




May 2013



INTERNATIONAL CONFERENCE OF THE AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

14 – 18 October 2013
Mercure Gold Coast





The ATCA Conference is fast approaching – so now is the time to get your registration and conference abstract in to the conference organisers. The full conference details can be found on the ATCA website – simply log on to www.atca.com.au and click onto the conference link to be taken to the conference website.

This year's theme, ***Building Communities***, invites and challenges us to engage in a wide ranging dialogue around the phenomenon of community – one that courageously explores the options and implications of moving beyond a restricted and limiting conceptualization of the term.

In addition to showcasing an impressive line-up of national and international speakers *Building Communities* will provide opportunities for networking, peer support and professional development.

This conference provides an opportunity to explore possible futures – to think about the concerns, constraints, considerations that might shape the service delivery landscape of tomorrow and how Therapeutic Communities might adapt and evolve in such a landscape.

The Conference Organising Committee is also delighted to confirm **Rowdy Yates** as keynote speaker.

Rowdy is Senior Research Fellow and facilitator of the Scottish Addiction Studies group in the Department of Applied Social Science, University of Stirling. He has worked in the drugs field for more than thirty-five years and, prior to his appointment at Stirling University, he was the Director and co-

founder of the Lifeline Project; one of the longest established drug specialist services in the UK.



He has published widely on addiction issues; including an edited book (with Barbara Rawlings) on drug-free therapeutic communities, a handbook on the purchasing and management of drug and alcohol services and a chronicle of drugs, music, and popular culture since the 60's.

He is currently editing a book recalling the lives and legacy of a group of European pioneers of the therapeutic community movement. He is the current Executive Director of EWODOR (the European Working Group on Drugs Oriented Research), Vice-President (Teaching & Research) of the EFTC (European Federation of Therapeutic Communities) and Chair, Addictions Advisory Group, Royal College of Psychiatrists (Community of Communities).

In 1994, Rowdy was awarded the Order of Member of the British Empire (MBE) for services to the prevention of drug misuse. However, Rowdy would probably say that one of his most prized awards is the one received recently (pictured above) when he was made an Honorary Graduate of Phoenix Futures.

Rowdy is a wonderful friend and advocate for TCs – we are really looking forward to welcoming him as our keynote speaker.

Rowdy is very keen to get involved with TCs and residents – including workshops and music. As he will be flying in and out via the West, there is also the opportunity to organise some events in Perth following the conference, as well as in Queensland and Sydney.

We are currently working with Rowdy on his itinerary, so if you are interested in hosting an event, please let Mitchell Giles, (Mitchell.Giles@liveslivedwell.org.au), Chair of the Organising Committee know as soon as possible.

We are also delighted that **David Best, Associate Professor of Addiction Studies at Monash University and Turning Point Alcohol and Drug Centre**, will also be joining us as a keynote speaker. David is becoming well known to Australian audiences since moving to Australia from Scotland.



David has undertaken research in:

- Drugs and crime, and has been involved in work for the UK Home Office as well as developing and evaluating interventions for drug using offenders.
- Treatment effectiveness: was lead for parts of the UK treatment effectiveness initiative, and has been lead on project work in this area in Birmingham and for the Welsh Assembly Government.
- Recovery: His primary commitment in the addictions field is to recovery.
- He was the first Chair of the Scottish Drugs Recovery Consortium established as part of the national drug strategy, “The Road to Recovery”.
- He is currently the chair of the UK Recovery Academy to promote academic research into who recovers and when.

Also joining the line-up of conference speakers is **Kate Carnell, Chief Executive Officer of *beyondblue***.



Kate was appointed Chief Executive Officer at *beyondblue* in 2012 and is the former Chief Executive Officer of Australian General Practice Network. Kate is a pharmacist by profession and was the first female to become the National Vice-President of the Pharmacy Guild of Australia.

Kate was elected to the ACT Legislative Assembly in 1992, and became leader of the ACT Liberal Party in 1993. She was elected Chief Minister, ACT in March 1995, and re-elected in 1998 becoming the first Liberal woman to be elected as Chief Minister or Premier in Australian political history.

Kate was appointed an Officer of the Order of Australia in 2006 for her services to community through contributions to economic development and support for the business sector, knowledge industries, the medical sector and medical technology advances.

Kate is excited to lead *beyondblue* during its next phase of growth, to increase understanding and decrease the stigma that is sometimes associated with depression and anxiety, and to deliver better outcomes for those who experience these conditions, and their families.

She will bring to the conference experience of working across the health sector, and provide us with thoughts and direction on working in partnership with clients with comorbidities.

Call for Papers

There are six different opportunities for papers and presentations at this year’s conference. These include:

1. Symposium – 90 minutes (comprising 3-4 presentations)
2. Individual papers – 25 minutes (inc question time)
3. Workshops – 90 minutes, ½ and full day
4. Project Snapshot – 14 minutes (inc question time)
5. Alternative Presentation
6. Posters

Information on the presentation types, including what each comprises, is available on the website. This year's conference themes also provide the opportunity to showcase and present on the range of work and activities currently being undertaken by TCs and others in the sector.

Conference themes:

- New TC Models
- Co- morbidity
- Pathways to treatment for diverse clients: multicultural concerns
- Families and Children: family involvement in treatment, interventions for children affected by parental drug use and associated issues
- Cultural Security and Best Practice: First Australians, Māori and Pasifika peoples
- Corrective services and coerced clients: working collaboratively with our partners in the justice system

We look forward to receiving your Abstract and to greeting you in Queensland on 14 October!

Research Roundtable

The ATCA Board held a very successful Research Roundtable in March, the notes of which are provided with this newsletter. Most importantly, the outcomes of the day provided direction for further research development with TCs and in the last weeks, a project has already commenced with Flinders University.

Increasingly, there is a growing interest in the area of Quality of Life, and particularly as it moves past a discussion of outcomes based primarily on abstinence measures. Whilst it is important to be looking at TC outcomes which include substance use and criminal behaviour, we are aware that TC participants gain a great deal from their treatment experience through a range of improved outcomes – including improved mental and physical health and wellbeing.

The following thoughts related to Quality of Life are therefore suggested -

Research Questions

1. How should “quality of life” be defined in/by Australasian therapeutic communities?
2. How should “quality of life” be measured by Australasian therapeutic communities?

3. What is the quality of life of clients engaged in therapeutic communities for drug treatment?

We know that the populations we work with are at severely compromised at program entry in terms of complexity on a range of substance use and psychosocial measures. In order to take this research project further, the information gathering from TCs needs to be completed. This comprises the tools and measures currently in place, and the purpose for the data collection.

This is a ‘green field’ with little done so far in this area, research can provide a real opportunity for us to understand what is effective in the TC program approach. The key to supporting this sort of research activity lies in the development of relatively simple data collection processes that can be undertaken routinely and that would result in useful data being available for evaluation as required.

Therefore we are putting together a matrix which includes the measures indicated thus far by the TCs who have already responded to the survey, and we will be asking everyone to complete the information so that we can move forward with the development of a coordinated research approach.



We are currently working in conjunction with Matua Raki, the New Zealand National Addiction Workforce Development group in a project funded by the New Zealand Ministry of Health to develop TC training. Therefore in the next weeks you will receive an invitation to take part in an on-line survey which will ask questions in relation to your TC training needs.

CEOs and Managers – please ensure this survey is distributed to all staff as it is important we gain as much information as possible to pitch the training programs at the right level.

There are a number of possibilities – including both accredited and non-accredited training, and we would hope to work with the Registered Training Organisations amongst our TC members to roll out the TC training package.

It is likely that the package will comprise both theoretical and practical elements, including



ATCA Standard

placements in a range of TCs – adult, youth and prison-based TCs, together with those working with particular populations – parents with children, Aboriginal and Torres Strait Islander, and people with co-occurring disorders.

As many will be aware, in some of our jurisdictions (Victoria and ACT currently) minimum qualifications in Certificate IV are now required to gain entry into work in the AOD field. While in other jurisdictions this may not yet be a requirement, it is nevertheless recommended. One option may be to add the TC specialty to the Certificate IV and Diploma courses, so that those working in a TC would do the compulsory core subjects, and then the TC component as a 'block' – in the same way as working in withdrawal and NSPs, mental health, and working with diverse clients is currently offered as separate 'blocks' to the core subjects.

Developing the TC component in this way would also allow us some flexibility in delivery, so that those with other qualifications (including degree courses) would be able to undertake just these aspects (together with the four key AOD competencies if required).

In New Zealand there are also Bachelor-degree level courses in AOD, while in Australia university-based studies in AOD and Mental Health are generally at a Graduate Certificate and post-graduate level. The possibility of developing a university-level course will also be canvassed through the survey.

The NZ Ministry of Health has funded this project, which follows a meeting some time ago that Lynne attended along with Stuart Anderson (who was then CEO of Higher Ground) with NZ Associate Minister of Health, Peter Dunne.

Once again – an exciting development for TCs, and one which the ATCA Board is keen to develop.

The ATCA Standard project is now drawing to an exciting conclusion with the Standard recently provided to JAS-ANZ for certification. This follows a long history of development since the first peer reviews were conducted in the 1990s by TC members working collegially to support the development of TCs in Australia and New Zealand; the 2002 *Towards Better Practice* project and the 2005 *Future Directions* survey and report.

These activities of course culminated in the TC Standards project in 2008, with the launch of the Standards package and training materials at the 2009 conference in Canberra. Since that time we have undertaken 13 peer reviews, including reviews of three prison-based programs.

With its certification by JAS-ANZ, the ATCA Standard will become available for TCs wishing to apply it through an accreditation process with a Conformity Assessment Body (CAB). It could then be undertaken in conjunction with the more generic ISO (International Organization for Standardization) Management Systems audit, meaning an organisation could have all elements of their entire business reviewed at the one time.

ATCA will retain ownership over the ATCA Standard, and will maintain the training and accreditation process of reviewers who will be part of any CAB's team. Additionally, the ATCA will continue to apply the ATCA Standard in its shortened form (review of the essential elements of the TC) as a peer review process.

Importantly, the ATCA Standard has also been developed as a two-tier approach, and is therefore applicable to both TC and other residential rehabilitation programs. What this means in practice, is there are two proposed levels of accreditation under the Standard.

The first is that of a Residential Rehabilitation service. To achieve accreditation as a residential rehabilitation service, agencies will need to meet a minimum of 80% of the core elements in the first tier (Performance Criteria 1-6). This represents the minimum level of activity required to demonstrate

competency in agency practice in the residential rehabilitation setting.

To achieve accreditation as a Therapeutic Community, a greater number of elements are required. These include the elements that differentiate a residential rehabilitation service from a therapeutic community, including the essential criteria of the application of the community as method model (Criteria 7-13 in addition to 1-6).

For agencies that have participated in other quality accreditation programs, or for higher capacity agencies, a set of further criteria, called 'good practice criteria' has been developed. These criteria are intended to reflect what are sometimes referred to as 'systems elements' and are mostly related to monitoring and evaluation of agency practices. Your agency will be awarded 'good practice' accreditation if, in addition to meeting all of the essential criteria, all of the good practice criteria are met.

Funding to develop the ATCA Standard and to employ a Project Officer (initially Jill Rundle and most recently Bec Davey) has now been expended. Therefore all peer reviews are now conducted as a fee for service, with the most recent reviews at The Buttery and CareNZ undertaken in this way.

The ATCA Board, in setting the cost for reviews has agreed to discount costs to organisations undertaking a peer review – and has particularly considered the requirement of Provisional Members to undertake a review within two years of being accepted as a Provisional Member in order to move to Full Membership status – either with a single site, or as a Group Member, managing more than one TC either on the same site or in different locations.

The full cost of a peer review, including travel, accommodation and wage component for reviewers and Project Officer is more than \$6,000. TCs have had a history of collegial support, and in this spirit peer reviewers have agreed they will be supported by their own TC to undertake this role.

Therefore, the wage component related to a peer review provides the ATCA Board with the opportunity to maintain the Project Officer's role to work with TCs in the development of the Quality Journal, to gather information from the review process and to provide the final report. Other costs associated with the peer review include travel, accommodation and other associated expenditure.

Consequently, the ATCA Board is able to offer its members a quality peer review at a cost of \$4,000 - \$5,000 – dependent on the number of sites visited. Full Members also have the choice of undertaking their required accreditation process by asking their accreditation body to apply the ATCA Standard to their residential service. Provisional Members will still be required to undertake the peer review as a membership process.

Importantly, with the establishment of the Advisory Committee for the Review of Drug and Alcohol Prevention and Treatment Services, our work in developing a quality framework is of utmost importance.

Thank you for your support with this process, we look forward to continued work with our TCs in your ongoing quality assurance process.

AOD Review Advisory Committee

In January 2013 the establishment of an Advisory Committee to provide advice to the consultants tasked with the review of AOD services, was announced. Members appointed to this committee include two representatives of the state/territories appointed by the Mental Health, Drug and Alcohol Principal Committee; together with representatives of a number of organisations.

The ATCA is represented on the group by Executive Officer, Lynne Magor-Blatch. Others included are ADCA (David Templeman), the peak bodies (Rebecca MacBean, QNADA and Jann Smith, ATDC), Scott Wilson (NIDAC), Gino Vumbaca (ANCD), Mike Farrell (NDARC), together with representatives from the Australian Medicare Local Alliance, AIVL and the Prime Minister's Council on Homelessness.

It is anticipated the first meeting of the Review Committee will take place early in June. The results of the review will be extremely important to the continued provision of funding to the sector, and to TCs in particular, making our work with the ATCA Standard, the research and training agenda, extremely important.

Not only do we need to assure governments that what we are providing constitutes value for money – but most importantly saves and changes lives.