

## The importance of role models

Even the way staff members dress affects clients' potential to recover **BY PETER PROVET, PHD**

**A**t its core, the clinical potency of residential drug treatment is based on the program's ability to reflect a natural, if not ideal, world, where order, social convention, rules, authority, moral codes, and multiple levels of interpersonal discourse are embedded in daily experience. Often described as a microcosm of the real world, the therapeutic community (TC) offers the addict such an opportunity to live and learn in a functional world, one which few of its typical inhabitants have ever consistently experienced. Rather than rehabilitation, the TC model more closely approximates "habilitation," since "right living" is new to the majority of its clients.

To maximize the positive, growth-enhancing qualities of a TC, staff members—including those with recovery histories and those who have not been addicts—must serve as critical role models. Through observing and interacting with a range of role model staff, clients are exposed to multiple perspectives that inevitably impact who they want to become. Role model staff inspire, challenge, check, and motivate clients to look at themselves and realize they can become far more than what they have been. There is no curative factor more powerful or essential to the TC than role modeling. In a highly functional TC, top-down role modeling—from senior managers, to directors, to line counselors—can be felt and witnessed throughout the program. Program efficiency can largely be measured by the consistency, reach, and transparency of staff role modeling.

### Staff as Change Agents

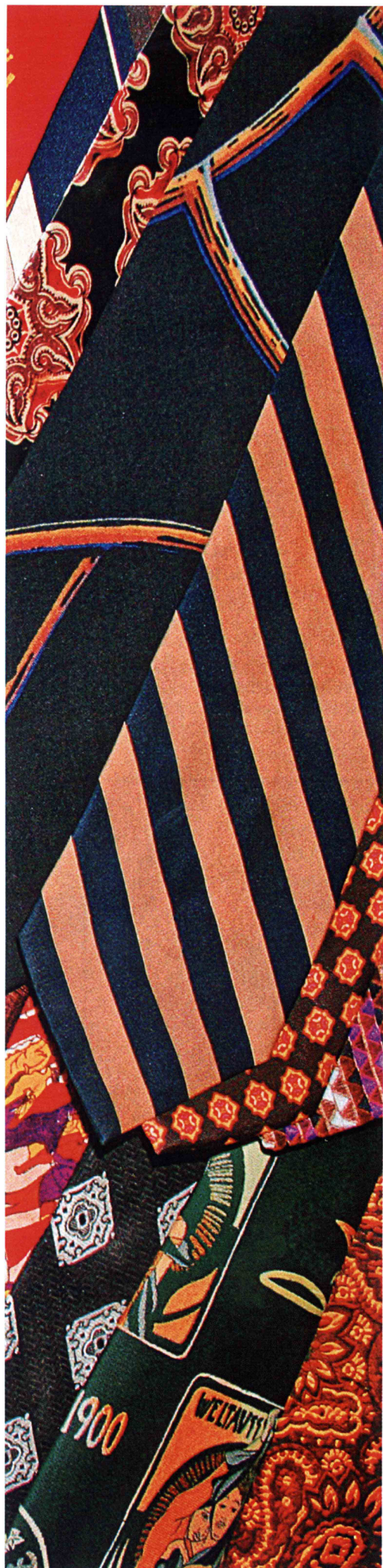
Most vibrant, healthy, and potent TCs have a broad-based staff, reflecting diversity of all kinds: gender, race, economic, intellectual,

and academic. Clients have the opportunity to learn from multiple role models and determine what particular behaviors, attitudes, appearances, and ways of life most suit them. Because a lack of exposure and opportunity often characterizes the lives of hard-core addicts, the TC serves as a social antidote.

Given broad acceptance of these basic principles of TC functioning, a critical management challenge routinely presents itself: how to manage staff who have been hired under these tenets yet behave in ways antithetical to the TC's clinical culture. I am, of course, not speaking of flagrant violations of human resource policies or, worse, unethical behaviors. Rather, I am addressing the more subtle planes of behavior and attitude that can contradict the broad clinical mandates of a program.

One example frequently cited in the psychotherapy literature entails staff self-disclosure. This is particularly relevant for counselors in recovery themselves—a critical component of the TC model—who often are faced with the dilemma of when, where, and how many personal details they should disclose to a client. When is such disclosure therapeutic (e.g., in forming a therapeutic relationship or breaking down denial) versus self-gratifying or self-aggrandizing for the counselor? And when a counselor reveals present-day behavior that contradicts his status as a role model, is not his potency as a change agent in the client's treatment experience diminished and compromised?

One of the most nuanced dilemmas in managing a treatment program entails staff appearance. In the world of the residential TC, appearances of all kinds play important roles. Order, discipline, respect—"right



living”—are reflected in the cleanliness and physical integrity of the therapeutic environment and its staff. Contrary to the typical spaces where the addicted individual “resides,” the TC represents how best to live in an orderly world. If anything, the TC errs on the conservative side, dictating much of the individual’s personal space, from how to fold t-shirts, to tucking in sheets with “hospital corners,” to neatly placing shoes in a closet. The point is clear: “You’ve lived life on the wild side, doing what you want, when you wanted to, and how you wanted it. Now, try to live on the conservative side of town.”

#### “Act as if”

A primary focus on appearance also reflects a behavioral underpinning of the TC maxim “act as if.” Even if the individual doesn’t initially want to live a clean, orderly life, being forced to do so in the treatment environment, and being pressured to act as if he wants to, will eventually help him genuinely want to live that way. And through the course of treatment a rational and pragmatic argument is embraced: To succeed in a relatively conventional and conservative world, where order, respect for authority, and “fitting in” predominate within the value systems of business, one must channel individual expression and conform to larger, more powerful systems than the self.

As referred to above, all of these issues merge when we consider staff appearance. Whether or not having a history of recovery, when staff dress and adorn themselves in ways reminiscent of the drug culture, the TC is faced with a fundamental paradox. How can the addict in recovery be separated—physically and psychologically—from the vestiges of the drug world when those presented as role models visibly reflect that world?

#### Dress Code

To maintain the integrity of the TC, a policy on “professional attire” for staff must be established, communicated, and enforced. While any individual agency may choose to consult legal counsel, at Odyssey House we have determined that maintaining a dress code for staff—one that precludes some of the images referred to above—is well within legal and ethical boundaries, particularly given the central criteria of role modeling in our staff members’ job descriptions.

Fashion may partly be defined when the exceptional becomes mainstream. Thus what was once radical (e.g., facial piercing, highly visible tattoos, overly baggy clothes) have now become fixtures of popular culture.

It is my contention that whenever a “look” (mainstream or not) is instantly associated with a drug lifestyle, it should not be welcome within the TC. We must struggle to help our clients discover a new “cool,” a self-identity that is all theirs, in no way reliant on the negative, rebellious, and angry images that previously imprisoned them. Caring for the self, empathizing with others, valuing education and insight, seeking to make a positive contribution to the world—this is the image that the TC, its staff role models, and clients must emulate. ■



#### ABOUT THE AUTHOR

Peter Provet, PhD, is President and CEO of Odyssey House, a private, nonprofit substance abuse treatment, mental healthcare, and housing agency based in New York City.

To contact Dr. Provet or find out more about Odyssey House’s programs and services, write to Odyssey House, 95 Pine St., 17th Floor, New York, NY 10005; call (212) 361-1600; or e-mail [info@odysseyhouseinc.org](mailto:info@odysseyhouseinc.org).

Dr. Provet’s views on “Clues to the Future of the Therapeutic Community” were featured in the December 2006 issue of *Addiction Professional*, *Behavioral Healthcare’s* sister publication.