that are used for
        this assignment using APA format.
   d. **Discussion Assignment:** (F1,5-17; C1,3-7, 9-14):
      - Should residents in a TC be allowed to have romantic relationships
        with each other? Write a short paragraph of your opinion on this
        subject.
      - Be sure to respond to at least two of your classmates’ postings.
   e. **Concept check:** (F1,5-17; C1,3-7, 9-14) Provide a ½ page summary on
      what you have learned about TCs in the chapters that have been covered.
   f. **Complete TC quiz 2** (covers modules 3-4; chapters 7-13)

E. **Module Five: Therapeutic Community Methods**

1. **Learning Outcomes:** Upon successful completion of this module, the student will be able to:
   - Describe the various aspects of the TC.
   - Discuss the class of privileges in the TC.
• Discuss the class of sanctions in the TC.
• Discuss the organization of TC roles.
• Describe the surveillance and security of the TC.
• Describe and discuss the community meetings within the TC.
• Describe and discuss the community groups within the TC.
• Describe and discuss the encounter groups within the TC.

2. Learning Activities:
   a. Read (F1,10-14,16-17;C1,3,5-8,15-20)
      • The Therapeutic Community Chapters 14-18.
      • Suggested Activities if applicable: Apply Module Learning Outcomes to your Specialization: Chemical Dependency, At-Risk Youth or Social Work. (F1,2,5-17;C1,3-20)
   b. Key Terms and Key Concepts (F1,6,10-14,16-17; C1,3,5-8,15-20)
      community group, community meeting, encounter group, privileges, sanctions.
   c. Written Assignments: (F1,5-17; C1,3-7, 9-14)
      Submit a synopsis (summary) on Chapters 14-18. Each chapter summary should be at least 1/2 page to 1 page in length. These chapters address privileges and sanctions, surveillance and security, community meetings and groups, and information on the encounter group. These chapters will serve you well as you complete the model for your TC.
   d. Discussion Assignments: (F1,5-17; C1,3-7, 9-14):
      • Discuss with your peers any obstacles you have encountered developing your TC as well as how what you have learned about the criminal justice system hampers or supports your ideas for your TC.
      • Be sure to respond to at least two of your classmate's posting.
   e. Concept check: (F1,5-17; C1,3-7, 9-14) Write a short paragraph on your views of the various privileges that are offered to residents during their treatment.

F. Module Six: The Process of Change within the TC

1. Learning Outcomes: Upon successful completion of this module, the student will be able to identify:
   • Discuss individual change as it relates to behaviors, cognitions and emotions in the TC.
   • Discuss the individual change as it relates to essential experiences and perceptions.
   • Describe the individual’s participation in the change process in the community.
   • Define the concept of internalization and identity.
   • Describe the conceptual framework of the treatment process.
   • Discuss the challenge of evolution of therapeutic communities.
2. **Learning Activities:**
   a. Read (F1,10-14,16-17; C1,3,5-8,15-20)
      - The Therapeutic Community Chapters 19-25
      - Complete the following for each chapter as assigned: (F1,5,6,15,16,17; C1,4,5-7,9,13,14,15-20)
      - Suggested Activities if applicable: Apply Module Learning Outcomes to your Specialization: Chemical Dependency, At-Risk Youth or Social Work. (F1,2,5-17; C1,3-20) Activity: Integrate module outcomes into the development of the Therapeutic Community Project.
   b. **Key Terms and Key Concepts** (F1,6,10-14,16-17; C1,3,5-8,15-20) act as if, affiliation, circumstances, cognitive skills, commitment to program, commitment to self, compliance, conformity, dry drunk, early engagement, emotional healing, emotional skills, habilitation, immersion, motivation, psychological well-being, readiness, role model responsibility, social deviancy, suitability, values maturity
   c. **Written Assignments:** (F1,5-17; C1,3-7,9-14)
      Write a summary of Chapters 19-25. Each chapter should be summarized in at least 1/2 page to 1 page. These chapters address the changes that should occur in the individual as a result of treatment including experiences, perceptions, participation, internalization, and identity as well as give a conceptual framework for the treatment process. These chapters will serve you well as you complete the model for your TC.
   d. **Discussion Assignments** (F1,5-17; C1,3-7,9-14):
      - Discuss what steps you would take to make sure the residents of your TC understand the process of change and the methods and the values of your TC.
      - Be sure to respond to at least two of your classmates’ postings.
   e. **Concept check:** (F1,5-17; C1,3-7,9-14) Write a one page essay to address the following:
      What are the essential experiences in the TC process? (page 322 *The Therapeutic Community*). How do you think that these experiences affect whether the resident is ultimately successful in changing?
   f. Complete TC quiz 3 (covers modules 4-6; chapters 14-25)

G. **Module Seven: Special Populations**

1. **Learning Outcomes:** Upon successful completion of this module, the student will:
   - Describe the issues presented by an aging correctional population and by long-termers in general.
   - Discuss increased awareness of the complexities involved with the correctional management of inmates who are HIV-infected or who have been diagnosed with AIDS.
   - Describe the challenges encountered by the incarcerated mentally ill.
   - Discuss the extent of youth crime today.
   - Describe how juvenile corrections developed in the United States.
• Describe the rationale for treating juvenile offenders differently from adult offenders.
• List the factors considered in sanctioning juvenile offenders.
• Discuss the future of juvenile corrections.

2. **Learning Activities:**
   a. **Read:** American Corrections in Brief, Chapters 9 and 12 (F1,10-14,16-17; C1,3,5-8,15-20)
      • Complete the following for each chapter as assigned:
        (F1,5,6,15,16,17; C1,4,5-7,9,13,14,15-20)
      • Suggested Activities: Utilize the Companion Website: [www.thomsonedu.com/criminaljustice/clear](http://www.thomsonedu.com/criminaljustice/clear) for access to additional resources.
   b. **Key Terms and Key Concepts** (F1,6,10-14,16-17; C1,3,5-8,15-20)
      aftercare, AIDS, delinquent, dependent, diversion, geriatric offenders, neglected, parens patriae, status offense, waiver.
   c. **Written Assignment:** (F1,5-17; C1,3-7, 9-14)
      Write an essay on each of the following:
      1. What special challenges does the older prison population face? Should inmates over a certain age be released from prison? Be sure to explain your answers. Essay should be 1 page.
      2. Research prison gangs in your assigned state. In particular, determine gang names, types (e.g. violent vs. non-violent), membership totals, demographics, etc. Essay should be 1 page.
      3. Should the HIV population be separated from the general population in prisons? Why or why not? Essay should be 1 page.
      4. List and describe the 5 major periods in the history of Juvenile Corrections in the U.S.
   d. **Discussion Assignment** (F1,5-17; C1,3,7, 9-14) Choose one of the following:
      • Address the question: What alternatives to death might achieve the goals of capital punishment (retribution, deterrence and incapacitation)?
      • What is the age at which a person is deemed to be an adult and thus is tried in adult court rather than juvenile court in your home jurisdiction? Is this age too low or too high? Do juveniles take advantage of the system?
      • Be sure to respond to at least two of your classmates' postings.
   e. **Concept check:** (F1,5-17; C1,3,7, 9-14)
      • What are some of the challenges involved with incarceration of sexual minority offenders? How are those challenges being addressed?
      • The deinstitutionalization movement that began in the 1960s allowed many who were mentally ill to be released into society. What are some the problems that this has caused and how are offenders with mental illness treated within the prison system? What programs are available to help them to deal with their illnesses?
• List 5 major decisions (court cases) by the U.S. Supreme Court regarding the rights of juveniles. Give a summary of the cases.

f. TC Project Due

H. Module Eight: Legal Issues, the Death Penalty and the Future of Corrections

1. **Learning Outcomes:** Upon successful completion of this module, the student will:
   - Discuss the foundations that support the legal rights of prisoners.
   - Describe the role of the US Supreme Court in interpreting correctional law.
   - Discuss the constitutional rights of prisoners.
   - List and describe alternatives to litigation.
   - Discuss the case law concerning the application of the death penalty.
   - Describe how the philosophy of the U.S. correctional system has changed over the years and what this has meant for the correctional system.
   - List the major dilemmas facing the correctional system and how they might be resolved.
   - Identify four substantial forces that face corrections and describe their importance.
   - Explain what “good leadership” means in the context of the current correctional system of the United States and know what it will take for these leaders to more widely implement “what works” in correction.
   - Describe the aspirations for the U.S. correctional system and how those aspirations might be achieved.

2. **Learning Activities:**
   a. **Read:** (F1,10-14,16-17; C1,3,5-8,15-20)
      American Corrections in Brief Chapters 11 and 13
   b. **Key Terms and Key Concepts** (F1,6,10-14,16-17; C1,3,5-8,15-20)
      motivational interviewing, random field trial, techno-corrections.
   c. **Discussion Assignment** (F1,5-17; C1,3-7, 9-14):
      1. Choose one of the following:
         - Research a case of a wrongfully convicted individual that has been exonerated through DNA. Present the case along with problems in the system that led up to the wrongful conviction. How did the individual eventually obtain their exoneration? What has happened with the offender since his/her release from prison?
         - Does the death penalty decrease overall crime rates? Why or why not?
      2. Be sure to respond to at least two of your classmates’ postings.
   d. **Written Assignment:** (F1,5-17; C1,3-7, 9-14)
      Complete an essay on each of the following:
      1. Explain the five dilemmas facing Corrections. Essay should be at least 1 page.
2. What are the four trends in the correctional system? Give an explanation for each trend. Essay should be at least 1 ½ to 2 pages double spaced. Essay should be at least 1 ½ to 2 pages double spaced.

3. Describe the role of the U.S. Supreme Court in interpreting correctional law.

e. Concept check: (F1,5-17; C1,3-7, 9-14)
   • Complete the “Do the Right Thing” Exercise on page 341. Post your response to the critical thinking portion.
   • Complete a short summary of the American Correctional Association and the American Probation and Parole Association.
   • Briefly list and describe the case laws concerning the application of the death penalty

f. Final Exam (covers all chapters in the American Corrections textbook)

**Extra Credit**

Use the following Therapeutic Community Curriculum participant's manual to answer the questions listed below. Extra Credit-TC (50 points) https://self-sufficiency.org/wp-content/uploads/2015/02/samhsa_tc.participant_handbook.pdf

Complete the following for each module. Answer the questions fully in order to receive full credit. List the questions and then answer them; they all should be in one document.

Module 1-What are your thoughts on the TC Recovery Maxims? (p. 1-4)
Module 1-Explain in detail what “Acting As If” means. How can staff members encourage residents to practice acting as if? (p. 1-7)
Module 2-What is a TC? (p. 2.2)
Module 2-What are the 14 Basic Components of a TC (p. 2-4). Give a brief description of each.
Module 2-Describe the History and Evolution of the TC (pp. 2.7-2-10)
Module 3-Describe the TC Views (p. 3-10)
Module 3-What is the TC View of Right Living (p. 3-11)
Module 4-What are the Eight Basic Concepts of Community as Method (p. 4-5)
Module 4- Describe self-help and mutual self-help (p. 4-9)
Module 5-Why are rules important in TCs? (p. 5-1)
Module 5-Describe the Morning Meetings (p. 5-6)
Module 6-How can staff members help residents to learn and experience healthy relationships: (p. 6-7)
Module 6-Describe role models within the TC (p. 6-7)
Module 6- Discuss issues of diversity and gender within the TC (p. 6-8)
Module 7-Identify at least three roles, behaviors, or attitudes that are expected of the TC staff members.
Module 7-How can staff members practice being a positive role model (p. 7-19)
Module 8-Discuss reinforcers and sanctions as used in a TC (p. 8-6)
Module 9-What is work in the TC used for? (p. 9-2; p. 9-9)
Module 9-What role does the Staff Member perform? (p. 9-3)
Module 10-What are the three phases of the TC Program; describe the goals of each (p. 10-3; pp. 10-8-10-10)
Module 11-Which areas are residents expected to make changes in? (p. 11-9)
Module 12-How does internalization occur? (p. 11-10)

Resources


Criminal Thinking Errors

Criminal Thinking Errors are ways of justifying behaviors. If one is not aware that there are errors in their thinking, they will soon find themselves acting on those thoughts which lead to breaking the law. According to the article *Metacognition: Thinking about Thinking*, the following are some Criminal Thinking Errors:

1. Closed Channel Thinking
   --Not Receptive
   --Not Self Critical
   --No Disclosure
   a. Good at pointing out, giving feedback on faults of others
   b. Lies by omission
2. Victimstance
   a. Views self as victim (the criminal will even blame social conditions)
   b. Blames others
3. Views Self As A Good Person
a. Focuses only on her positive attributes
b. Fails to acknowledge his destructive behavior.
c. Builds self up at other's expense
4. Lack of Effort
a. Unwilling to do anything he finds boring or disagreeable
b. "I can't" meaning "I won't"
5. Lack of Interest in Responsible Performance
a. Responsible living=unexciting and unsatisfying
b. No sense of obligation
c. Will respond only if he nets an immediate payoff
6. Lack of Time Perspective
a. Does not use past as learning tool
b. Expects others to act immediately on his demands
c. Decisions on assumptions, not facts
7. Fear of Fear
a. Irrational fears (many) but refuses to admit them
b. Fundamental fear of injury or death
c. Profound fear of put down
d. When held accountable experiences "zero state" - feels worthless
8. Power Thrust
a. Compelled need to be in control of every situation
b. Uses manipulation and deceit
c. Refuses to be dependent unless he can take advantage of the situation
9. Uniqueness
a. Different and better than others
b. Expects of other that which he fails to meet
c. superoptimism - cuts fear of failure
d. quits at the first sign of failure
10. Ownership Attitude
a. Perceives all things, people, objects to possess
b. No concept of ownership, rights of others
c. Sex for power and control-not intimacy

Reference:

Glossary of terms for TC

Acapulco gold – a type of marijuana.
Acid – LSD (lysergic acid diethylamide); a powerful hallucinogen.
AKA – also known as (police blotter usage).
Alky – alcoholic; a nearly obsolete term used mostly by persons of skid row or rural background.
Anywhere – used in the expression “Are you anywhere?” meaning, “Do you have any drugs?”
Awareness – special assignment given to a resident to heighten his or her awareness to a problem area.
**Backbiting** – belittling a person who is not present in the conversation.

**Bad trick** – a term from prostitute’s argot, referring to a customer with some perversion demanding that the prostitute submit to unusual indignities, or to practices which injure or endanger her.

**Bag** – a packet of heroin, which is usually sold in small glassine envelopes or bags. A “nickel bag” was once the standard “fix,” and actually sold for five dollars.

**Ball** – a verb meaning to have sexual intercourse. The term is used by both males and females to refer to their own activities.

**Bandwagon** – to go along with someone even though you disagree but will not say so (people pleasing).

**Beans** – amphetamine tablets.

**Beat up on (someone)** – to assault or commit violence against a person.

**Behavioral contract** – an agreement between the family, resident, and staff on changes that must be made for the resident to continue membership in the community (special usage).

**Behind** – a preposition used interchangeably with “after” or “following.” It implies a causal connection between two events in a sequence: e.g., “behind all that went down, she split out of here.”

**Being aware** – knowing what is going on around you at all times.

**Belly** – one’s emotions; one is often said “to have a belly” when they are in control of their emotions.

**Belly flip** – a reaction to what another person says or does, caused by a sensitivity to a particular issue.

**Bennies** – nearly obsolete term for benzedrine, the earliest of the amphetamine drugs. These are central nervous system stimulants.

**Big H** – heroin.

**Block** – the action of one drug in preventing the patient from feeling the effects of another.

**Bogus** – phony, untrue.

**Booking an incident** – to report a rule violation.

**Booking slips** – written pull-ups.

**Bottle story** – a term used in Alcoholics Anonymous to refer to the personal testimony which is a regular feature of AA meetings. The speaker describes his addictive career, starting with his first drink and the stages of his gradual dissolution until he “hit bottom.” Then he describes the stages of his recovery to the present moment.

**Breakthrough** – attainment of insight in therapy, usually through a sudden and dramatic catharsis, but the term may be used less precisely to refer to any highly charged emotional outburst during therapy.

**Brick** – a kilogram of marijuana.

**Bring down** – reduce the physiological and psychological effects of someone’s “high” to a point at which he is no longer a menace to himself and others.

**Bulldagger** – this is a Black English term referring to a masculine-appearing lesbian (see dyke).

**Bummer** – an unpleasant experience, especially one that was unexpected; often refers to experience of drug use.

**Burn** – swindle, especially by selling substandard drugs or some substance in place of the promised drug.

**Busted** – arrested, though not necessarily booked, by the police.

**Cap** – capsule.
Cardinal rules – laws of the community that protect the structure and safety of the program; an infraction of these rules may warrant expulsion from the program.

Caseworker – staff member offering social work services to residents.

C – cocaine.

Chick – street term for a woman.

Chip – take occasional single doses of heroin without becoming dependent on it (see ride the horse).

Clean up – get free of drugs; adopt a way of life that does not involve dependence on drugs.

Clean – with no drugs in one’s possession; physiologically free of drugs.

Coat-pulling – residents sometimes conduct impromptu get-togethers dubbed coat-pulling sessions, which are reminiscent of “self-criticism meetings”; during these sessions a group indulges in mutual monitoring of one another’s conduct, punishing bad behavior by means of strong social disapproval (see pulling coats).

Cold turkey – abrupt withdrawal of drugs, with no attempt at tapering off the dose or alleviating the discomfort by means of other drugs.

Collar – a strip of paper used in filling a hypodermic needle with a narcotic.

Come down on – crack down on, punish.

Come off – a verb phrase referring to the manner in which a person presents himself or herself to others, or the way (s)he appears to others—not necessarily authentic and not necessarily conscious.

Coming out sideways – to leak, to react—usually misplacing feeling or being sarcastic.

Con – (1) used as a verb, this word means to deceive others, or to manipulate others in a self-serving way; (2) as a noun, a con is either (a) a game of deception, or (b) the person who does the deceiving, also known as a con man; (3) an ex-con, on the other hand, is a former convict, a person who has spent time in prison. (The term has become part of standard American English.)

Connection – a dope peddler, especially one from whom one has bought before or who has been recommended by a friend.

Contract group – a group of residents, seldom more than three or four, who conspire secretly to violate a rule of the community. It often involves procuring and using drugs, but in one notable instance it involved violence and threats of violence instead.

Cook – dissolve a narcotic prior to injection.

Cool it – admonition to take it easy, or to stop doing something one is currently engaged in.

COP – (1) used as a noun to refer to a police officer; (2) used as a verb in two senses: (a) to buy or otherwise obtain an illegal substance, general for one’s own use (e.g. to cop drugs) and (b) to confess to some act of your own, usually reprehensible (e.g. “She copped to using pot”).

Cop out – inform on, as in “I find it hard to cop out on a buddy.”

Cop to – admit or confess to something.

Copman – a dealer in illicit drugs, usually the addict’s regular source.

Cop-out – evasion or avoidance of the unpleasant, or of something one ought to do; an excuse made in order to run away from an obligation, either psychologically or physically.

Copping area – a place where illicit drugs can be obtained.

Creep – a person regarded as perverted or peculiar in an unpleasant way.

Crystal – methadrine.

Cutting dope – the process whereby heroin is mixed with various adulterants, most commonly dextrose and quinine on the east coast of the U.S. Since no one can know how much a drug purchased on the street has been cut or what substance has been used, addicts regularly run the
risk of being cheated, of accidental overdose, or of adverse reactions up to and including death (see *hot bag*).

**Dealing with** – (a person or problem) term for an activity usually taking place within therapy hours, intended to allow or force a person to confront his or her problems in an honest and realistic fashion. Being dealt with is informally referred to by many residents as “being put on the hot seat,” and is widely perceived as a painful and coercive experience, but also as a curative one.

**Dealing** – buying or selling illicit drugs.

**Defocusing** – talking about anything or anyone to avoid looking at your behavior and accepting responsibility for self (trying to take others in a trip elsewhere to avoid the issue at hand).

**Demerit** – a black mark on one’s record for some minor rule infraction of a commitment.

**Detoxify (or detox)** – medically supervised withdrawal from drugs in such a way as to safeguard the patient’s health and minimize the discomfort.

**Dig** – to like and understand, to appreciate something or someone.

**Dime** – a verb meaning to betray or inform, equivalent to the near obsolete terms “to rat” on someone, or “to squeal;” occasionally used in the elaborated form *drop a dime*, which points to its reputed origin in the street custom of taking revenge on an enemy by phoning the police.

**Ding bat** – a new resident who has not yet acquired TC tools or an older resident who does not apply what he does.

**Do drugs** – to use illegal or illegally obtained substance(s); *doing skag* is to use heroin, for example, whereas *doing pills* refers to using any one or more of a number of drugs in oral form. Habitual use is usually, but not always, implied.

**Doing your thing** – when you are doing everything you should be doing in a therapeutic community.

**Dope** – (1) heroin (e.g., “he *shoots dope*”) or (2) marijuana (e.g., “she *smokes dope*”).

**Down** – depressed; sedated, especially by barbiturates.

**Downers** – barbiturates, sedatives, or other substances that have a soporific effect, usually in pill or capsule form. Most of these are in the barbiturate category, though some newer drugs have similar effects but different chemical composition and are classified as hypnotics rather than sedatives (e.g., Doriden, Quaalude). All are pharmacologically classified as central nervous system depressants (CNS’s).

**Dropping a lug** – making indirect comments about someone, dropping hints with bits and pieces of what you really want to say.

**Drop** – take a drug, usually LSD, orally after first dropping it on some medium, such as a sugar cube; to take LSD (short for “*drop acid*”).

**Dry drunk** – a state of feeling either high or low without the use of intoxicants, but with identical symptoms. Considered by Alcoholics Anonymous as part of an emotional withdrawal syndrome that occurs in the latter stages of physical withdrawal from alcohol, thus a normal part of recovery, though its severity varies.

**Dude** – a term for a man or fellow; a male person.

**Dump** – to express strong negative feelings about someone, usually in the presence of others. The experience of the person *dumped on* is usually painful, and (s)he is not expected to tolerate it without protest, particular is (s)he feels the criticism to be hostile or unjust.

**Dyke** – a female homosexual, usually the “masculine” or active partner in a lesbian relationship, whose appearance and behavior are deemed more mannish than womanly; also called a “bull dyke,” or in Black American dialect a “bulldagger”.
**Encapsulated** – someone that is spaced out and unaware of what’s surrounding them.

**Escort** – a person assigned to accompany a resident at all times, usually a more senior and reliable resident who is not addicted to the same substance. The object is to prevent new and/or badly behaved residents from getting into trouble by providing them with continuous surveillance for a day or more.

**Fay** – a white person.

**Feedback** – response or reaction to something another person has done or said. The term is used most often in a context indicating that the response is constructive in intent. Feedback has acquired the status of a cliché, replacing ordinary terms such as “answering”, “reaction”, or “response”.

**Fink** – an informer.

**Fix** – (noun) an intravenous injection of a drug (usually heroin); (verb) to inject a drug intravenously.

**Flagging** – when you are not concentrating on your job or on what you are doing.

**Flip out** – (1) a verb phrase meaning to go berserk or to lose one’s reason; (2) also used jocularly to refer to being “crazy about” something.

**Freak** – a person addicted to or fixated upon a particular activity or interest.

**Freak out** – similar to flip out but stronger, usually referring to a true psychotic break resulting from the use of a drug, most commonly a hallucinogen or stimulant.

**G** – a grain (or heroin or morphine).

**Gas station** – a derogatory term applied by opiate addicts and others to methadone clinics that merely supply methadone without any attempt at therapy or rehabilitation.

**Get behind** – take (a drug).

**Get down on** – see “come down on.”

**Get in touch with one’s feelings** – find out what one really wants or feels; be sincere with oneself and others; experience emotions, usually unpleasant, in strong fashion with behavioral signs.

**Get it all out** – to ventilate your inner feelings or share your troubles with someone. People are frequently admonished to get it all out when they appear troubled, angry, or depressed, in order to cure the condition.

**Get one’s head together** – set one’s thinking and, by inference, one’s life in order, usually with some definite purpose in view.

**Get sick** – suffer involuntary withdrawal symptoms.

**Getting it together** – (1) the process of developing group solidarity, closeness, and cooperation, or, alternatively; (2) an individual’s process of achieving improved personal integration. In sum, getting it together is both a group and an individual integrative process.

**Getting off** – experiencing a euphoric high when using a drug.

**Getting on (someone)** – riding or harassing another person; nagging.

**Getting over on (someone)** – taking advantage of another person’s laxity, naiveté, or kindness to put something over on them.

**Getting/going straight** – the process of rehabilitation, specifically with reference to straightening out emotional or cognitive disorder within the individual’s mind or psyche.

**Getting up** – experiencing the high that accompanies drug use (synonymous with getting off).

**Getting your rocks off** – obtaining relief from sexual tension; this synonym for orgasm is used self-descriptively by both males and females from the street subculture.

**Getting your shit together** – solving one’s problems—in this context those underlying one’s
addiction so that mental health is promoted through attaining insight into one’s own weaknesses and failings.

**Go down** – in drug user’ language, to take hard drugs, usually heroin; a term popularized by the Beatles’ White Album.

**Going off** – eventually “blowing your top” as a result of repressed feelings and resentments rather than dealing with them as they occur.

**Going through changes** – (1) being forced to make rapid adaptations to new circumstances that require reorienting one’s thinking and/or previous definitions of the situation; (2) more generally, a disturbing or disruptive experience in which the old definitions break down.

**Grass** – marijuana.

**H** – heroin.

**Habit** – dependence on drugs; used to express the degree of such dependence, as in “I have a thirty-dollar-a-day habit.”

**Hang up** – a problem someone is having difficulty solving.

**Hang tough** – to stay with it no matter what and not give up.

**Hassle** – trouble; problem; runaround.

**Head** – noun used to refer to habitual users of drugs in the hallucinogen family, many of which radically alter the user’s perceptions of reality.

**Head stuff** – (1) substances that create radical change in perceptions and consciousness of oneself and the world, mostly hallucinogens such as mescaline, LSD, and others; also (2) a phrase used to refer to the kind of thought which comes from “intellectualizing” and “closing off feeling.”

**Heavy** – grave or serious, not to be taken lightly, important, stirring, or dramatic. Thus a heavy session is a particularly dramatic therapy session, often extended in length without prior planning, and usually featuring catharsis for one or more group members. Therapists who conduct a great many heavy sessions tend to acquire a good deal of charisma in the community, and to have the reputation of being highly effective, even though follow-up statistics may not bear this out.

**Heavy place** – a state of mind in which one is pretty to heavy feelings, as in “Joe said he was in a heavy place.”

**Hiding in the woodwork** – not getting involved; trying to avoid being “a part of” through minimal participating in the community.

**High** – a noun referring to an intoxicated or drugged state, generally experienced or thought of as pleasant and desirable. Depending on the specific effects of the drug used, a high can consist of anything from somnolence to extreme excitement, hallucinations, and so forth.

**Holding** – in possession of illicit drugs; original usage seems to have been to denote people with money, i.e. “loaded.”

**Hustle** – obtain by illegal or underhanded methods; make one’s living and/or feed one’s habit by such methods.

**Image** – a mask or shield that one puts on to keep others from knowing you; a defense mechanism also referred to as a “jacket.”

**Incident** – an occasion of serious rule violation involving one or more residents. Having an incident usually places one in danger of discharge for disciplinary reasons, though this is not mandatory in all circumstances. Use or possession of drugs on campus or any violent behavior are, however, incidents which bring automatic discharge.

**Jacket** – reputation of a person.
**Jailing** – someone giving the impression of “doing time”; holding on to your negative behavior patterns (street codes).

**Jelly belly** – to be extremely sensitive; generally someone who cannot handle ridicule or criticism.

**Jitterbug** – (1) an eager or overconscientious new resident; (2) a new staff member full of energy and enthusiasm about his job. Generally used by older blacks from the ghetto, but occasionally by others.

**Jive** – mislead someone in a cool, inwardly derisive fashion.

**Jiving** – (1) fooling around or “messing with” someone. This can have simply joking connotations (e.g., “I was just jiving you”) or more serious connotations of misbehavior, especially of a sexual nature (e.g., “He’s the guy that’s been jiving that girl over there.”); (2) an almost obsolete term used by older prostitutes, referring to the act of mimicking passion or orgasm.

**Joint** – (1) used with the definite article “the” this is a term for prison; (2) used with the indefinite article, a marijuana cigarette.

**Jonesing** – (1) undergoing withdrawal from heroin; a disposition of variable severity which strongly resembles intestinal flu plus a bad cold; (2) also used in noun form, e.g., “having a bad jones.”

**Junk** – heroin, or any opiate drug used intravenously.

**Junkie** – opiate addict with true physiological as well as psychological dependence.

**Keep cool** – remain unflustered in the face of provocation or insult, relax, suppress unwanted or potentially dangerous emotions.

**Kick** – (1) (noun) an emotional reaction, usually positive, “I got a kick out of the news.”; (2) (verb) get rid of, especially a drug habit.

**Kicking the habit/kicking** – refers to suffering withdrawal from opiates or other physiologically addicting drugs such as barbiturates, either voluntarily or involuntarily (e.g., in jail).

**Lay a rap on (someone)** – to “give someone the word” or advise them, to talk to them earnestly and persuasively.

**Lay back (in the woodwork)** – not getting involved; always in the background and never voicing opinions.

**Lay on** – give.

**Lay something on someone** – to place a charge or responsibility on a person, to advise them strongly to follow one’s suggestion, to indicate definite expectations one has for someone.

**Leaking** – to express feelings indirectly and inappropriately.

**Legal thing** – a substance of addiction obtained from legal sources, as in the case of pills obtained by means of a doctor’s prescription from a legitimate pharmacist, even if not used as prescribed.

**Lid** – about one ounce of marijuana.

**Loaded** – high; under the influence of a drug. Under some circumstances, this may refer explicitly to heroin, although its original meaning was “drunk”.

**Lose one’s thing** – become incapable of performing some activity central to one’s sense of personal worth and identity.

**Main line** – inject a drug directly into a vein.

**Mellow** – comfortably high on some drug; compare “spaced out”.

**Mental masturbation** – a pejorative term applied to the act of manipulating one’s own consciousness to achieve a desired effect.
**Meth** – methadrine; one of the forms of speed (see below) or amphetamine, used either orally or intravenously, and quite dangerous in the latter form. It may cause cerebral hemorrhage through sudden and extreme elevation of blood pressure, or brain damage and a post-methadrine psychosis; see “crystal”.

**Mike** – microgram, i.e., one-millionth of a gram.

**Mr. TC** – a person who works the therapeutic community program (walking the walk).

**Nab** – a police officer.

**Narc or nark** – federal or state narcotics agent. Narks are feared as enforcers, officers of the laws penalizing possession and sale of illicit and/or dangerous drugs.

**Needle story** – “Narcotics Anonymous” equivalent to the Alcoholics Anonymous bottle story (see above), and used analogously as part of NA meeting ritual.

**Negative contract** – two or more people agree to have a secret contract not to disclose or confront one another; may be conscious or unconscious.

**Negative feedback** – criticism received from others.

**Nod** – semiconscious state induced by narcotics; to be in such a state.

**Nodding off** – also nodding out or on the nod, which are synonymous; refers to the stupor induced by the use of a narcotic following the initial rush or high. Nodding and scratching (in their literal meaning) are behavioral signs that a person has used an opiate very recently. This behavior is most marked in the novice user, who may or may not be addicted. It is less characteristic of old addicts well habituated to the drug.

**Nose dive** – the instant religious conversion feigned by skid row alcoholics when in urgent need of a meal and a bed in a mission house. The term comes from the fact that men meet the missionary’s needs, as they conceive them, by falling to their knees and praying loudly for God’s help in staying sober.

**OD** – (1) dangerous overdose of any drug. An OD is frequently cited as the cause of death on Coroners’ records pertaining to addicts; (2) the term is also used jocularly to refer to overindulgence in anything pleasant, such as food or sweets.

**Ofay** – see “fay”.

**Off and running** – experiencing euphoria after taking drugs.

**Off the wall** – adjective phrase used to describe behavior that is highly agitated, irrational, or both.

**Old addict** – a person who has used heroin long enough to have established a high tolerance. This means that the addict can no longer rely on obtaining a rush (the ecstatic experience of early addiction). The old addict uses heroin primarily to avoid withdrawal sickness and to “feel normal” rather than to achieve a high, which (s)he can seldom afford financially, and is often incapable of in any case.

**Old lady** – common law wife; steady girlfriend; mother (old-fashioned usage). The usual function of this term is to rule out questions about the legal status of the relationship.

**Old man** – (1) one’s steady boyfriend or lover, if the speaker is a woman; (2) one’s father, if the speaker is a man.

**Out front** – frank, honest, open, in the open.

**Out of it** – inebriated or drugged to a point of unawareness of oneself, one’s behavior, or events around oneself.

**Outfit** – the paraphernalia used for injecting narcotics: spoon, eye dropper, “collar”, and needle.

**Pad** – a room, apartment, or other dwelling where one can take drugs; one’s own room, especially when sued for that purpose.
Panama red – a type of marijuana.
Paraphernalia – equipment for drug use, such as that needed to inject heroin.
Personalizing – taking something someone says in general about anything as a personal remark.
Pigeon – an informer.
Pigs – police.
Pill freak – a person who is addicted to drugs in pill or capsule form, usually ingesting a variety of substances, singly or in combination. Typically, pill freaks obtain most of their drugs “legally” (i.e., by prescription) and have never been part of the street subculture of heroin or methadrine addicts.
Pinned – adjective used to describe the appearance of an opiate addict’s eyes shortly after use of the drug, when the pupils contract almost to the size of pinheads.
Pissed – angry or annoyed.
Play it safe/playing it close to the chest – doing just enough to get by.
Playing games – being dishonest with oneself and/or others; conning people or deceiving them, deliberately or unconsciously.
Points – hypodermic needles, as referred to by addicts.
Pop – take orally.
Pot – marijuana.
Processing – discussing the dynamics of what has occurred, in order to discover the how and why of unfolding events, with an implicit goal of improving the effectiveness of therapists and therapy. “Let’s process what just went down,” is often an invitation to attempt to understand what went wrong with the way things were handled.
Psyched-up – in a state of psychological preparedness or readiness. The term implies a state of tension or excitement, and may also imply persuading oneself of the necessity and/or rightness of what one is about to do.
Pulling a urine – to require a resident (or occasionally, an addicted staff member) to submit a urine sample for laboratory testing to determine whether or not drugs have been used.
Pulling your weight – taking responsibility for one’s share of duties in the community.
Pusher – someone who deals aggressively in illicit drugs, usually with financial gain as prime motive.
Pushing buttons – to deliberately provoke or attack a person in a sensitive area to facilitate honest, unguarded reactions.
Rammies – a state of agitated depression characterized by feelings of boredom, restlessness, and unhappiness. Addicts often cite the rammies as the cause of their return to drug use after a period of good behavior.
Rap session – a group discussion led by community members with the purpose of increasing social awareness.
Rapping – conversing, usually in small groups, and usually at a level of discussion that is seen as serious and meaningful.
Rat – an informer.
Reacting – a verbal or nonverbal expression that reflects feelings indirectly.
Reds – barbiturates.
Rehash – summary; recapitulation.
Relate – (1) term used generally as a synonym for getting to know others more or less intimately, on a friendly basis. Thus, “He won’t relate to the group,” is cause for concern; (2) identification with someone else’s plight or state of mind, e.g., “I can really relate to what you’re saying,
‘cause I felt the same way when I first came here.”

**Request forms** – a form to be used by residents who are requesting special privileges and/or asking to rise to the next phase.

**Ride the horse** – take heroin without becoming dependent on it.

**Righteous junkie** – a junkie who believes in taking junk as a superior way of life.

**Rip-off** – a theft or episode of stealing.

**Run** – (noun) a period of continual drug use during which a high is steadily maintained.

**Run a game** – manipulate; con; as in, “I ran a game on him.”

**Running with** – associating with, or hanging out with a person or group, e.g., “He been running with a motorcycle gang.”

**Rush** – the intense pleasure experienced by opiate addicts during the early stages of their addiction, immediately after injecting the drug. Long-term addicts generally fail to experience this sensation, which is described as similar to orgasm but more intense, and located in the lower abdomen (see old addict).

**Score** – obtain illicit drugs, usually for money.

**Selling wolf tickets** – threatening someone.

**Shades** – dark glasses.

**Shakedown** – search, especially by police officers looking for drugs and drug paraphernalia.

**Sharing yourself** – revealing significant facts and feelings about one’s life to others, usually within the therapy group. Reciprocity is implicit in the idea of sharing yourself, for others are then supposed to share themselves with you.

**Shining** – showing off in order to gain something in a manipulative way (i.e., doing your thing only in front of staff in order to get requests).

**Shit** – (1) one of the numerous terms for heroin; (2) all negative thoughts and feelings, which should be “gotten out” or dumped rather than “sat on.” If retained, shit will obstruct a person’s recovery and good relations with others.

**Shooting a curve** – going to someone else when you were already given a valid response by another.

**Shooting gallery** – an establishment for the purchase and use of illicit drugs, not only heroin but others as well. Both junk and works are available here for a price, and in some of these establishments addicts are permitted to remain until they have finish nodding.

**Shooting up** – injecting heroin or others drugs.

**Shuck (or shucking)** – manipulate; con; use a story to hide one’s feelings or behavior.

**Skag** – heroin, especially the high-quality type.

**Skin-popping** – subcutaneous injection (as opposed to intravenous injection) usually of an opiate.

**Slams** – also (the) slammer, jail.

**Sliding** – when one is going through treatment without being challenged and therefore, not growing.

**Slip** – euphemism for an incident of drug or alcohol use; passing such events off as somehow accidental, or inadvertent, and to absolve the individual of responsibility for them.

**Smack** – heroin.

**Smashed** – intoxicated from drugs; implies a state of heavy intoxication, e.g., “He was smashed out of his mind.”

**Snitch** – an informer; one who betrays a friend, especially to the police. Term carries strong moral opprobrium, both on the street and inside therapeutic community, where it is used to refer
to street activities. It is thus distinguished from expressions of responsible concern such as
dimming or coat-pulling; (verb) tell on, inform.

**Snuff** – kill.

**Solid** – an adjective expressing strong approval and appreciation.

**Spaced out** – under the influence of drugs; high.

**Spade** – a black person.

**Speed** – amphetamines or other drugs belonging to the class called central nervous system
stimulants (CNS’s). Speeding is (1) the sensation derived from using these drugs; or, (2) a
description of the agitated behavior they produce.

**Spike** – a hypodermic needle.

**Split** – leave, usually from a group; from “split up”.

**Split to** – absent oneself without leave, walking out of a facility impulsively; can be done
coverly, merely by walking off the premises when nobody is looking, or openly by leaving
officially against medical advice (AMA).

**Spoon** – a standard street measure of cocaine or a dose of heroin, so called because the drug is
often dissolved for injection in a spoon; see “outfit”.

**Stabilize** – build a patient up with successive doses of a drug to the point at which his system can
tolerate it with few or no side effects. The dose necessary at this state is called the “stabilizing
dose” and varies with the individual.

**Stash** – a cache or store (e.g., of drugs).

**Stoned** – intoxicated on any chemical substance, including alcohol.

**Straight** – non-addicted, respectable, conventional; ignorant of and/or unaccustomed to the use
of illicit drugs; a milieu in which nearly everyone is this way; square is a related term.

**Strokes** – verbal expressions of praise or approval, used generally as rewards for surmounting
problems or temptations.

**Strung out** – in withdrawal and needing a “fix” but with no immediate prospect of obtaining the
drug of choice, usually due to lack of funds and/or lack of strength to continue the quest; implies
a state both sick and desperate.

**Stuffing feelings** – keeping feelings locked up inside and not venting them appropriately; tends
to create resentments.

**Stuffing** – when one is wasting time and not doing their job.

**Switch on** – see “turn on”.

**Tabbing** – take a drug, usually a hallucinogen, in tablet form.

**Taking a trip** – evading a question; talking about anything and anyone instead of responding to
the topics.

**Taste** – a single shot of heroin or another drug, not intended to lead to readdiction. It is an article
of faith at therapeutic communities, however, that no addict can try a taste of any drug without
becoming readdicted.

**The man** – can refer to either a dealer or a police officer.

**Therapeutic cop-out** – term applied to residents who use involvement in the problems of other to
avoid dealing with their own (see cop).

**Thing** – one’s drug of choice or substance of addiction; usually new residents are asked by older
residents to identify their thing as part of getting acquainted.

**Tip** – two or more people who are always together, can be positive but more often acts as a
negative contract.

**To place a charge or responsibility on a person** – to advise them strongly to follow one’s
suggestion, to indicate definite expectations one has for someone.

**Trading** – exchanging one kind of illicit drug for another, whether as a business transaction or a personal favor.

**Tricked up** – to encounter an obstacle or stumbling block; related to the term “tripped up”.

**Trip** – (1) a drug episode, usually involving use of a hallucinogen; also, (2) a term used to refer to any experience which is amusing, enlightening, or exciting in a pleasurable sense.

**Turn off** – alienate, vex.

**Turn on** – begin taking a drug; to begin experiencing the high from the drug; traditionally used of marijuana.

**Turning (someone’s) head around** – changing someone’s personality or psychological set; this is the basis for changing addictive behavior.

**Upper** – central nervous system stimulants (CNS’s), such as amphetamines, usually taken in pill or capsule form.

**Uptight** – tense, worried, or anxious.

**Use/using** – the question “Is he using?” always refers to drugs.

**Vibes** – the impression given by a person, place, or event, as in, “I get good vibes from that cat.” Short for “vibrations”.

**Went down** – happened or took place; also used in the gerund form going down.

**Where you’re at** – one’s attitude or position concerning some issue, either implicitly or explicitly defined.

**Where you’re coming from** – one’s motives, or the reasons behind what one is doing or saying.

**Whites** – amphetamines; “uppers”.

**Works** – equipment for injecting drugs, usually including a hypodermic syringe, needle, spoon, and matches used to “cook” opiates; such equipment is not permitted on therapeutic community premises except for medical use, and possession of it is grounds for immediate discharge; synonym is paraphernalia.

**Young addict** – a novice to drug use, who still finds it easy to get high is not a matter of chronological age, but of length of addiction.

Reference: