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Research Article

Clients' Satisfaction of the Therapeutic Community Modality Program: Basis for the Development of Prototype Syllabus

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ABSTRACT

The study determined the Therapeutic Community (TC) clients' satisfaction and assessment of the Therapeutic Community Modality Program rendered by the Parole and Probation Administration in the National Capital Region (NCR). The researchers-made survey questionnaire was administered to two (2) groups of respondents composed of 33 probation and parole personnel and 285 therapeutic community clients. The researchers-made survey questionnaire was validated by the four (4) experts in the field of therapeutic community modality program. The study revealed that the TC clients were satisfied on the Therapeutic Community Modality Program in all of the dimensions being assessed; however, there are indicators on clients' satisfaction that obtained the lowest weighted mean that need to be addressed. On behavior management, there is a need for the TC implementers to reinforce community values and give emphasis on organizational structure. On the intellectual and spiritual aspects, educational activities and academic training must be intensified with focus on group activities that counter negative behavior to reinforce community values. On vocational and survival aspects, the TC program must incorporate vocational and livelihood training. The researchers conclude that the TC clients' and TC personnel are satisfied to the Therapeutic Community Modality Program in terms of behavior management, intellectual and spiritual, vocational, and survival, and emotional and psychological aspects.

Keywords: Clients' Satisfaction, Prototype Syllabus, Therapeutic Community Modality Program

Introduction

In the mid-twentieth century, specifically around the 1960s to 70s, the Philippines was beset by a major drug abuse which is heroin. This drug menace became an alarming and serious heroin epidemic that raged in the capital

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city of Manila. Aggravatingly, the country then was not prepared and ready to address effectively the said drug abuse predicament, more importantly the treatment of the heroin addicted individuals. Matters of fact, the addicted individuals who belonged to the affluent family were confined in the psychiatric wards of privately owned medical facilities. On the other hand, the less privileged ones whose family were living in abject poverty were incarcerated in prison facilities for the commission of drug related crimes, and a significant number of them were confined in drug rehabilitation center operated by law enforcement agencies.

The Drug Abuse Research Foundation, Inc. (DARE) was then founded as the first institution of the Filipino private drug abuse prevention and treatment program in Manila. This pioneering concept-based therapeutic community was founded by Bob Garon, a Catholic mission priest in 1971. He paved the way in the creation and establishment of Bahay Pag-asa (House of Hope), a prototype therapeutic community house under the auspices of DARE, supervised and managed by Garon with the aid of ex-heroin addicted individuals and first Therapeutic Community graduates at DARE as staff. The Bahay Pag-asa became the first Asian therapeutic community, a non-government drug treatment program and facility located at Trece Martires, Cavite, Philippines (Philippine Daily Inquirer, Dec 17, 2017). This Institution eventually played a vital role in propagating and spreading the therapeutic community all throughout Southeast Asian Regions.

Dr. Perfas (2014) cited in his book, entitled "A Practice Guide: Therapeutic Community", in upgrading and enhancing of the staff's competence in the field of therapeutic community modality program approach, Garon sent Mario in 1971, the first Filipino heroin ex-addict to Mainland , United States of America, to actively immerse himself at Daytop (Drug Addicts Yield to Others Persuasion) Village and Phoenix house based in New York to observe and learn the therapeutic community program practiced in the above mentioned popular therapeutic community institution. Thus, after a significant period of actual immersion, Mario returned to Manila, equipped with the knowledge, skills, and right work ethics and attitude about therapeutic community. Truthfully, he became the first therapeutic community graduate who worked and was trained as staff at DARE. He implemented and applied the therapeutic community concept into Bahay Pag-asa programs and activities and spearheaded in the education and training of the residents about the rudiments of therapeutic community. This eventually made DARE a fast growing and thriving therapeutic community institution of over thirty residents supported by a core group of zealous senior residents, as well as dedicated, committed, and well-trained professional staff and personnel (Perfas, 2014).

DARE in its heyday robustly grew several therapeutic community treatment facilities which were scattered in and around the greater Manila area. It had become the most sought therapeutic community facility which had over five hundred residents in a given day. This prompted Garon to establish the DARE Industries, a consulting firm which specialized in advertising motivational training. Thus, large business corporations became their stakeholders, making DARE Philippines a self-sufficient therapeutic community facility which did not depend on government subsidiaries and grants. This made the Institution independent and free from government interferences for significant years, affording it the freedom to adopt and experiment with the therapeutic community modality and model.

Significantly, therapeutic community has become popular and widespread that several staff members who were graduates of the DARE program eventually established their own therapeutic community facilities and helped propagate the therapeutic community programs. This gave birth to the proliferation of therapeutic community institutions such as Seagull's Flight, the SELF Foundation, and the Faith-based Nazarene Therapeutic Community under the paradigm developed by the DARE, Inc. Some years later, the first criminal justice training on the therapeutic community that included law enforcement treatment centers, the Bureau of Corrections (BuCOR), and the Bureau of Jail Management and Penology (BJMP), were

implemented and supervised by Parole and Probation Administration.

Inevitably at present, it is the Philippine government's mandate and imperative to effectively address the drug dependency problem that has resulted to unmanageable and unimaginable criminalities in the country. A harmonized and integrated treatment program for both victims and clients was adopted for this purpose in order to effect rehabilitation and ultimately their reintegration into the mainstream of society. The Therapeutic Group Modality, Restorative Justice Values and Ideals and the Use of Volunteer Probation Aids are part of this harmonized and integrated program. (probation.gov.ph/correction rehabilitation/).

Therapeutic community has undergone many transformations since its inception by an ex-alcoholic and a group of hardcore drug abusers. Nevertheless, there has been a continuation of its tradition of self-help or self-reliance, personal accountability, accountable concern, social responsibility and family values. It has produced a very practical approach to changing human behavior through a process of social learning in a community setting (Bandura, 1986). The notion of reciprocal determinism adequately captures the social learning dynamics that take place in a therapeutic community. Therapeutic community avoids the effects of institutionalization, which fosters clients' dependence on health care therapists for the process of change. And instead, it relies on the primary source of health concept referred to by Rapoport as "community as "doctor" (cited in Jones, 1968), or the community as mere treatment (De Leon, 2000). The early therapeutic community practitioners in Great Britain employed psychoanalytic theories and Gestalt psychology in devising psychotherapeutic groups, as well as systems theory in analyzing the interaction between dynamics and levels of authority in therapeutic community (Hinselwood, 1999).

During the early phases of treatment, when most clients are unwilling or ambivalent about making change, motivational approaches to counselling are an ideal set of strategies to use. Skills and knowledge in therapeutic communication (Miller & Rollnick, 2002) and familiarity with the trans-theoretical model Stages and Process Change (Prochasca et al., 1994) can also enhance drug abuse.

The central role of other people in human behavior and emotions has been studied and documented (Fischer & Tangney, 1995; Leary and Tangney, 2002). "Two self-conscious feelings are of special importance in therapy, namely: "guilt" and "shame". In reparative actions and pro-social activities involving empathy, altruistic acts and care-giving, guilt is central (Dearing, 2002; Baumeister et al., 1994; Batson, 1987). Shame, on the other hand, punishes moral transgressions as the individual suffers negative self-evaluation or a sense of worthlessness for violating important social standards.

The therapeutic environment is an area that helps individuals get support while supporting others. It is a therapy environment: its participants' experiences are intended to be therapeutic in the light of the expectations that require the dual role of client-therapist for each one to perform. At a given moment, because of a problem activity, one may be in a client position while seeking assistance or support from others. (http://probation.gov.ph/correction-rehabilitation).

In our government, there is a particular program on Therapeutic Community Modality. It has been in existence for quite sometimes and as a professor of the subject, Therapeutic Modalities, the researcher deemed it more imperative that the same should be assessed to determine its effectiveness. Hence, the researcher conducted this study. With this important insight, the researchers took into consideration some important aspects which pertain to the client's satisfaction and effectiveness of the therapeutic community modality program. This provided the researchers wider perspective in determining as to whether the TC clients are satisfied with the program, as well as to assess the therapeutic modality program of the Philippine government.

This study could have impact and transcend to different stakeholders such as to the Parole and Probation Administration, particularly the Therapeutic Community centers that are managing the program for the rehabilitation of

therapeutic community clients. Likewise, the results of this study could be used as reference for the College of Criminal Justice Education of different higher education institutions offering Criminology Program for their continuing professional development; to the researchers themselves who were very active in the academe and training development; and to future researchers, business entities, and other agencies implementing therapeutic community modality. The promotion of human and social transformation among the clients and among implementers can be improved and properly discharged through the principles and the different literature and studies culled from this study. The Parole and Probation Administration, through its rehabilitation centers, can use this study in enhancing the corporate culture of permeating its plans, programs, and practices; and confirming its status as a model component of the Philippine Correctional System.

Methods

Researchers discussed on this part the methodology of the study. In particular, the research design, respondents, research instrument, statistical analysis and ethical consideration are discussed.

Research Design

Researchers utilized the descriptive research design to assess the perception of the respondents on the clients' satisfaction and assessment of the therapeutic community modality program so as to provide a prototype syllabus. In this research design, the research observes and then describes what was observed. Descriptive study is often concerned with counting or documenting observations; exploratory studies focus more on developing a preliminary understanding about a new or usual problem (Maxfield & Babbie, 2015).

Respondents

The respondents of this study are composed of two (2) groups categorized as Probation and Parole as Therapeutic Community personnel, and the Therapeutic Community Modality Program clients. The study was conducted in the 3 cities in the National Capital Region – Quezon City, Makati City, and Muntinlupa City, where a total population of 33 probation and parole personnel and 987 therapeutic community clients comprised the total population of the study. The researchers decided to get 100% or use complete enumeration for the probation and parole personnel and subjected the 987 therapeutic community clients for computation using the slovin's formula with 5% margin of error. Thus, a total of 285 therapeutic community clients were used as respondents of this study. The 285 TC client-respondents were taken through the use of convenience sampling

Research Locale

This study was conducted in the three (3) cities in the National Capital Region (NCR) – Muntinlupa City, Quezon City, and Makati City. The reason for the selected of the research locale is that the Parole and Probation Administration (PPA) Central Office is located in NCR and the three (3) are the offices having the greatest number of probation and parole personnel and therapeutic community clients.

Research Instrument

The self-made survey questionnaire was employed as a main tool to gather data for this study. In particular, a multi item scale questionnaire was employed [see Colton & Covert, 2007]; [O'Sullivan, Rassel, & Berner, 2008]. Specifically, a Likert questionnaire using the multi item scale was constructed. The questionnaire, therefore, was used to get the perception of the clients on satisfaction and assessment of the therapeutic community modality program of the Parole and Probation Administration (PPA). The survey questionnaire included a letter addressed to the respondents, explaining to them the purpose and objective of the study. On the main body of the survey instrument, there were variables and indicators which were assessed by the respondents. Using a 5-point Likert Scale, the respondents were given options as to whether they would strongly agree, agree, moderately agree, disagree, or strongly disagree to the statements or indicators provided. The survey instrument was validated by four (4) experts in the field of therapeutic

community modality program, distributed as follows: One (1) Dean in the College of Criminal Justice Education in the School of Criminology who is actually teaching Correctional Administration subject, one (1) PPA personnel who has been practicing in the field of therapeutic community for more than twenty (20) years, and two (2) experts from the Bureau of Corrections who have been, likewise, in the same field for more than twenty (20) years.

Statistical Analysis

To answer the specific research problems and to test the hypotheses, as well as to appropriately analyze the data gathered through survey questionnaire, applicable statistical tools were utilized for this study. In order to determine the assessment of the responses made by the respondents, the same was quantified considering that the numerical values assigned to the response sets tallied to produce a score (Colton & Covert 2007). The weighted means were computed and, thereafter, translated into adjectival rating so as to produce a single score that measured the variables studied. The weighted mean scores for each item in the questionnaire were computed, as well as the overall weighted mean of each construct (or latent variable) in the study. Thereafter, the computed weighted mean scores were interpreted and translated into adjectival rating. The significant difference in the perception of the two (2) groups of respondents was identified using the t-test between the means of two independent samples. A t-test allows us to compare the means of two groups and determine how likely the difference between the two means occur by chance when there is no difference in population from which the sample is drawn (Siegel, n.d.). However, to determine whether there shall be a significant correlation between the assessment of the program and the TC clients' satisfaction, the *Pearson r* was used as the statistical tool.

Ethical Consideration

The researchers wrote letters and asked the permission of the respective heads of the respondents who were included in this study. After the approval of the request letters, the researchers personally explained to the respondents how to accomplish the survey instrument. All respondents gave their consent to answer actively the survey questionnaire. The researchers intended not to present all information, and identification of the respondents as ethical consideration of this study.

Result and Discussion

This part discussed the results and discussion of the study about the Therapeutic Community (TC) clients' satisfaction and assessment of the Therapeutic Community Modality Program rendered by the Parole and Probation Administration in the National Capital Region (NCR).

As shown in Table 1, the TC client-respondents assessed indicators 6 and 4 as the highest among the other indicators with weighted means of 3.87 and 3.86, respectively, with verbal interpretation of "Satisfied". The TC clients assessed that staff members confront breaches in accepted behavior and staff members function first as members of the community. However, indicators 1 and 5 the weighted means of 3.49 and 3.46, respectively, interpreted as "Satisfied".

Table 1. Satisfaction of Therapeutic Community Client - Respondents to Therapeutic Community Modality Program in terms of Behavior Management Aspect

	Indicator	WM	VI
1.	There is an emphasis on structure, including a full program of mandatory daily activities and meetings.	3.49	S
2.	There are rules for behavior and other consequences for breaking the rules.	3.84	S
3.	The treatment approach centers on members' participation in the community.	3.83	S
4.	Staff members function first as members of the community.	3.86	S
5.	Staff members reinforce community values.	3.46	S

	Indicator	WM	VI
6.	Staff members confront breaches in accepted behavior.	3.87	S
7.	Training staff members serve as role models for others.	3.83	S
8.	Clients, particularly senior residents, function as members of the community.	3.82	S
9.	There is sharing of responsibility for the maintenance and health of the community.	3.85	S
10.	There is adherence to community values.	3.80	S
11.	Clients who are senior residents serve as role models for others.	3.82	S
	Overall Weighted Mean	3.77	S

Legend: 5.00 – 4.21 – Strongly Satisfied (SS)
4.20 – 3.41 – Satisfied (S)
3.40 – 2.61 – Moderately Satisfied (MS)
2.60 – 1.81 – Dissatisfied (DS)
1.80 – 1.00 – Strongly Dissatisfied (SDS)

They observe that there is an emphasis on structure, including a full program of mandatory daily activities and meetings and that staff members reinforce community values. The computed overall weighted mean is 3.77, which is interpreted as "Satisfied". This means that the clients who responded in this study are satisfied on the existing program for the clients in terms of behavior management.

This result is supported by the research of De Leon (2004) which found that TC for addicts emerge theoretically outside of mainstream mental health and social science. Nevertheless, it has evolved as a unique social learning approach captured in the phrase "community as method". The latter, however, contains familiar elements and practices that are supported by abundant behavioral and social psychological research outside TC. Similarly, behavioral training and social learning principles are evident e.g. social role training, vicarious training, and social reinforcement. As discussed, these principles are naturalistically mediated within the context of community living.

Table 2. Satisfaction of Therapeutic Community Client - Respondents to Therapeutic Community Modality Program in terms of Intellectual and Spiritual Aspects

	Indicator	WM	VI
1.	There are educational activities, such as seminars in special topics and academic training	3.48	S
2.	There is an educational component that focuses on personal development such as control of emotions and conflict resolution, personal decision making, communication, and listening skills.	3.85	S
3.	Work is used as part of the therapeutic program to build esteem and social responsibility.	3.82	S
4.	The members are reinforced for acting in a positive manner while negative behavior is met with confrontation.	3.84	S
5.	There are numerous group activities that reinforce community values and encounter negative behavior.	3.45	S
6.	The counselor serving as a role model for the attitudes and behavior sanctioned by the community is central to the therapeutic task.	3.80	S
7.	When appropriate the family is included in the therapeutic plan.	3.83	S
8.	The daily activities include both therapeutic and educational goals.	3.84	S

	Indicator	WM	VI
9.	The educational seminars are held on various topics of concern to clients.	3.82	S
10.	The program includes academic training or tutoring services for those who need it.	3.83	S
11.	There is a monthly mass for the clients to refresh one's soul	3.86	S
12.	There is an every year recollection/retreats to have meaningful spiritual substance relevant to their lives	3.80	S
	Overall Weighted Mean	3.77	S

Legend:
5.00 – 4.21 – Strongly Satisfied (SS)
4.20 – 3.41 – Satisfied (S)
3.40 – 2.61 – Moderately Satisfied (MS)
2.60 – 1.81 – Dissatisfied (DS)
1.80 – 1.00 – Strongly Dissatisfied (SDS)

As shown in Table 2, the TC client-respondents assessed indicators 11 and 2 as the highest among the other indicators with weighted means of 3.86 and 3.85, respectively, interpreted as "Satisfied ". The TC clients noted that there is an educational component that focuses on personal development such as control of emotions and conflict resolution, personal decision making, communication, and listening skills; and that there is a monthly mass for the clients to refresh one's soul. However, indicators 1 and 5 got the lowest weighted means of 3.48 and 3.45, respectively, interpreted as "Satisfied". They observe that there are educational activities, such as seminars in special topic, and academic training; and that there are numerous group activities that reinforce community values and encounter negative behavior. The computed overall weighted mean is 3.77, which is interpreted as "Satisfied". This means that the clients who responded in this study are very much satisfied to the existing program for the clients in terms of Intellectual and spiritual aspects.

In relation to the preceding discussion, De Leon (1995) said that the core goal of TCs has always been to promote a more holistic lifestyle and to identify areas for change such as negative personal behaviors--social, psychological, and emotional--that can lead to substance use. Residents make these changes by learning from fellow residents, staff members, and other figures of authority. In the earliest TCs, punishments, contracts, and extreme peer pressure were commonly used. Partly because of these methods, TCs had difficulty winning acceptance by professional communities. But they are now an accepted modality in the mainstream treatment community. The use of punishments, contracts, and similar tools has been greatly modified although peer pressure has remained an integral and important therapeutic technique (De Leon, 2010).

Table 3. Satisfaction of Therapeutic Community Client - Respondents to Therapeutic Community Modality Program in terms of Vocational and Survival Aspects

	Indicator	WM	VI
1.	The program includes vocational training and/or experience.	3.43	S
2.	Listening, speaking, and communication skills are emphasized.	3.85	S
3.	Program includes training in personal decision-making skills.	3.83	S
4.	Regular seminars are held to help balance the emotional and operative experience of the TC program.	3.86	S
5.	Clients are taught to control their emotions and release them in appropriate contexts, such as group meetings and dialogues.	3.43	S
6.	Clients learn conflict resolution skills.	3.86	S

Indicator	WM	VI
7. Work is utilized as part of an educational and skill training process.	3.84	S
Overall Weighted Mean	3.72	S

Legend: 5.00 – 4.21 – Strongly Satisfied (SS)
4.20 – 3.41 – Satisfied (S)
3.40 – 2.61 – Moderately Satisfied (MS)
2.60 – 1.81 – Dissatisfied (DS)
1.80 – 1.00 – Strongly Dissatisfied (SDS)

As shown in Table 3, the TC client-respondents assessed indicators 2 and 4 as the highest among the other indicators with weighted means of 3.85 and 3.86, respectively, interpreted as "Satisfied". TC clients said that listening, speaking, and communication skills are emphasized; and regular seminars are held to help balance the emotional and operative experience of the TC program. However, indicators 1 and 5 both got the lowest weighted means of 3.43, interpreted as "Satisfied". They observe that the program includes vocational training and/or experience and clients are taught to control their emotions and release them in appropriate contexts, such as in group meetings and dialogues.

The computed overall weighted mean is 3.72, which is interpreted as "Satisfied". This means that the clients who responded in this study are satisfied that there is an existing program for the clients in terms of vocational and survival aspects.

In line with the findings mentioned, Caputo (2018) study about exploring the emotional and motivational dynamics of people with drug addiction following rehabilitation, cluster analysis and multiple correspondence analyses allow the detection of different groups of respondents and of the main synthetic factors affecting their experiences. Likewise, Caputo (2018) identified three groupings of respondents, conceived along two main latent dimensions: expectations of change to recovery (delegation/effort) and perceived usefulness of treatment (denial of dependence/emotional investment). The second dimension is associated with some quality indicators of rehabilitation process (reported motivation at the entry, mental quality of life, and length of time following the treatment) which might potentially affect both treatment retention and success on the long run.

Table 4. Satisfaction of Therapeutic Community Client - Respondents to Therapeutic Community Modality Program in terms of Emotional and Psychological Aspects

Indicator	WM	VI
1. Clients are encouraged to act as if as a means of developing a more positive attitude.	3.46	S
2. Positive performance of clients is reinforced with praise.	3.84	S
3. Confrontation is used to counter effects of negative behavior and attitudes.	3.82	S
4. Confrontation is focused upon behavior and not individual.	3.83	S
5. Self-help techniques are taught throughout the program and accelerated before re-entry.	3.47	S
6. Peer feedback occurs more frequently than staff counselling.	3.84	S
7. Program uses didactic tutorial groups to teach interpersonal skills and recovery oriented concepts.	3.82	S
8. Counselors serve as role models for residents.	3.83	S
9. Much of the counselors' influence is exerted outside the formal counseling situation.	3.84	S

Indicator	WM	VI
10. Staff counselors meet individually with residents on a regular basis.	3.82	S
11. Staff counseling techniques include redirecting clients to peers.	3.83	S
12. Family services or counseling is included in the treatment plan.	3.84	S
13. Where appropriate, the family is utilized as a therapeutic or behavior management agent.	3.82	S
Overall Weighted Mean	3.77	S

Legend: 5.00 – 4.21 – Strongly Satisfied (SS)
4.20 – 3.41 – Satisfied (S)
3.40 – 2.61 – Moderately Satisfied (MS)
2.60 – 1.81 – Dissatisfied (DS)
1.80 – 1.00 – Strongly Dissatisfied (SDS)

As shown in Table 4, the TC client-respondents assessed indicators 2, 6, 7, 9, and 12 as the highest among the other indicators with weighted means of 3.84 all, with verbal interpretation of "Satisfied". TC clients noted that positive performance of clients is reinforced with praise; peer feedback occurs more frequently than staff counselling; program uses didactic tutorial groups to teach interpersonal skills and recovery-oriented concepts; much of the counselors' influence is exerted outside the formal counseling situation; and family services or counselling is included in the treatment plan. On the contrary, indicators 1 and 5 got the lowest weighted means of 3.46 and 3.47, respectively, interpreted as "Satisfied". They observe that clients are encouraged to act as if as a means of developing a more positive attitude and self-help techniques are taught throughout the program and accelerated before re-entry.

The computed overall weighted mean is 3.77, which is interpreted as "Satisfied". This means that the clients who responded in this study are satisfied to the existing program for the clients in terms of emotional and psychological aspects.

It is supported by De Leon (2000) who said that self-help and peer support are essential elements of the TC method. The qualitative study by Turpin and Shier, likewise, explored the various roles that peer support may have in addiction treatment, based on interviews with participants from long-term programs in the Toronto area in Canada. Diverse functions of peer support are illustrated, which encourages the further integration of experts by experience in various types of residential addiction treatment facilities.

Table 5. Satisfaction of Therapeutic Community Personnel - Respondents to Therapeutic Community Modality Program in terms of Behavior Management Aspects

Indicator	WM	VI
1. There is an emphasis on structure, including a full program of mandatory daily activities and meetings.	3.44	S
2. There are rules for behavior and other consequences for breaking the rules.	3.85	S
3. The treatment approach centers on members' participation in the community.	3.81	S
4. Staff members function first as members of the community.	3.84	S
5. Staff members reinforce community values.	3.47	S
6. Staff members confront breaches in accepted behavior.	3.86	S
7. Training staff members serve as role models for others.	3.80	S
8. Clients, particularly senior residents, function as member of the community.	3.85	S
9. The is sharing of responsibility for the maintenance and health of the community.	3.86	S

Indicator	WM	VI
10. There is adherence to community values.	3.83	S
11. Clients who are senior residents serve as role models for others.	3.84	S
Overall Weighted Mean	3.77	S

Legend: 5.00 – 4.21 – Strongly Satisfied (SS)
4.20 – 3.41 – Satisfied (S)
3.40 – 2.61 – Moderately Satisfied (MS)
2.60 – 1.81 – Dissatisfied (DS)
1.80 – 1.00 – Strongly Dissatisfied (SDS)

As shown in Table 5, the TC personnel-respondents assessed indicators 6 and 9 as the highest among the other indicators with weighted mean of both 3.86 interpreted as "Satisfied". The TC personnel said that staff members confront breaches in accepted behavior and that there is a sharing of responsibility for the maintenance and health of the community. On the other hand, indicators 1 and 5 got the lowest weighted means of 3.44 and 3.47, respectively, interpreted as "Satisfied". They observe that there is an emphasis on structure, including a full program of mandatory daily activities and meetings and that staff members reinforce community values. It could be noted that for TC client-respondents, indicator 6, likewise, got the highest weighted mean. Hence, the two groups of respondents had the same perception on the said indicator. In the same manner, for the TC client-respondents, indicator 1 and 5 also got the lowest weighted mean.

The computed overall mean is 3.77, which is interpreted as "Satisfied". This means that the personnel who responded in this study are satisfied to the existing program for the clients in terms of behavioral management.

In the same line of thought, Bandura (1986) mentioned that a notion of reciprocal determinism adequately captures the social learning dynamics that take place in a TC. The TC avoids the effects of institutionalization, which fosters clients' dependence on health care therapists for the process of change; and instead, it relies on the primary source of health concept referred to by Rapopor as "community as "doctor" (Jones, 1968), or the community as me treatment (De Leon, 2000).

Table 6. Satisfaction of Therapeutic Community Personnel - Respondents to Therapeutic Community Modality Program in terms of Intellectual and Spiritual Aspects

	Indicator	WM	VI
1.	There are educational activities, such as seminars in special topics and academic training	3.46	S
2.	There is an educational component that focuses on personal development such as control of emotions and conflict resolution, personal decision making, communication and listening skills.	3.84	S
3.	Work is used as part of the therapeutic program to build esteem and social responsibility.	3.82	S
4.	The members are reinforced for acting in a positive manner while negative behavior is met with confrontation.	3.83	S
5.	There are numerous group activities that reinforce community values and encounter negative behavior.	3.46	S
6.	The counselor serving as a role model for the attitudes and behavior sanctioned by the community is central to the therapeutic task.	3.84	S
7.	When appropriate, the family is included in the therapeutic plan.	3.82	S

	Indicator	WM	VI
8.	The daily activities include both therapeutic and educational goals.	3.83	S
9.	Educational seminars are held on various topics of concern to clients.	3.84	S
10.	The program includes academic training or tutoring services for those who need it.	3.82	S
11.	There is a monthly mass for the clients to refresh one's soul	3.83	S
12.	There is an every year recollection/retreats to have meaningful spiritual substance relevant to their lives	3.84	S
	Overall Weighted Mean	3.77	S

Legend:
5.00 – 4.21 – Strongly Satisfied (SS)
4.20 – 3.41 – Satisfied (S)
3.40 – 2.61 – Moderately Satisfied (MS)
2.60 – 1.81 – Dissatisfied (DS)
1.80 – 1.00 – Strongly Dissatisfied (SDS)

As shown in Table 6, the TC personnel-respondents assessed indicators 2, 6, 9 and 12 as the highest among the other indicators with weighted mean of 3.84 all interpreted as "Satisfied". The TC personnel noted that there is an educational component that focuses on personal development such as control of emotions and conflict resolution, personal decision making, and communication and listening skills. The counselor serving as a role model for the attitudes and behavior sanctioned by the community is central to the therapeutic task. Educational seminars are held on various topics of concern to clients and there is an annual recollection/retreat held to have meaningful spiritual encounter relevant to their present lives. On the other side, indicators 1 and 5 got the lowest weighted mean of both 3.46 interpreted as "Satisfied". They observe that there are educational activities, such as seminars in special topics and academic training. Likewise, they observe that there are numerous group activities that reinforce community values and encounter negative behavior. It could be noted again that indicator 2 received the highest weighted mean on the part of the TC client-respondents. It only means that the two groups of respondents both see that the Therapeutic Community Modality Program has an educational component that focuses on the personal development such as control of emotion and conflict resolution, personal decision making, and communication and listening skills.

In the same manner, from the TC client-respondents, indicator 1 and 5, likewise, obtained the lowest weighted mean. It really shows that the two groups of respondents have exactly similar observation on what the TCMP does.

The computed overall mean is 3.77 which is interpreted as "Satisfied". This means that the personnel who responded in this study are very much aware that there is an existing program for the clients in terms of intellectual and spiritual aspects.

During the early phases of treatment, when most clients are unwilling or ambivalent about making change, motivational approaches to counselling are an ideal set of strategies to use. Knowledge and skills in Motivational Interviewing (Miller, W.R. & Rollnick, S (2002) and familiarity with trans-theoretical model of Stages and Process Change (Prochasca et al., 1994) can also enhance substance abuse counselors' counseling ability to help-clients in treatment longer.

Table 7. Satisfaction of Therapeutic Community Personnel - Respondents to Therapeutic Community Modality Program in terms of Vocational and Survival Aspects

Indicator	WM	VI
1. The program includes vocational training and/or experience.	3.44	S
2. Listening, speaking, and communication skills are emphasized.	3.85	S
3. Program includes training in personal decision-making skills.	3.80	S
4. Regular seminars are held to help balance the emotional and operative experience of the TC program.	3.82	S
5. Clients are taught to control their emotions and release them in appropriate contexts, such as group meetings and dialogues.	3.45	S
6. Clients learn conflict resolution skills.	3.86	S
7. Work is utilized as part of an educational and skill training process.	3.83	S
Overall Weighted Mean	3.72	S

Legend:
5.00 – 4.21 – Strongly Satisfied (SS)
4.20 – 3.41 – Satisfied (S)
3.40 – 2.61 – Moderately Satisfied (MS)
2.60 – 1.81 – Dissatisfied (DS)
1.80 – 1.00 – Strongly Dissatisfied (SDS)

As shown in Table 7, the TC personnel-respondents assessed indicators 2 and 6 as the highest among the other indicators with weighted means of 3.85 and 3.86, respectively, interpreted as "Satisfied". The TC personnel said that listening, speaking and communication skills are emphasized; and that clients learn conflict resolution skills. On the other side, indicators 1 and 5 got the lowest weighted mean of both 3.46, interpreted as "Satisfied". They observe that the program includes vocational training and/or experience, and that clients are taught to control their emotions and release them in appropriate contexts, such as in group meetings and dialogues.

Looking again in the assessment of the TC client-respondents, indicator 2, likewise, obtained the highest weighted mean; while indicators 1 and 5 also received the lowest mean. It again shows that the two groups of respondents are in congruence regarding their observation.

The computed overall mean is 3.72, which is interpreted as "Satisfied". This means that the personnel who responded in this study are satisfied that there is an existing program for the clients in terms of vocational and survival aspects.

Skills training and livelihood activities fall within the purview of TC's Vocational and Survival Skills, so with Medical/Dental Clinics and Environmental Conservation activities. In this aspect, the VPAs can facilitate job placement and can tap community resources for clients' social and physical needs.

Therapeutic Community is a tool that the Parole and Probation Administration office uses to prepare the clients for reintegration to the community as a reformed, rehabilitated, productive, drug-free, and law-abiding persons. The mission of the TC is to promote human and social transformation among the clients and among themselves with the vision that by the end of this decade, TC shall have become the corporate culture of the Parole and Probation Administration office permeating its plans, programs, and practices, and confirming its status as a model component of the Philippine Correctional System (http://probation.gov.ph/therapeutic-community/).

Table 8. Satisfaction of Therapeutic Community Personnel - Respondents to Therapeutic Community Modality Program in terms of Emotional and Psychological Aspects

	Indicator	WM	VI
1.	Clients are encouraged to act as if as a means of developing a more positive attitude.	3.46	S
2.	Positive performance of clients is reinforced with praise.	3.84	S
3.	Confrontation is used to counter effects of negative behavior and attitudes.	3.82	S
4.	Confrontation is focused upon behavior and not upon individual.	3.83	S
5.	Self-help techniques are taught throughout the program and accelerated before re-entry.	3.46	S
6.	Peer feedback occurs more frequently than staff counselling.	3.84	S
7.	Program uses didactic tutorial groups to teach interpersonal skills and recovery oriented concepts.	3.82	S
8.	Counselors serve as role models for residents.	3.83	S
9.	Much of the counselors' influence is exerted outside the formal counseling situation.	3.84	S
10.	Staff counselors meet individually with residents on a regular basis.	3.82	S
11.	Staff counseling techniques include redirecting clients to peers.	3.83	S
12.	Family services or counseling is included in the treatment plan.	3.84	S
13.	Where appropriate, the family is utilized as a therapeutic or behavior management agent.	3.82	S
	Overall Weighted Mean	3.77	S

Legend:
5.00 – 4.21 – Strongly Satisfied (SS)
4.20 – 3.41 – Satisfied (S)
3.40 – 2.61 – Moderately Satisfied (MS)
2.60 – 1.81 – Dissatisfied (DS)
1.80 – 1.00 – Strongly Dissatisfied (SDS)

As shown in Table 8, the TC personnel-respondents assessed indicators 2, 6, 9, and 12 as the highest among the other indicators with weighted mean of 3.84, all interpreted as "Satisfied". The TC personnel noted that positive performance of clients is reinforced with praise and peer feedback occurs more frequently than staff counselling. Much of the counsellors' influence is exerted outside the formal counselling situation and family services or counselling is included in the treatment plan. Indicators 1 and 5, however, got the lowest weighted mean of 3.46 interpreted as "Satisfied". They observe that the clients are encouraged to act as if as a means of developing a more positive attitude and self-help techniques are taught throughout the program and accelerated before re-entry. Comparing the results with assessment of the TC client-respondents, indicator 2, 6, 9, and 12 were also on top among the clients; while indicators 1 and 5 also landed on the bottom, meaning the two groups of respondents are exactly similar in what they observe to the TCMP.

The computed overall mean is 3.72, which is interpreted as "Satisfied". This means that the personnel who responded in this study are again satisfied to the existing program for the clients in terms of emotional and psychological aspects.

Looking at the results of the assessment, it manifests that interactions of its members are designed to be therapeutic within the context of the norms that require for each to play the dual role of client-therapist. At a given moment, one may be in a client role when receiving help or support from others because of a problem behavior or when experiencing distress. At another time, the same person assumes a therapist role when assisting or supporting another person in trouble (http://probation.gov.ph/correction-rehabilitation).

Table 9. Significant Difference in the Perception of TC Client and TC Personnel Respondents on the Clients' Satisfaction to the Therapeutic Community Modality Program

Dimension	Computed t	T Value	Level of Significance	Verbal Interpretation	Decision
Behavior Management	1.450	1.96	5%	No significant difference	Accept Ho
Intellectual and Spiritual Aspect	0.141	1.96	5%	No significant difference	Accept Ho
Vocational and Survival Aspects	1.556	1.96	5%	No significant difference	Accept Ho
Emotional and Psychological Aspects	0.139	1.96	5%	No significant difference	Accept Ho

Table 9 shows the significant difference in the perception of TC clients and TC personnel respondents on clients' satisfaction to the Therapeutic Community Modality Program, to wit: at 5% level of significance, the significant differences in the perception of TC clients and TC personnel respondents on the clients' satisfaction to the Therapeutic Community Program, are as follows: T Value for behavior management aspects, intellectual and spiritual aspects, vocational and survival aspects, and emotional and psychological aspects are all 1.96 and the computed t are 1.450, 0.141, 1.556, and 0.139, respectively.

Since the computed t is lower than the T Value, the hypothesis of no significant difference in the perception of the TC clients and TC personnel on the clients' satisfaction to the Therapeutic Community Modality Program in terms behavior management aspects, intellectual and spiritual aspects, vocational and survival aspects, and emotional and psychological aspects is accepted.

Table 10. Assessment of Therapeutic Community Clients – Respondents to Therapeutic Community Modality Program in terms of Behavior Management Aspects

Indicator	WM	VI
1. There is an emphasis on structure, including a full program of mandatory daily activities and meetings.	3.45	A
2. There are rules for behavior and other consequences for breaking the rules.	3.85	A
3. The treatment approach centers on members' participation in the community.	3.82	A
4. Staff members function first as members of the community.	3.83	A
5. Staff members reinforce community values.	3.46	A
6. Staff members confront breaches in accepted behavior.	3.84	A
7. Training staff members serves as role models for others.	3.82	A
8. Clients, particularly senior residents, function as member of the community.	3.83	A
9. There is sharing of responsibility for the maintenance and health of the community.	3.84	A
10. There is adherence to community values.	3.82	A
11. Clients who are senior residents serve as role models for others.	3.83	A
Overall Weighted Mean	3.76	A

Legend:
5.00 – 4.21 – Strongly Agree (SA)
4.20 – 3.41 – Agree (A)
3.40 – 2.61 – Moderately Agree (MA)
2.60 – 1.81 – Disagree (DA)
1.80 – 1.00 – Strongly Disagree (SDA)

As shown in Table 10, the group of TC client-respondents assessed indicators 2 and 6 as the highest among the other indicators with weighted means of 3.85 and 3.84, respectively, interpreted as "Agree". The TC clients agreed that there are rules for behavior and other consequences for breaking the rules and that staff members confront breaches in accepted behavior. On the other side, indicators 1 and 5 got the lowest weighted mean of 3.45 and 3.46, respectively, interpreted as "Agree". They observe that there is an emphasis on structure, including a full program of mandatory daily activities and meetings and that staff members reinforce community values.

The computed overall mean is 3.76 which is interpreted as "Agree". This means that the clients who responded in this study observe that there is an existing program for the clients in terms of behavior management skills.

A recent comparative study by Goethals et al., (2011) that made use of the SEEQ revealed several similarities between European TCs and their American predecessors and revealed that there is — indeed — scientific evidence for the hypothesis that there is an underlying 'generic' model for TCs for addictions. They concluded the following: All TCs subscribe to the same perspective on recovery and right living and strongly adhere to the treatment approach and structure, except for educational classes that focus on health issues. They also view peers as gatekeepers that protect community values, manage daily activities to endorse community participation, gradually involve the outside community, and use sanctions for norms violations. In addition, all TC programs obtain clients' social and psychological development through the use of behavior modification techniques, educational classes, and work. And, finally, they all share a similar perspective on the TC process that clients gradually move through three different stages, each with their own specific goals and expectations.

Table 11. Assessment of Therapeutic Community Clients – Respondents to Therapeutic Community Modality Program in terms of Intellectual and Spiritual Aspects

Indicator	WM	VI
1. There are educational activities, such as seminars in special topics and academic training	3.43	A
2. There is an educational component that focuses on personal development such as control of emotions and conflict resolution, personal decision making, communication and listening skills.	3.89	A
3. Work is used as part of the therapeutic program to build esteem and social responsibility.	3.82	A
4. The members are reinforced for acting in a positive manner while negative behavior is met with confrontation.	3.83	A
5. There are numerous group activities that reinforce community values and encounter negative behavior.	3.45	A
6. The counselor serving as a role model for the attitudes and behavior sanctioned by the community is central to the therapeutic task.	3.85	A
7. When appropriate, the family is included in the therapeutic plan.	3.82	A
8. The daily activities include both therapeutic and educational goals.	3.83	A
9. Educational seminars are held on various topics of concern to clients.	3.84	A
10. The program includes academic training or tutoring services for those who need it.	3.82	A
11. There is a monthly mass for the clients to refresh one's soul	3.83	A
12. There is an every year recollection/retreats to have meaningful spiritual substance relevant to their lives	3.81	A

Indicator	WM	VI
Overall Weighted Mean	3.77	A

Legend:
5.00 – 4.21 – Strongly Agree (SA)
4.20 – 3.41 – Agree (A)
3.40 – 2.61 – Moderately Agree (MA)
2.60 – 1.81 – Disagree (DA)
1.80 – 1.00 – Strongly Disagree (SDA)

As shown in Table 11, the TC client-respondents assessed indicators 2 and 6 as the highest among the other indicators with weighted mean of 3.89 and 3.85, respectively, interpreted as "Agree". The TC clients agreed that there is an educational component that focuses on personal development such as control of emotions and conflict resolution, personal decision making, and communication and listening skills; and that the counselor serving as a role model for the attitudes and behavior sanctioned by the community is central to the therapeutic task. Indicators 1 and 5, however, got the lowest means of 3.45 and 3.43, respectively, interpreted as "Agree". They observe that there are educational activities such as seminars on special topics and academic training and that there are numerous group activities that reinforce community values and encounter negative behavior.

The computed overall mean is 3.77 which is interpreted as "Agree". This means that the clients who responded in this study observe to the existing program for the clients in terms of Intellectual and spiritual aspects.

This finding is supported by Rockville's (1999) study which found that enabling residents to receive a good education and at least complete high school is a critical goal for adolescent TCs. Comprehensive TCs provide their own schools, licensed as required, with full-time, salaried, or local educational agency-provided teachers. Others have a teacher who comes in part time to conduct classes. All teachers are state-certified to provide special education or education in their specific subject area. Residents receive a minimum of 5 hours of academic instruction per school day. It is critical that educational services be fully integrated into the TC program and they must be consistent with the TC process. Teaching staff should be active in the treatment planning process, and behavioral management programming should be integrated into the "house" procedures.

Table 12. Assessment of Therapeutic Community Clients – Respondents to Therapeutic Community Modality Program in terms of Vocational and Survival Aspects

Indicator	WM	VI
1. The program includes vocational training and/or experience.	3.40	A
2. Listening, speaking, and communication skills are emphasized.	3.86	A
3. Program includes training in personal decision-making skills.	3.84	A
4. Regular seminars are held to help balance the emotional and operative experience of the TC program.	3.83	A
5. Clients are taught to control their emotions and release them in appropriate contexts, such as group meetings and dialogues.	3.44	A
6. Clients learn conflict resolution skills.	3.85	A
7. Work is utilized as part of an educational and skill training process.	3.83	A
Overall Weighted Mean	3.72	A

Legend:
5.00 – 4.21 – Strongly Agree (SA)
4.20 – 3.41 – Agree (A)
3.40 – 2.61 – Moderately Agree (MA)

2.60 – 1.81 – Disagree (DA)
1.80 – 1.00 – Strongly Disagree (SDA)

As shown in Table 12, the TC client-respondents assessed indicators 2 and 6 as the highest among the other indicators with weighted means of 3.86 and 3.85, respectively, interpreted as "Agree". The TC clients agreed that listening, speaking, and communication skills are emphasized; and that clients learn conflict resolution skills. Looking at the indicators with low weighted means, indicators 1 and 5 were the lowest with 3.40 and 3.44, respectively, interpreted as "Agree". They observe that the program includes vocational training and/or experience, and that the clients are taught to control their emotions and release them in appropriate contexts, such as group meetings and dialogues.

The computed overall mean is 3.72 which is interpreted as "Agree". This means that the clients who responded in this study observe that there is an existing program for the clients in terms of Vocational and survival aspects.

Vocational rehabilitation has long been one of the services offered to clients recovering from mental disorders and, to some degree, to those recovering from substance use disorders. However, in the past, clients often were expected first to maintain a period of abstinence. As a result of this policy, people with serious mental disorders often were underserved, if served at all (CSAT 2000*c*). For people with COD, Blankertz et al. (1998) contend that, "work can serve as a rehabilitative tool and be an integral part of the process of stabilizing the mental illness and attaining sobriety" (p. 114).

Many agree that relational skills, skills that are best learned through direct supervision, are requisite for staff working in COD programs (Gerber and Basham 1999; Martino et al., 2000; Miller 2000*b*). Active listening, interviewing techniques, ability to summarize, and capacity to provide feedbacks are all skills that can be best modeled by a supervisor. Strong, active supervision of ongoing cases is a key element in assisting staff to develop, maintain, and enhance relational skills.

Table 13. Assessment of Therapeutic Community Clients – Respondents to Therapeutic Community Modality Program in terms of Emotional and Psychological Aspects

	Indicator	WM	VI
1.	Clients are encouraged to act as if as a means of developing a more positive attitude.	3.43	A
2.	Positive performance of clients is reinforced with praise.	3.87	A
3.	Confrontation is used to counter effects of negative behavior and attitudes.	3.82	A
4.	Confrontation is focused upon behavior and not individual.	3.83	A
5.	Self-help techniques are taught throughout the program and accelerated before re-entry.	3.42	A
6.	Peer feedback occurs more frequently than staff counselling.	3.84	A
7.	Program uses didactic tutorial groups to teach interpersonal skills and recovery oriented concepts.	3.85	A
8.	Counselors serve as role models for residents.	3.84	A
9.	Much of the counselors' influence is exerted outside the formal counseling situation.	3.84	A
10.	Staff counselors meet individually with residents on a regular basis.	3.82	A
11.	Staff counseling techniques include redirecting clients to peers.	3.83	A
12.	Family services or counseling is included in the treatment plan.	3.84	A

Indicator	WM	VI
13. Where appropriate, the family is utilized as a therapeutic or behavior management agent.	3.82	A
Overall Weighted Mean	3.77	A

Legend:
5.00 – 4.21 – Strongly Agree (SA)
4.20 – 3.41 – Agree (A)
3.40 – 2.61 – Moderately Agree (MA)
2.60 – 1.81 – Disagree (DA)
1.80 – 1.00 – Strongly Disagree (SDA)

As shown in Table 13, the TC client-respondents assessed indicators 2 and 7 as the highest among the other indicators with weighted means of 3.87 and 3.85, respectively, interpreted as "Agree". The TC clients agreed that positive performance of clients is reinforced with praise and that program uses didactic tutorial groups to teach interpersonal skills and recovery oriented concepts. Looking at the other side, indicators 1 and 5 got the lowest means of 3.43 and 3.42, respectively, interpreted as "Agree". Clients are advised to behave as if as a way of cultivating a more optimistic mindset, and self-help strategies are taught during the program and accelerated before re-entry.

The computed overall mean is 3.77 which is interpreted as "Agree". This means that the clients who responded in this study are aware of the existing program for the clients in terms of emotional and psychological aspects.

While Alcoholics Anonymous and other Twelve-Step Programs are among the most common self-help solutions for people dealing with addiction, little is known about whether they can be paired with non-spiritual self-help options. Spirituality should be stressed more in the TC program, according to the clients. About half of those surveyed accepted that the Twelve-Step (AA) method should be used more often in TC care. Past participation at Twelve-Step meetings was positively correlated with preference for Twelve-Step meeting interventions. The acceptance of spirituality-based treatments in TC care was positively associated with personal spiritual orientation to life. These results reinforce the importance of incorporating treatment methods that meet TC residents' spiritual needs (Dermatis, 2004).

Table 14. Assessment of Therapeutic Community Personnel – Respondents to Therapeutic Community Modality Program in terms of Behavior Management Aspects

Indicator	WM	VI
1. There is an emphasis on structure, including a full program of mandatory daily activities and meetings.	3.46	A
2. There are rules for behavior and other consequences for breaking the rules.	3.84	A
3. The treatment approach centers on members' participation in the community.	3.82	A
4. Staff members function first as members of the community.	3.83	A
5. Staff members reinforce community values.	3.45	A
6. Staff members confront breaches in accepted behavior.	3.84	A
7. Training staff members serves as role models for others.	3.82	A
8. Clients, particularly senior residents, function as member of the community.	3.84	A
9. There is sharing of responsibility for the maintenance and health of the community.	3.84	A
10. There is adherence to community values.	3.82	A
11. Clients who are senior residents serve as role models for others.	3.83	A

Indicator	WM	VI
Overall Weighted Mean	3.76	A

Legend:
5.00 – 4.21 – Strongly Agree (SA)
4.20 – 3.41 – Agree (A)
3.40 – 2.61 – Moderately Agree (MA)
2.60 – 1.81 – Disagree (DA)
1.80 – 1.00 – Strongly Disagree (SDA)

As shown in Table 14, the TC personnel-respondents assessed indicators 2, 6, 8 and 9 as the highest among the other indicators with weighted means of 3.84, all interpreted as "Agree". The TC personnel agreed that there are rules for behavior and other consequences for breaking the rules; that staff members confront breaches in accepted behavior; that clients, particularly senior residents, function as member of the community; and that there is sharing of responsibility for the maintenance and health of the community. On the other hand, indicators 1 and 5 got the lowest means of 3.46 and 3.45, respectively, interpreted as "Agree". They observe that there is an emphasis on structure, including a full program of mandatory daily activities and meetings and that staff members reinforce community values.

Comparing the assessment of the two groups of respondents, both of them gave indicators 2, 6, 8, and 9 the highest weighted mean and indicators 1 and 5 the lowest. It only shows that the two groups have the same observation as what the TCMP does.

The computed overall mean is 3.76, which is interpreted as "Agree". This means that the clients who responded in this study are aware of the existing program for the clients in terms of behavior management.

In this regard, Kennard (2004) claimed explicitly that a TC program is a living-learning environment. In the course of everyday operations, all circumstances and experiences between a client and staff become opportunities for learning and improvement to occur. When a crisis arises, for example, the client has the ability to respond in a more pro-social manner. TC programs are similar to a shift laboratory. The author continues, "The fundamental method of improvement in a TC program comes from a wide variety of life-like circumstances where the individual will practice combinations of solutions to these situations in a secure atmosphere in group or community 18 meetings."

Table 15. Assessment of Therapeutic Community Personnel – Respondents to Therapeutic Community Modality Program in terms of Intellectual and Spiritual Aspects

Indicator	WM	VI
1. There are educational activities, such as seminars in special topics and academic training	3.41	A
2. There is an educational component that focuses on personal development such as control of emotions and conflict resolution, personal decision making, and communication and listening skills.	3.84	A
3. Work is used as part of the therapeutic program to build esteem and social responsibility.	3.87	A
4. The members are reinforced for acting in a positive manner while negative behavior is met with confrontation.	3.83	A
5. There are numerous group activities that reinforce community values and encounter negative behavior.	3.43	A
6. The counselor serving as a role model for the attitudes and behavior sanctioned by the community is central to the therapeutic task.	3.84	A
7. When appropriate, the family is included in the therapeutic plan.	3.85	A

Indicator	WM	VI
8. The daily activities include both therapeutic and educational goals.	3.83	A
9. Educational seminars are held on various topics of concern to clients.	3.84	A
10. The program includes academic training or tutoring services for those who need it.	3.82	A
11. There is a monthly mass for the clients to refresh one's soul	3.83	A
12. There is an every year recollection/retreats to have meaningful spiritual substance relevant to their lives	3.82	A
Overall Weighted Mean	3.77	A

Legend:
5.00 – 4.21 – Strongly Agree (SA)
4.20 – 3.41 – Agree (A)
3.40 – 2.61 – Moderately Agree (MA)
2.60 – 1.81 – Disagree (DA)
1.80 – 1.00 – Strongly Disagree (SDA)

As shown in Table 15, the TC personnel-respondents assessed indicators 3 and 7 as the highest among the other indicators with weighted means of 3.87 and 3.85, respectively and with verbal interpretation of "Agree". The TC personnel agreed that work is used as part of the therapeutic program to build esteem and social responsibility; and when appropriate, the family is included in the therapeutic plan. However, indicators 1 and 5 got the lowest means of 3.41 and 3.43, respectively, interpreted as "Agree". They note educational programs such as workshops on particular subjects and academic preparation, as well as a variety of group activities that promote mutual values and counteract negative actions. This time, while the two groups differ in the indicators that landed on top, they still have the same indicators that got the lowest weighted mean, indicators 1 and 5.

The computed overall mean is 3.77, which is interpreted as "Agree". This means that the clients who responded in this study observe that there is an existing program for the clients in terms of Intellectual and spiritual aspects.

In reality, all concept-driven Therapeutic Communities in prisons are based on self-help concepts to some extent. Discipline and hierarchy are mixed with empathy and compassion. Life is regulated by a collection of laws that are both simple and consistent. A resulting increase in responsible actions will lead to increased authority and esteem. Emotional experience groups encourage people to share their feelings. Peer-to-peer networking is a central component of learning. Role models include seasoned workers and ex-substance abusers. Self-discipline, nonviolence, recognition of authority and direction, integrity, and openness are all ideals that are stressed. Acceptance of limits and the desire to gain rights contributes to incremental social integration (Glider et al., 1997; Wexler, 1995).

Table 16. Assessment of Therapeutic Community Personnel – Respondents to Therapeutic Community Modality Program in terms of Vocational and Survival Aspects

Indicator	WM	VI
1. The program includes vocational training and/or experience.	3.42	A
2. Listening, speaking, and communication skills are emphasized.	3.84	A
3. Program includes training in personal decision-making skills.	3.86	A
4. Regular seminars are held to help balance the emotional and operative experience of the TC program.	3.83	A
5. Clients are taught to control their emotions and release them in appropriate contexts, such as group meetings and dialogues.	3.43	A

Indicator	WM	VI
6. Clients learn conflict resolution skills.	3.84	A
7. Work is utilized as part of an educational and skill training process.	3.85	A
Overall Weighted Mean	3.72	A

Legend: 5.00 – 4.21 – Strongly Agree (SA)
4.20 – 3.41 – Agree (A)
3.40 – 2.61 – Moderately Agree (MA)
2.60 – 1.81 – Disagree (DA)
1.80 – 1.00 – Strongly Disagree (SDA)

As shown in Table 16, the TC personnel-respondents assessed indicators 3 and 7 as the highest among the other indicators with weighted means of 3.86 and 3.85, respectively, and with verbal interpretation of "Agree". The TC staff accepted that the curriculum requires personal decision-making skill development and that work is used as part of an educational and skill-building process. On the other side, indicators 1 and 5 got the lowest weighted means of 3.42 and 3.43, respectively, interpreted as "Agree". Clients are instructed to control their feelings and unleash them in appropriate ways, such as group meetings and dialogues, according to the researchers.

This time again, the two groups of respondents are in contrast as to the indicators that received the highest weighted mean though they are in one as to the indicators that received the lowest weighted mean, indicators 1 and 5 again.

The computed overall mean is 3.72, which is interpreted as "Agree". This means that the clients who responded in this study observe that there is an existing program for the clients in terms of vocational and survival aspects.

Many are familiar with religious communities of the world, such as the "ashrams, the temples of the Buddhists, or the monasteries of the Christians, where "aspirants' of the spiritual life can find a "community" that draws them closer to their object of worship (O'Brien & Perfas, 2002). These communities maintain a certain code of conduct and values designed to overcome "selfish" inclinations and promote "fellowship" among members along with a commitment to sustain the community. The community provides a setting that serves as a reminder of the community's purpose and that allows for social interactions with others of common faith. This community can be especially important in sustaining members' faith in times of difficulty or doubt. The community, in this case, provides necessary foundations that guide and support member's goal of spiritual enlightenment while the setting allows members to reflect upon their shared humanity and limitations within a safe and supportive environment. The community and its setting are effective vehicles to support personal transformation toward a spiritual idea.

Table 17. Assessment of Therapeutic Community Personnel – Respondents to Therapeutic Community Modality Program in terms of Emotional and Psychological Aspects

Indicator	WM	VI
1. Clients are encouraged to act as if as a means of developing a more positive attitude.	3.44	A
2. Positive performance of clients is reinforced with praise.	3.85	A
3. Confrontation is used to counter effects of negative behavior and attitudes.	3.83	A
4. Confrontation is focused upon behavior and not upon individual.	3.84	A
5. Self-help techniques are taught throughout the program and accelerated before re-entry.	3.45	A
6. Peer feedback occurs more frequently than staff counseling.	3.84	A

Indicator	WM	VI
7. Program uses didactic tutorial groups to teach interpersonal skills and recovery oriented concepts.	3.82	A
8. Counselors serve as role models for residents.	3.83	A
9. Much of the counsellors' influence is exerted outside the formal counseling situation.	3.84	A
10. Staff counselors meet individually with residents on a regular basis.	3.82	A
11. Staff counseling techniques include redirecting clients to peers.	3.83	A
12. Family services or counseling is included in the treatment plan.	3.83	A
13. Where appropriate, the family is utilized as a therapeutic or behavior management agent.	3.84	A
Overall Weighted Mean	3.77	A

Legend:
5.00 – 4.21 – Strongly Agree (SA)
4.20 – 3.41 – Agree (A)
3.40 – 2.61 – Moderately Agree (MA)
2.60 – 1.81 – Disagree (DA)
1.80 – 1.00 – Strongly Disagree (SDA)

As shown in Table 17, the TC personnel-respondents assessed indicator 2 as the highest among the other indicators with weighted mean of 3.85 and verbal interpretation of "Agree". The TC personnel agreed that positive performance of clients is reinforced with praise. However, looking at the indicators that are at the bottom, indicators 1 and 5 got the lowest means of 3.44 and 3.45, respectively, interpreted as "Agree". They observe that clients are encouraged to act as if as a means of developing a more positive attitude and that self-help techniques are taught throughout the program and accelerated before re-entry.

Researchers could be noted that for the TC client-respondents, indicators 2 got the highest weighted mean. The same goes true for the TC personnel-respondents where indicator 2, likewise, got the highest weighted mean. And for the indicator that received the lowest weighted mean, both groups of respondents had indicators 1 and 5.

The computed overall mean is 3.77, which is interpreted as "Agree". This means that the clients who responded in this study are aware that there is an existing program for the clients in terms of emotional and psychological aspects.

In this regard, Bracke (1996) found from his study that, in every day activity, the resident had to "act as if" he had no problems. Tensions created by acting like this can be released during group sessions. The often abrasive and emotionally exhausting encounter groups can harm not only the resident's appearance but also their personality structure because the resident is forced to "act as if" he is changing internally when he is not. The current understanding of this phenomenon (particularly in Europe, under the influence of professionalism and psychoanalytic traditions) explains how the experience has developed into dialogue (Broekaert et al., 2004).

Table 18. Significant Difference in the Assessment of TC Clients' and TC Personnel – Respondents to Therapeutic Community Modality Program

Areas	Computed t	T Value	Level of Significance	Verbal Interpretation	Decision
Behavior management aspects	1.550	1.96	5%	No significant difference	Accept Ho

Intellectual and spiritual aspects	0.131	1.96	5%	No significant difference	Accept Ho
Vocational and survival aspects	1.665	1.96	5%	No significant difference	Accept Ho
Emotional and psychological aspects	0.129	1.96	5%	No significant difference	Accept Ho

Table 18 shows the significant difference in the perception of TC clients and TC personnel on the assessment of the Therapeutic Community Modality Program, to wit: at 5% level of significance, the important differences in the perception of TC clients and TC personnel on the assessment of the Therapeutic Community Program are as follows: T Value for behavior management aspects, intellectual and spiritual aspects, vocational and survival aspects, and emotional and psychological aspects are all 1.96 and the computed t are 1.550, 0.131, 1.665, and 0.129, respectively.

Since the computed t is lower than the T Value, the hypothesis of no significant difference in the perception of the TC clients and TC personnel on the assessment of Therapeutic Community Modality Program in terms behavior management aspects, intellectual and spiritual aspects, vocational and survival aspects, and emotional and psychological aspects is accepted. Hence, the result of the test could be considered valid in relation to the results of the survey. It could be noted that in all aspects under perception on satisfaction and assessment, both groups of respondents have over-all weighted mean ranging from 3.72 to 3.77, interpreted as "Satisfied" and "Agree". Therefore, the two sets of respondents became very objective in their assessment

Table 19. Significant Correlation in the perception of TC Clients' and TC Personnel – Respondents to TC Clients' Satisfaction and Assessment of the Therapeutic Community Modality

Dimension	TC Clients					TC Personnel				
	r - value	r^2	*P*	VI	Decision	r - value	r^2	*P*	VI	Decision
Behavior management aspects										
Satisfaction / Assessment	-0.756	0.572	0.139	Not Significant	Retained Ho	-0.620	0.384	0.265	Not Significant	Retained Ho
Intellectual and Spiritual Aspects										
Satisfaction / Assessment	0.319	0.102	0.601	Not Significant	Retained Ho	0.005	0.000	0.993	Not Significant	Retained Ho
Vocational and Survival Aspects										
Satisfaction / Assessment	0.753	0.567	0.142	Not Significant	Retained Ho	0.433	0.187	0.466	Not Significant	Retained Ho
Emotional and Psychological Aspects										
Satisfaction / Assessment	-0.635	0.403	0.249	Not Significant	Retained Ho	-0.019	0.000	0.976	Not Significant	Retained Ho

Table 19 shows the significant correlation in the perception of TC Clients' and TC Personnel – Respondents to TC Clients' Satisfaction and Assessment of the Therapeutic Community Modality. The findings indicate that there is no important and perfect connection between the two groups of respondents' perceptions of client satisfaction and evaluation of the Therapeutic Modality Program in all dimensions - behavioral management aspects, intellectual and moral aspects, vocational and survival aspects, and emotional and psychological aspects. The dependency of the two dimensions, such as clients' satisfaction and assessment of the program, is being 100% correlated. Hence, it is not significant and the hypothesis of no significant correlation is retained

Conclusion

Based on the findings of the study, the following conclusions were drawn: on behavior management. TC implementer enforce community values and give emphasis on organizational structure. Moreover, the TC implementers give preferential attention on the application of the full program of mandatory daily activities and meetings. On intellectual and spiritual aspect, educational activities, such as seminars on special topic and academic training, are intensified with focus on group activities that counter negative behavior to reinforce community values. On vocational and survival aspects, the TC program incorporates vocational and livelihood training. Furthermore, clients are taught to control their actions and release them appropriately. On emotional and psychological aspects, the TC Clients are encouraged to 'act as if' as a means of developing a more positive attitude. In addition, self-help technique is inculcated throughout the program and accelerated before re-entry of the clients to the community. The hypothesis of no significant difference in the perception of the TC clients and TC personnel on the clients' satisfaction to the Therapeutic Community Modality Program in terms of behavior management aspects, intellectual and spiritual aspects, vocational and survival aspects, and emotional and psychological aspects is accepted.

The researchers would like to recommend the following: In terms of behavior management, the TC implementers must reinforce community values through the utilization of need and problems checklist, personal development plan, and Behavior/Attitude/Trait/Habit plan with emphasis on structure, including a full implementation of mandatory daily activities and meetings. On the intellectual domain, educational activities must be intensified through seminars on special topics coupled with enhanced academic training involving numerous kinds of cognitive activities; while on the spiritual aspects, reinforcement of values and practice of moral principles must be enhanced followed by the faithful recognition of God's important role in one's life. The therapeutic community modality program must include acquisition of vocational skills training and livelihood activities that lead to key employment generation; while on the survival aspects, clients must imbibe the values of hard work and adopt a road map to personal success. On the emotional aspect, the clients must be encouraged to develop sense of responsibility, maturity, and positive personal change through manifestation of affirmative attitude and self-help technique; while on psychological aspect, clients must develop harmonious relationship with the family and community and substantially adhere to the norms of society.

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