

## **The HOPE Residential Substance Abuse Treatment Program**

The HOPE program at the Central Utah Correctional Facility is a highly structured, comprehensive, residential substance abuse program. HOPE is an acronym for “*Helping Offenders Parole Effectively*.” It is a principles and values-based therapeutic community treatment program housed in six open-dormitory sections in the Fir housing complex. The program's therapeutic design intentionally uses a positive peer culture and environment, where high standards, morals of "right living" and pro-social core values are reinforced with privileges, rewards and recognition. The HOPE clinical staff and Fir security staff, as well as HOPE graduates, serve as role models to the program's residents.

In the therapeutic-community model, formal individual and group therapy is a complementary component to what is called in treatment literature the "Community-as-Method" model of treatment. This means that professional treatment by licensed therapists, while vital, is secondary in facilitating the cognitive and behavior change in the individual offenders.

The combined HOPE Offender Management Review (OMR) team includes treatment and security staff, who work to ensure that the entire 288-bed program and its six individual therapeutic communities operate properly and interdependently, so that the “community” helps the inmate resident make needed changes in order to successfully maintain a remission from their addiction and criminal behavior after completing the residential program.

The highest priority of treatment in HOPE is relapse prevention; that is, a complete abstinence from formerly abused substances. A companion goal in HOPE's behavior modification program is the recognition and elimination or reduction of criminal thinking and anti-social behavior after a return to the outside community. By aiming to achieve these two goals, HOPE helps to carry out the Utah Department of Corrections' goal of "guiding offenders to become law-abiding citizens” through firm, fair and consistent practices.

HOPE uses therapeutic community methods to help inmates commit to living meaningful and productive lives long after completing their post-release parole, which is centered on a “recovery lifestyle” and dedicated to the service-oriented, pro-social ideal of living life as a "Brother's Keeper" — a therapeutic-community term used to describe a pro-social, law-abiding person who practices responsible concern for other people. Positive leadership and followership skills of mutual accountability are expected and practiced in the six community sections daily. Opportunities to serve and lead in the HOPE community are provided as offenders show “buy-in” and adopt the program's positive community standards in their own lives.

### **The HOPE Mission**

The HOPE program mission is to teach offenders to live clean and sober, positive and productive lives, and leave prison with confidence in their ability to successfully complete their paroles and not become a recidivism (prison return) statistic. Along with that optimism, HOPE provides a thorough relapse prevention education to help recovering addicts/offenders live with life-long caution, knowing that their next relapse could meet them "right around the corner" if they ever let their guard down in their fight against addiction.

## **The Goals of the HOPE Program**

The behavioral goals for residents of the HOPE therapeutic community and residential substance abuse program are:

- To develop self-discipline and impulse control
- To develop genuine empathy and compassion for others
- To achieve success and satisfaction in their personal and work life
- To become role models for new and junior residents
- To become responsible and productive members of society

## **The HOPE Slogan**

The HOPE slogan is:

***"I create how I feel by how I think about the people and events around me. I am the only one who can change the way I feel by changing the way I think."***

This reflects the cognitive therapy emphasis and belief in changing lives by changing attitudes. It also reflects the HOPE belief in accepting personal responsibility for one's own life and what happens in it.

## **The Therapeutic Community Philosophy**

Each community member in HOPE, from the newest resident to the long-time therapeutic community leader, is seen as a valued person of worth with something important to offer and contribute to the community. All have made mistakes and committed offenses, but all can change. Each can raise their awareness of the impact their actions have had and now have on others. Each can develop empathy for other people affected by their actions. Daily living in a therapeutic community reinforces the symbiotic (interdependent) lives we all live in society. Each resident and staff member has an obligation to be mindful of how the "whole" is affected by the individual "parts."

In the therapeutic community, therapy is provided by the community environment, sometimes called the "milieu" (French for environment or setting). The community, not the therapist or the treatment team, is the center and foundation of treatment. A therapeutic community intentionally uses the community as the primary method for facilitating social and psychological change in individual residents. The treatment team's focus is on managing and maintaining the structural integrity of the therapeutic community.

## **HOPE Program/Section Rules**

Section rules are related to pro-social behavior patterns residents are expected to adopt gradually. They are similar to society's expectations. By rules, residents hold one another accountable, learn to give one another constructive and assertive feedback, and create a safe and predictable community that allows room for personal growth and recovery to occur. Examples include

- Follow instructions
- Be punctual
- Maintain appropriate appearance
- Use proper manners

### **The NO Violence Rule**

HOPE residents are carefully screened for participation in the program based on their offense history, their programming needs and their suitability for dormitory-style living. HOPE expects each resident to follow a strict "NO VIOLENCE" policy. Those residents with mental health diagnoses are treated to maintain remission of their symptoms.

### **Responsible Concern**

Residents show responsible concern when they encourage others to follow institutional and HOPE program rules and adopt expectations of right living. They also develop appropriate assertiveness skills in challenging criminal thinking and behavior. Residents appropriately use their feedback to correct other inmates who do not follow program rules, using the therapeutic community process of "making calls, using table interventions and encounters" to resolve daily issues and to develop and model assertive communication and problem-solving skills.

### **Length of Treatment**

The HOPE program is expected to take 12 months to 13 months to complete. Most inmates will graduate in about a year, but a few may take as long as 16 months to 18 months. Some offenders may stay an extra year or more to serve in leadership roles in the therapeutic community to share what they have learned with newer offenders. The strength of a good residential program is largely equal to the strength of its veteran residents, who provide good, direct feedback to peers and good strong role modeling on a daily basis.

## Work and School in HOPE

HOPE residents are expected to be the best-behaved and hardest working inmates in the institution. Residents will complete an intensive track (in two 2-month stages) and then are expected to earn any needed high school credits or work in prison jobs. Some may attend Snow College's culinary arts or building trades programs. In order to apply for a job, residents must have completed the intensive phase and hold a "Step Three" in the HOPE program, which generally corresponds to the number of written assignments the inmate has completed. They also are expected to be working on their education if they have not completed a GED or have a high school diploma.

### HOPE Classes

HOPE classes during the first four months are called the "Intensive Phase Tracks." For four months, new HOPE residents will take intensive classes, some of which are taught by program caseworkers (core classes) and some other classes (non-core) taught by peer leaders, who are residents farther along in the program. Later on, newer residents will have a chance to teach the classes and pass along what they have learned. The HOPE curriculum of classes includes:

#### Track A Classes (Two months, 10 classes)

- a: Relapse Prevention (Core) \*(Substance Abuse)
- b: Relapse Cycle (Part of Relapse Prevention)\*(Substance Abuse)
- c: Overcoming Addictions
- d: Conflict Resolution (Update) \*(History of Antisocial Personality Pattern)
- e: Anger Management (Core) \*(History of Antisocial Personality Pattern)
- f: Core Values \*(Antisocial Personality Pattern)
- g: Victim Impact \*(History of Antisocial Behavior)
- h: Thinking Errors (Core) \*(Antisocial Cognition)
- i: Drill Class \*( Antisocial Associates)
- j: Physical Training (PT) \*(Leisure/Recreation)
- k: Peer-to-Peer Tobacco Class \*(Substance Abuse)
- l: Parole planning\*(History of Antisocial Behavior/Antisocial Associates)

#### Track B Classes (Two months, 11 classes)

- a: Bradshaw on the Family (Elective) \*Family/Marital Circumstances)
- b: Parenting with Love and Logic (Elective) \*(Family/ Marital Circumstances)
- c: Saving Marriage \*(Family/ Marital Circumstances)
- d: Relationship Building (Core)  
(Keys to Loving Relationships I) Part 1 \*(Family/Marital Circumstances)
- e: Interpersonal Skills, Part 1 (update)\* (Family/Marital)
- f: Stress Management (Core) (Update)\* (Antisocial Cognition)
- g: Video Processing (First Four Criminogenic Need Areas)
- h: Doo-Wop \*(Leisure/Recreation)
- i: Drill Class \*(Anti-social Associates)

j: Physical Training (PT) \*(Leisure/Recreation)  
k: Peer-to-Peer Tobacco Class \*(Substance Abuse)  
l: Stress Management (Core) (Update)\* (Antisocial Cognition)  
m: Balancing Life

2. Keys to Loving Relationships: Part 2 and Interpersonal Skills-Part 2

### **Aftercare**

HOPE residents are referred to outpatient substance abuse counseling and to self-help meetings after they are released from prison. If inmates graduate from the HOPE program, they are usually referred to general outpatient level aftercare, but some could be referred to intensive outpatient level treatment while on parole. Offenders coordinate this treatment through their parole officers, and community programming unit staff at the state's Treatment and Resource Centers or their own private providers.