



ATCA 30th Anniversary Conference

Australasian Therapeutic Communities Association

“come sit together”

21-23 November 2016 Rydges Hotel, Melbourne

email: atca@atca.com.au

phone: 0422 904 040

web: www.atca.com.au

2016 Gathering

Conference Handbook

Proudly organised by:



Gold sponsor

Bronze sponsors

Travel scholarships



Acknowledgements

The Australasian Therapeutic Communities Association wishes to thank its members and colleagues in the alcohol and other drug sector for their interest and support. ATCA would especially like to acknowledge the Victorian Government as Gold Sponsor of the 30th Annual ATCA Conference.

Our appreciation also to Bronze Sponsors: Lives Lived Well and Odyssey House, McGrath Foundation; and to Windana for the provision of Travel Scholarships, which has enabled delegates from Bhutan to attend and present at this year's conference.

We also acknowledge the Australian Government Department of Health (DoH) for their financial support of the ATCA Secretariat and the development and implementation of the Australasian Therapeutic Communities Association (ATCA) Standard.

Australasian Therapeutic Communities Association
PO Box 464
YASS NSW 2582

T: (+61) 422 904 040

E: atca@atca.com.au
W: www.atca.com.au



Australian Government
Department of Health

Art work by Wayne Morgan (Yorta Yorta)

WELCOME

ERIC ALLAN - CHAIR, ATCA CONFERENCE ORGANISING COMMITTEE

On behalf of the ATCA Board and the 2016 Conference Organising Committee, I would like to extend a warm welcome to this year's 30th Anniversary ATCA Conference. This is a significant milestone in our history and we are delighted that you are able to share it with us. Our gathering will be held in Melbourne on the traditional lands of the Wurundjeri people, members of the Kulin Nation, whose culture and traditions remain strong. I would also like to acknowledge all First Nations participants who are joining us, as well as those participants who have travelled from interstate and from other countries.



For many years, the Australasian Therapeutic Community Association (ATCA) has brought together people who share a passion for TCs, and who understand the benefits of sharing ideas, of listening, and learning from one another. Our membership is made up of over 40 organisations from across Australia and New Zealand, offering more than 70 Therapeutic Community and Residential Rehabilitation programs to young people, to adults, and to families. Increasingly, our member organisations also deliver a broad range of other community based programs and services that complement, extend and support our TCs.

Over time, we have modified our programs to better meet the needs of those seeking our help, and we have incorporated and generated new evidence about what works. This year's ATCA conference will emphasize the partnerships and program elements that can assist us to improve the access, relevance and cultural safety of our programs for Aboriginal and Torres Strait Islander, Pacific Islander, and other First Nations peoples.

We have an impressive line-up of speakers bringing a range of academic, international, practice-wisdom and consumer perspectives. In addition to some traditional conference plenary sessions, paper presentations, workshops, and visits, this year's gathering will include other styles of learning such as message stick presentations and yarning circles. We encourage participants to engage in and be open to learning from them.

I would like to thank members of the conference organising committee who this year included Lynne Magor-Blatch (ATCA), Stefan Gruenert, Tim Flora & David Dryden (Odyssey House Victoria), Anne-Maree Kaser, Clare Davies & David Scott (Windana), Damian Philp (Youth Support and Advocacy Service - YSAS), Gurdip Chima (Salvation Army), Glenn Howard (Ngwala Willumbong Ltd.), and Craig Holloway (Victorian Aboriginal Community Controlled Health Organisation Inc. - VACCHO) who have joined us to support the development of the conference as a genuine first people's event hosted by a "mainstream" association.

We have delegates coming from across Australia and New Zealand, Europe, Canada and Asia. There are significant opportunities and challenges ahead, and we welcome your contribution to this gathering over the next few days. Come sit together. We hope you will be suitably inspired, stimulated and enriched.



REGISTRATION

The registration area for the conference is at 1st floor Rydges Hotel.

The registration table will be open during these hours.

Sunday 20 November	5.00pm – 6.00pm
Monday 21 November	7.30am – 10.00am; 5.00pm – 7.00pm
Tuesday 22 November	8.00am – 5.00pm
Wednesday 23 November	8.00am – 5.00pm

HOTEL CHECK IN & CHECK OUT

Check-In at the Rydges is from 2.00pm and Check-Out is 11.00am.

If you have requirements outside these times, please contact the hotel directly on: 03 9662 0511 or email reservations_melbourne@rydges.com

Ensure that you notify staff that you are part of the ATCA Conference.

PRE-CONFERENCE TC VISITS

Monday 21 November

Site visit 1 - Please assemble in Hotel Lobby by **7.30am** for departure at **8.00am**.



The Windana Therapeutic Community is a 40-bed residential facility located on a 40-acre property in Maryknoll, Victoria. The program is delivered through four different phases over a period of 6-12 months. Residents of all phases live together in shared accommodation across five separate houses to support each other through the program.



Bunjilwarra provides a 12-bed residential rehabilitation and healing service for Aboriginal young people (male and female) aged between 16 and 25 years. It is a purpose-built, statewide service situated on a 1.7-hectare site in Hastings, Victoria.

Site visit 2 - Please assemble in Hotel Lobby by **8.30am** for departure at **9.00am**.



Birribi (YSAS) provides a structured, experiential environment based on therapeutic community principles for vulnerable young people managing their alcohol and drug use. Birribi is a 15-bed residential program, located in the north-east of Melbourne, providing a holistic program comprising a mix of group and individual therapy, recreational, vocational and educational activities, with an overall focus on community living and shared responsibility.



Odyssey House is a 113-bed therapeutic community that integrates a 32-bed family program into its operations. Following a social psychiatric model of recovery, the program offers a comprehensive assessment of medical, psychological, and psychiatric need and follows a balanced daily routine of maintenance/work related activity, passive and active recreational pursuits, good nutrition and adequate rest.

Odyssey has beds allocated specifically for parents with accompanying children from birth to age twelve. On-site child care and family sensitive practice are central to program planning.

WELCOME RECEPTION

Monday 21 November 2016
from 5.00pm – 7.00pm

For those registered for the full conference, your attendance to the Welcome Function is included.

This function will not replace a dinner, and light canapés will be served. This function will include complimentary soft beverages for delegates.

SPECIAL MEALS

For those guests who have pre-advised of special meal requirements, please advise at the registration desk of your arrival and further instructions will be provided.

PRESENTATIONS FROM THE CONFERENCE

Where permission has been provided by the presenter, all presentations will be available on the ATCA website within 2 weeks following the conference.

CONTACT

Running late or need conference help, call Lynne on 0422 904 040.

CONFERENCE DINNER



Tuesday 22 November, Rydges Melbourne

7.00pm – 11.00pm

This year's Awards dinner is set to be an outstanding evening of celebration and inspiration. This occasion also marks the 30th Anniversary of ATCA and the dinner will include a special event with many of the founding organisations attending.

We are also very lucky to have the **Stray Blacks**, a Victorian Koorie community band who has been around for 20 years, to perform.

Formed in 1989 by Alf Bamblett, Tony Lovett and Tony Gorrie, the Stray Blacks have entertained audiences all over the place with their mix of music that is a blend of country, rock and reggae.

In the early 90s Stray Blacks set up their own residency at the John Curtin Hotel in Carlton. Sick of seeing black people booted out and banned from the city's hotels and clubs, the band decided it was time to control their own gigs and create a place for the 'mob' to hang out and enjoy good company and good music. JC's was an institution and a social hub for the broader community for many years.

Throughout the Stray Blacks journey, many musicians have been along for the ride. They will entertain and inspire!

Join us for a personally selected 2 course dinner of main meal and dessert. This is an alcohol-free event; soft beverages will be provided.

KEYNOTE SPEAKERS



Professor Marcia Langton AM has held the Foundation Chair of Australian Indigenous Studies at The University of Melbourne since February 2000. Professor Langton has made a significant contribution to Australian Indigenous studies.

Her primary research has concerned the engagement between Indigenous people and the mining and resource sector through the Agreements, Treaties and Negotiated Settlements research projects (atns.net.au). Her other research concerns Alcohol Management Plans in remote Australia, Indigenous relationships with place, land tenure and legal recognition in Australia. In 1993 she was made a member of the Order of Australia in recognition of her work in anthropology and the advocacy of Aboriginal rights. Professor Marcia Langton is a Fellow of the Academy of Social Sciences in Australia, a Fellow of Trinity College, Melbourne and is an Honorary Fellow of Emmanuel College at The University of Queensland. In 2016 Professor Langton was honoured as a University of Melbourne Redmond Barry Distinguished Professor.

Professor Langton will present a keynote address on **Tuesday 22 November at 11.00am.**



John Challis will present this year's James A. Pitts Oration. John will be well known to many working in the field as the CEO of Odyssey House Auckland from 1987 - 2004.

John Challis is a Melbourne native with over 28 years of Behavioural health leadership in Australia, New Zealand and the United States. John is also a former Vice President of ATCA.

John is currently the California Vice President of Center Inc. supervising and developing Residential, Outpatient, MAT, Assisted Withdrawal, HIV/HEPC and In-Custody treatment services and Community-based Criminal Justice services across the State.

He has served as State Project Director for SAMHSA'S Co-occurring Center for Excellence working with 32 State, Substance Abuse and Mental Health Divisions in the integration of treatment services. He also served as Project Director for the Center for Excellence in integrated Care based at the National Development Research Institutes (NDRI) New York, working directly with the Integration of 650 substance Abuse and Mental Health Outpatient programs in New York State.

Prior to his work with the NDRI, John served as CEO of Odyssey House in New Zealand for 18 years and Director of Adolescent Services for Odyssey House in Melbourne, Australia. His areas of expertise include the integration of research into practice, treatment of severely mentally ill in substance abuse treatment settings, behaviourally and emotionally disturbed children, adolescent program development, workforce development, clinical supervision, services and systems change and executive management.

John has been involved with the therapeutic community throughout his career, and in particular, is a strong believer in its potential to evolve and adapt to changing treatment needs.

The James A. Pitts Oration will be delivered on Wednesday 23 November at 9.30am.



Tom Regehr is the Founder and Director of Come And Sit Together (CAST) Canada.

He's been there on the front lines, drawn there through his darkest moments seeking a path to a better life after years of severe alcoholism and drug addiction led him to live with no shelter, no heat, no food and no meaningful relationships or companionship. Unaddressed childhood trauma and his inability to resolve the grief and pain that grew as a result led him through his continual descent, and it was the support of some key people and organisation that drew him back.

The trauma and suffering of his earlier life isn't the focus of what he does through CAST Canada, but it does inform his work and offers him a unique perspective. During his early recovery, he accessed several types of services, eager to find something that would offer him the clarity he needed. A 28-day, in-house detox program failed in almost every way possible, yet it offered him a safe place. For the first time in prolonged memory, he knew where he was going to sleep the next night.

Tom ventured from there to the Credit Valley Drug and Alcohol Program which stands out in his mind as an example of a program 'done right'. Counsellors and professionals held true respect for those they sought to help, and the programs were excellent.

In 1999 Tom began to run the first CAST support groups and for five years, with his feet firmly planted on the ground, he watched people come into the sessions and make positive change in their life. They felt safe, they wanted to be there and they made progress that for most of them could not have been achieved through a twelve-step program. CAST evolved and a series of more than 100 panel discussions between front line professionals and people in active recovery sprung into being, and each of these discussions formed the basis of knowledge that continues to inform CAST Canada's approach to education.

Tom Regehr will present a keynote address at the 2016 conference, aptly named a 'Gathering' with the invitation to 'come sit together' on **Wednesday 23 November at 10.50am.**

On **Thursday 24 November**, he will present a workshop: Tomorrow Does Not Exist: Working with people who have suffered enough loss that they feel that a positive tomorrow cannot exist.



Gino Vumbaca is the Treasurer of Just Reinvest NSW, President of Harm Reduction Australia and Principal of 3V Consulting Services.

Gino has extensive experience in the HIV/ AIDS and drug and alcohol fields both in Australia and internationally. He is a Churchill Fellow, has completed a Social Work degree and a Master of Business Administration at the University of Sydney and is a qualified Company Director.

Gino is the former Executive Director of the Australian National Council on Drugs – a position he held for over 15 years – and which provided advice directly to the offices of the previous four Australian Prime Ministers (The Hon John Howard, The Hon Kevin Rudd, The Hon Julia Gillard and The Hon Tony Abbott) as well as numerous Ministers and senior officials. Previously he worked as the Manager of HIV/AIDS and related services with the NSW Department of Corrective Services, in a variety of drug and alcohol centres as a counsellor and was responsible for coordinating the establishment of the NSW network of needle and syringe exchange programs for the NSW Health Department. Gino also assisted in the establishment of Australia’s first needle and syringe program.

Gino also continues to provide advice on prisons, HIV and drug issues for international organisations such as the United Nations & World Health Organisation.

He is also President of the largest non-government drug and alcohol organisation in Macau SAR – ARTM and a Board member of the Organisation of the Families of Asia and the Pacific (OFAP) Macau.

Gino will present on Prison Vs Rehab for First Nation Peoples, on **Wednesday 23 November at 3.00pm.**



Dr Gary Winship is the Editor-in-Chief of the International Journal of Therapeutic Communities and Associate Professor in the School of Education, University of Nottingham. He is course Leader MA Trauma Studies and Senior Fellow and arts co-ordinator of the Institute of Mental Health, Nottingham University. He is a UKCP registered psychoanalytic psychotherapist, a registered Mental Health Nurse, Chair of training standards for the University Psychotherapy & Counselling Association (UPCA) and Chair of the appointments panel for the Annual Skellern Lecture & Wiley-Blackwell Lifetime Achievement Award in Mental Health.

Gary’s clinical roles in the NHS have spanned more than 30 years as Consultant Psychotherapist: HMP Dovegate, Broadmoor; Senior Adult Psychotherapist: Berkshire NHS, Bethlem & Maudsley Hospitals. Out-patient and community services in London, Berkshire, Brighton, South Yorkshire and the East Midlands. Organisational consultant, consultant psychotherapist, MHN, HIV counsellor.

Gary was appointed as a clinical governance reviewer for the Commission for Health Audit & Improvement (CHAI) in 2000. He has held teaching positions in 7 different universities: Goldsmiths, University of East London, University of Greenwich, University College London, University of Reading, Sheffield University & University of Nottingham. He has been an external examiner to mental health courses; Cassel Hospital (UEL), Southern Counties Psychotherapy (Newman, Birmingham), MA working with Personality Disorders (Newman), BA in Counselling (University of Worcester). He has published 100+ papers and book chapters, books, and has delivered more than a twenty key note addresses at conferences in the UK and abroad and sits on several journal editorial boards.



ATCA CONFERENCE PROGRAM: TUESDAY 22 NOVEMBER 2016

08.30 – 09.00 REGISTRATION AND TEA/COFFEE			
09.00 – 09.30	Welcome to Country & Performances - Di Kerr (Wurundjeri Elder) with Odyssey House Victoria performers Session Chair – Eric Allan		
09.30 – 09.40	Introduction of Organising Committee ATCA Board Chair – Garth Popple		
09.40 – 10.00	Official Opening – Mr John Rogerson, CEO Alcohol & Drug Foundation and Member, Australian National Advisory Council on Alcohol and Drugs (ANACAD)		
10.00 – 10.30	Kulin Nations Room - Keynote Address - 30 Years of ATCA Garth Popple, James Pitts, Charlie Blatch and facilitated by Barry Evans		
10.30 – 10.45	Kulin Nations Room – Launch of the Australasian Edition of the International Journal of Therapeutic Communities – Gary Winship, Editor-in-Chief, International Journal of Therapeutic Communities Session Chair – Garth Popple		
10.45 – 11.00 MORNING TEA			
11.00 - 11.50	Kulin Nations Room - Keynote Addresses 2 - Professor Marcia Langton Session Chair – Stefan Gruenert		
11.50 – 12.30	Main Room – Message Stick Presentations, Anecdotes, Stories (10 min) Session Chair – David Dryden <ul style="list-style-type: none"> • Healing and connecting back to culture. Leonie Murdoch • What we learned when we listened. Gerard Byrne • What about the ‘B’ in LGB? Bisexual drug use and implications for treatment. Brendan Loi, John Howard, and Toby Lea • A turning point for problematic alcohol users: can relationship adjustment predict desistance? Shauna Browning and Lynne Magor-Blatch 		
12.30 – 13.30 LUNCH			
	Yarning Circle: Kulin Nations Room Session Chair: David Dryden	Presentations 1: Wurundjeri Room Session Chair: Mark Ferry	Presentations 2: Boonwurrung Room Session Chair: Johnny Dow
13.35 – 14.00	Leader : Sharon Tuffin and Benny Hodges Discussion Topic : UMI (You and Me) – Together – Making a Difference	Using culture as a vehicle to create change. Shaun Braybrook	“The Rainbow Connection” Meeting the needs of Rainbow people, and why it matters. Anne Carroll
14.00 – 14.25		Be kind to your mind – Mental Health Recovery Program. Airlie Ford and Carmen Iancu	‘Making a difference?’ Starting to assess the impact of a modified TC in Bhutan. Karma Tshering, John Howard, Peiden, Tshering Wangchen
14.25 – 14.50		Finding solutions that lead to serenity. Mylie Sell and Lynne Magor-Blatch	Equality Action Group Street Cred. Mel Stott

15.00 – 15.20 AFTERNOON TEA			
	Yarning Circle: Kulin Nations Room Session Chair: David Dryden	Presentations 1: Wurundjeri Room Session Chair: Carol Daws	Presentations 2: Boonwurrung Room Session Chair: Damian Philp
15.25 – 15.50	Leader: David Dryden Discussion Topic: Come have a yarn	Who are your people? Using visual methods to tell stories of transition and recovery. Melinda Beckwith	Collaboration in action; Te Ao Rangatahi – The World of Young People. River Paton
15.50 - 16.15		Mask making for communities in recovery. Andrea Nersesian	Teenagers and Ice: Innovative approaches to improving outcomes in a changing world. Kieran Palmer
16.15 – 16.40	Leader: Rachael Ham and Mitchell Giles Discussion Topic: First Nations Peoples and residential programs: What works?	Communicare Breathing Space - An Innovative Therapeutic Community Model for Family and Domestic Violence. Kate Jeffries	Analysing Statspack. Mark Ferry
16.45 – 17.20		Introducing MRT into the Serenity Lodge Therapeutic Community – A Progress Report. Tom Hopkins and David Lonnie	Approaches to aftercare: Integrating elements of residential treatment and outreach support at 350. Zack Hampson
17.30 - 18.15	ATCA AGM: This session will include a ‘future directions’ discussion of the ATCA Strategic Plan 2016-2020 and provide the opportunity for discussion of key issues raised by members.		
19.00	ATCA Gala Dinner and Awards		

Message Stick Presentations: 11.50am – 12.30pm

A message stick is a form of communication traditionally used by Indigenous Australians. It is usually a solid piece of wood, around 20–30cm in length, etched with angular lines and dots. Traditionally, message sticks were passed between different clans and language groups to establish information and transmit messages. They were often used to invite neighbouring groups to corroborees, setfights and ball games. Alfred Howitt wrote of the Wurundjeri people of the Melbourne area: The oldest man (Headman) having made such a message stick hands it to the old man nearest to him, who inspects it and, if necessary, adds further marks and gives corresponding instructions. Finally, the stick having passed from one to the other of the old men present is handed to the messenger, who has received his verbal message in connection with it. If any duration of time is connected with the message, or if an enumeration of stages or camps is made, a method is used.

Kulin Nations Room – Message Stick Presentations, Anecdotes, Stories (10 minutes each)

Session Chair – David Dryden

- **Healing and connecting back to culture.** Leonie Murdoch
- **What we learned when we listened.** Gerard Byrne
- **What about the ‘B’ in LGB? Bisexual drug use and implications for treatment.** Brendan Loi, John Howard, and Toby Lea
- **A turning point for problematic alcohol users: can relationship adjustment predict desistance?** Shauna Browning and Lynne Magor-Blatch



Message Stick Presentations

Healing and connecting back to culture

Leonie Murdoch: Odyssey House NSW

Leonie is a WIRADJURI woman now living in Tharawal country and Aboriginal Liaison Officer at Odyssey House McGrath Foundation.

Slide one: Overview of partnership with Tharawal AMS where we connect to Social & Emotional Wellbeing workers and Bringing Them Home Program. Mingu Yabun Group - **Connecting back to culture.**

Slide two: In collaboration, we are able to run Cultural identity groups.

Slide three: Help our residents with finding their mob.

Slide four: Help residents with getting their confirmation and papers processed.

What we learned when we listened

Gerard Byrne: The Salvation Army Recovery Services

The Salvation Army began its work with alcoholics at a farm at Collaroy in NSW in 1904. This work has continued in various locations in Queensland, New South Wales and the Australian Capital Territory.

By 1964 we were offering the early editions of the Bridge Program as a treatment model to people with gambling, alcohol or other drug addictions. Today the Bridge Program is provided to over 600 people each day in eight therapeutic communities across NSW, ACT and QLD.

For the majority of this time the Bridge Program was delivered as a fixed length treatment program; that is, it had clearly defined start and finish points. Whilst this model worked well for a long time we became aware that it was time to review the design and the manner in which we delivered the Bridge Program.

Resident feedback, the changing needs of residents, community expectations, the need to ensure that in a resource tight environment that the right amount of treatment was given to each person and a comprehensive analysis of admission, retention and exit patterns suggested it was time for a restructure.

Based on what our residents were telling us in their feedback surveys and consultations and the analysis of admission, retention and exit patterns significant modifications have been made to the Bridge Program and the resident journey.

This presentation unpacks this process and explores the outcomes.

What about the 'B' in LGB? Bisexual drug use and implications for treatment

Brendan Loi¹, John Howard², and Toby Lea³

UNSW Medicine, Australia, ² NDARC, UNSW, Australia, ³Centre for Social Research in Health, UNSW, Australia

Bisexuals remain largely 'invisible' in data on drug use in Australia. This may be due to the contested nature of "bisexuality", where some position it as an undecided sexuality, and the aggregation of bisexuals with lesbian and gay people in most studies. Research indicates that bisexuals may feel discrimination from heterosexuals, lesbians and gay men.

We conducted an online survey of 366 Australians of diverse sexualities aged 18-40 years; mean 25. Lesbian, gay and bisexual (LGB) participants reported higher lifetime prevalence of substance use than the heterosexuals, and far higher than 2013 National Drug Strategy Household Survey data. Bisexual women, lesbians and gay men reported highest use of meth/amphetamine (30%, 28%, 28%) and hallucinogens (34% each); gay men for inhalants (57%), ecstasy (46%), crystal meth (25%), GHB (18%) and, with heterosexual women, cocaine (30%, 33%), and with bisexual men, opioids (28%, 32%).

For use in past 12 months, bisexual men reported highest use of cannabis (61%); bisexual women hallucinogens (23%); bisexual and heterosexual women for cocaine (19%, 20%); bisexual men and women for meth/amphetamine (18%, 16%); gay men and bisexual women for benzodiazepines (25%, 23%), crystal meth (10%, 7%); gay men for inhalants (34%).

LGB participants were more likely to have visited a health professional for mental health concerns. Bisexual participants reported more lifetime diagnoses of mental disorders; mainly depression and anxiety. The study identifies the importance of addressing the drug use and mental health needs of LGB people, and specifically for those identifying as bisexual, who can feel excluded from both mainstream and LGBTI-specific service provision, including within therapeutic communities.

A turning point for problematic alcohol users: can relationship adjustment predict desistance?

Shauna Browning¹ and Lynne Magor-Blatch^{2, 3}

¹University of Canberra, ²University of Wollongong; ³ATCA

Problematic alcohol use (PAU) presents a major burden on health worldwide. Alcohol is the third leading risk factor for poor health within the population, with harmful use leading to 2.5 million deaths per year (World Health Organization, 2010). Australians are known to drink at particularly high rates (Department of Health and Ageing, 2011), with almost 20% of the population consuming more than the recommended number of alcoholic drinks on average per day (Australian Bureau of Statistics, 2014).

By applying Sampson and Laub's Age-Graded Theory of Informal Social Control to PAU, this study explored the potential of relationship adjustment to act as a turning point, promoting desistance from PAU across the lifespan. Seventy-three participants (58 females, 15 males) who had previously experienced a period of PAU made up the sample.

While results showed that relationship adjustment did not act as a turning point predicting desistance from PAU across the lifespan in this sample, further analyses revealed that relationship adjustment did

predict desistance for those aged 25 years and under. The findings provide partial support for the use of Sampson and Laub's theory in the alcohol use literature, and highlight the importance of relationship adjustment in the drinking behaviours of youth.

Results from this study provide an opportunity for those working with people affected by PAU, and young people in particular in the development of positive relationships and strategies to influence desistance and change.



windana
Drug & Alcohol Recovery

Windana offers medically supported withdrawal programs in addition to its pioneering evidence-based, non-medical treatment programs. For Windana, effective recovery is about offering choices for people to take their lives in new, positive directions.

OUR SERVICES

- * Windana Youth Community House (WYCH)
- * Drug Withdrawal House (DWH)
- * Non Residential Withdrawal
- * Therapeutic Community (TC)
- * Integration House
- * Moe Day Rehabilitation Program
- * Care & Recovery Coordination
- * Counselling
- * Peer Support
- * Family Program
- * Street Project
- * Windana Health & Healing
- * Transitional Housing
- * Volunteer Coordination

Contact : (03) 9529 7955 www.windana.org.au

Yarning Circle: 1.35pm – 2.50pm

The Yarning Circle will be permanently accessible as a Cultural Space as well as having times for organised sessions during the conference gathering.

Yarning is an informal conversation that is culturally friendly and recognised by Aboriginal people as meaning to talk about something, someone or provide and receive information (Dawn Bessarab, 2012). In our conference context it is a place where all people can have a casual or deep conversation about something or anything... But the truth is always spoken in a yarning circle. Yarning circles are designed so that everyone has an opportunity to contribute in a safe and respectful setting. Our yarning circle will have a few main speakers to lead discussion however, all attendees are encouraged to participate in the conversation if they feel comfortable.

UMI (You and Me) - TOGETHER - MAKING A DIFFERENCE **Sharon Tuffin and Benny Hodges: Karralika Programs, ACT**

Karralika Programs has been delivering specialist alcohol and other drug programs for almost 40 years, supporting individuals and families the ACT and Southern NSW region. Clients and their families are

at the heart of everything we do and we recognise that as a mainstream service, we are responsible for ensuring that our services meet the needs of Australia's First Peoples who may choose Karralika.

Karralika Programs Reconciliation Action Plan reiterates our commitment to reconciliation and to culturally safe and sensitive practice. In 2015, we established a partnership with Capital Workforce Solutions (CWS) to work with us to increase our cultural awareness – but it went much further than 'awareness'. The Cultural Immersion Program is a unique and impactful program that involved all staff across the (including Board representation) – taking us on a personal journey of deep cultural appreciation. The program aimed to engender positive change in each of us personally by immersing ourselves in, and gaining a deeper understanding of, Aboriginal and Torres Strait Island peoples and culture.

Through this presentation, Benny and Sharon will take delegates through the journey our staff and CWS took together: 'journey's first steps'; 'walking the path together' and 'tracking our footsteps'. We will share the profound and deeply personal experiences of the Karralika Programs staff team and how this has made a difference in us, in our programs and importantly in our relationships with our clients in the hope that you too will be inspired to immerse yourselves and your teams in a new way that has positive outcomes for the clients we seek to serve.



Stream 1: 1.35pm – 2.50pm

Using culture as a vehicle to create change

Shaun Braybrook: Wulgunggo Ngalu Learning Place

Shaun Braybrook is a proud Aboriginal man who follows this grandfather line to the Kuku-Yalanji people. Shaun has been working with the Victorian Koori community for around 20 years.

Why cultural diversion programs?

A key finding of the 1991 Royal Commission into Aboriginal Deaths in Custody was to establish an Aboriginal diversion program to reduce the over-representation of people in the prison system. The Victorian Aboriginal Justice Agreement, now in its third phase, established a partnership agreement between the Victorian Government and the Aboriginal community in response to the findings of the Royal commission.

What is the program?

Established in 2008, Wulgunggo Ngalu Learning Place is a key initiative of Aboriginal Justice Agreement. It is a centre funded by the Victorian government for Aboriginal men serving community based corrections orders. Wulgunggo Ngalu offers a program that combines cultural strengthening, life skills and offers supports for offenders to complete the conditions of their corrections orders; ultimately aiming to improve successful completion rates and long term benefits for Aboriginal men serving their criminal sentences in the community.

How does it work?

Cultural strengthening is the key vehicle used to address offending behaviour and create change within participants. Cultural programs provide residents opportunities to participate in cultural ceremonies and specialist programs.

Wulgunggo Ngalu also provides educational, employment and life skills training programs ranging from certified training to volunteer work. These programs assist residents to meet their Community Correctional Order conditions and improve their employability.

Participation in the program is voluntary with a minimum commitment to stay of three months. This ensures that Aboriginal men who attend the program want to address their issues. The voluntary nature of the program also means that disinterested participants could withdraw from the program.

Is it working?

Three evaluations of WNLP have been conducted to date, all of which have strongly supported the positive outcomes this program has achieved. The evaluations have shown that participants involved in the program typically have higher order completion rates (than all other offenders, not just Aboriginal offenders), and supported the broader benefits participants received from cultural immersion and employment-based training.

Be kind to your mind – Mental Health Recovery Program **Airlie Ford and Carmen Iancu: Odyssey House, NSW**

Mental Health Recovery Program (MHRP) provides support and intervention for residents with a dual diagnosis participating in treatment at the Odyssey House Services.

MHRP was first implemented in 2008 to meet the specialised needs of individuals with a dual diagnosis in Residential and Non-Residential Services. The program was reviewed in 2015 to align its content with the National Framework for Mental Health Treatment. The programs are facilitated by Registered Psychologists. Within these specialised programs, individuals who require extra assistance with their Mental Health needs have the opportunity to receive one-on-one counselling. Progress in treatment is monitored through the repeat administration of the Brief Symptom Inventory.

The Residential Services program is facilitated in two stages: Mental Health Recovery Group Stage 1 (MHRG-S1) and Mental Health Recovery Group Stage 2 (MHRG-S2). MHRG-S1 has 4 group sessions with an emphasis on coping strategies and basic psycho-education. Individuals are assisted in creating recovery focused goals to help them manage their Mental Health symptoms. MHRG-S2 consists of 12 group sessions that provide individuals with a greater understanding of their mental health issues, through psycho-education, treatment planning, and relapse prevention. An essential component of this group is the implementation of an individualised Mental Health Recovery Plan which is devised in collaboration with the Registered Psychologist within a Person Centred and culturally specific context.

The MHRP delivered in the Non-Residential Services includes the development of an individualised Mental Health Recovery Plan, and facilitation of 16 group sessions which assists individuals within the wider community in managing their Mental Health symptoms. The presentation will highlight improved treatment outcomes and “learnings” from individuals regarding their experience of the recent changes.

Finding solutions that lead to serenity **Mylie Sell¹ and Lynne Magor-Blatch^{2,3}** **¹University of Canberra, ²University of Wollongong; ³ATCA**

Research has revealed that living with a problem drinking relative exposes family members to universal experiences which are often challenging and detrimental to the wellbeing of those family members (Orford, Velleman, Copello, Templeton & Ibanga, 2010a). For example, alcohol abuse within families is associated with various physical and psychological harms including domestic violence, neglect, abuse, criminality and financial insecurity (Berends, Ferris & Laslett, 2014; Schafer, 2011). Previous researchers have found that family members of problem drinking relatives often experience high levels

of chronic stress (Hussaarts, Roozen, Meyers, van de Wetering & McCrady, 2011) and poor physical health and psychological wellbeing (Arcidiacono et al., 2010; Howells & Orford, 2006; Lee et al., 2011).

Al-Anon Family Groups offer support to individuals who have been affected by the problem drinking of a relative or friend. This correlational study used a cross-sectional survey to collect qualitative data from an initial sample of 54 participants who were family members of a drinking relative. The Al-Anon items were completed by 39 participants and the Coping Questionnaire, which examined experiences and coping styles, completed by 25 of these participants. Based on comparative scores reported by seven previous studies, our findings indicated significantly more adaptive coping by family members who attended Al-Anon.

Stream 2: 1.35pm – 2.50pm

“The Rainbow Connection” Meeting the needs of Rainbow people, and why it matters **Anne Carroll: Higher Ground, Auckland**

‘Rainbow’ is an umbrella term to represent sexual orientation & gender identity minorities.

Research shows us that Rainbow people experience much higher levels of mental illness, affective disorders, suicide & addiction compared to heterosexuals. It is estimated that 20-30% of Rainbow people abuse substances compared to about 9% of the general population. Partly this is due to the chronic stress suffered as a result of stigma, prejudice, discrimination & unequal socioeconomic status. This is known as ‘Minority Stress’.

Minority Stress is triggered by prejudice, stigma & fear of violence stemming from the belief that being Rainbow is somehow wrong or bad. It may be subtle, such as a devaluing or thoughtless comments or it can be much worse as in bullying, physical violence & deliberate discrimination.

Our healthcare system needs to better meet the needs of the Rainbow community. At Higher Ground, we are committed to providing a safe & welcoming community for all Rainbow clients, staff, whanau, friends & visitors.

Policies and procedures have been rewritten to incorporate the unique needs of Rainbow people. The environment has been altered to be more inclusive and the Rainbow workforce increased. Training in Rainbow cultural competency has been implemented and proud Rainbow champions established on the staff team. All residents are provided with regular monthly education on sexual identity and gender diversity.

Our commitment to provide inclusive care and therapy for Rainbow residents, their friends, visitors and whanau will enhance their quality of life.

‘Making a difference?’ Starting to assess the impact of a modified TC in Bhutan **Karma Tshering¹, John Howard², Peiden¹, Tshering Wangchen¹** **¹Chithen Phendrey Association Bhutan; ²NDARC, UNSW**

The Chithen Phendrey Association Bhutan opened its residential treatment facility for men in Paro, Bhutan, in late 2013. Since then they have admitted and treated over 230 individuals of mean age 32. The main drugs of concern were: alcohol, cannabis, oral use of a combination of pharmaceuticals (eg Spasmo Proxyvon, Relepin, and Nitrazepam), and glue and cough syrup.

Recently attention has been given to streamlining data collection to enable analyses for various purposes – funders, government, CPA and the facility itself). This study is the first attempt to ascertain

overall outcome, and to explore outcomes by age groups, and broad categories of drug use: alcohol, 'pills' [pharmaceutical mix], or both alcohol and 'pills'.

Those under 25 years were more likely to identify both alcohol and pills (38.4%) or a mix of 'pills' (34.3%) as main drug(s) of concern, while 70.1% of those aged 26 to 35 identified alcohol, with 19.5% using both alcohol and a mix of 'pills' and 98.1% of 36 to 45 year olds and 100% of those over 46 identified alcohol.

In relation to outcomes, there slight differences by age for those classified 'No relapse and stability' (24% under 25, 26% 26-35, 30% 36-45 and 27% over 45); 'No relapse, but unstable' (28% under 25, 31% 26-35, 39% 36-45 and 31% over 45); and 'Relapse but no further treatment' (30% under 25, 28% 26-35, 25% 36-45 and 28% over 45). Few who relapsed had further treatment – mostly those under 25 (18%) and 25-36 (23%). Three men were in prison, and three had died – one age range 26- 35, and two over 45 years. Outcome appeared to not be influenced by main drug(s) of concern on admission.

Equality Action Group Street Cred

Mel Stott: Ted Noffs Foundation

How to make GLBTQIA clients feel safe and respected in the therapeutic community is challenging - however at Ted Noffs we have had great success with this clientele and employ many staff from this minority. Even whilst I have been at PALM there has been confusion around dealing with this specific client group. In particular, there has been confusion with working particularly with transgender clients.

Problem – In Australia, Young People with GLBTQIA have high rates of suicide and also high rates of drug use including alcohol and related issues. Some reports state that 50% of GLBTQIA youth have problems with substance abuse and dependency.

25% of homeless people are GLBTQIA, **this sub group has an expectation services will discriminate.** Many GLBTQIA homeless people have reportedly been victims of discrimination by support services. The discrimination can be real or imagined but it nonetheless remains a barrier to young people getting the assistance they need.

Solution – At Ted Noffs, we endeavoured not to make tokenistic changes but instead shaped our organisation in every facet in order to make our organisation GLBTQIA friendly. In our Therapeutic Communities, we aimed to provide a safe space for this minority. This included changing our spaces and amenities; staff competency and reporting as well as protocols and achieving a Rainbow Tick Standard.

These changes resulted in the young people already struggling with their sexual identity feeling safe, respected and not judged in our services. An achievement that could be replicated in other support services across Australia.

Yarning Circle: 3.25pm – 4.15pm

Come have a yarn

David Dryden (YORTA YORTA , DJA DJA WURRUNG , WIRADJURI) Odyssey Victoria

A Yarning Circle is about having an informal Yarn chat - talk about what ever people are interested in, we are all about helping people to recover from the Addiction of Alcohol and or Drugs, so we have a Yarning Circle about what we can do to help, refer, encourage, support, give ideas.

Stream 1: 3.25pm – 2.50pm

Who are your people? Using visual methods to tell stories of transition in recovery

Melinda Beckwith: Monash University

Residents of Therapeutic Communities are faced with a range of complex social and personal challenges in overcoming substance misuse and related life challenges. First Nations Peoples bring their own understandings and needs to TC programs, often supported by a larger social network, but what does this mean for outcomes? The SONAR (SOcial Networks and Recovery) study is the first Australian program of research to follow TC residents for up to a year, whether or not they stay in treatment, with First Nations People making up 10% of those interviewed. This research focuses on the role of social factors in facilitating recovery and employs a unique visual method - Social Identity Mapping - to capture residents' social world at three time points. This presentation uses case studies and the residents' 'maps' to paint a picture of various pathways of change over the 6 months from the beginning of residents' stay. Practice learnings will be suggested for further discussion, with outcomes specific to the needs and strengths of First Nations Peoples highlighted.

YSAS
SEEING YOUTH IN A DIFFERENT LIGHT
YOUTH SUPPORT + ADVOCACY SERVICE

BIRRIBI

Youth Support + Advocacy Service (YSAS) is a leading, state-wide youth health agency providing a range of programs and services for young people who are experiencing significant problems related to their alcohol or drug use.

YSAS enables highly vulnerable and high risk young people to take control of their health and wellbeing.

Birribi Residential Rehabilitation Program provides a structured, experiential environment based on therapeutic community principles.

The fifteen-bed facility provides a safe, supportive environment for young people aged 16-20.

Birribi's holistic recovery approach comprises individual and group therapy as well as recreational, vocational and educational opportunities. The overall focus is on community living and shared responsibility.

www.ysas.org.au/ysas-birribi-residential-

Mask Making for Communities in Recovery: Windana Art Therapy Program

Andrea Nersesian: Art Therapist, Windana

Art Therapy at Windana, What is it? (...What is it Not?) Where the Art Therapy program is placed amongst the services that Windana offers. Feedback from clients who have participated in art therapy groups at Windana.

What are Masks?

A brief synopsis, how they are universal. Exploration of the inner and outer masks can lead to normalisation of underlying emotions, including shame and anger. Through releasing the pressure to hide we can get closer to self-acceptance, furthering steps to integration of trauma.

At the TC

What has worked with the mask process in the context of community recovery? The values at the TC are expressed and then mirrored in the unfolding emergence and sharing of the mask creations. Within the safe space of art therapy groups, residents can be witnessed beyond how they have habitually perceived themselves and each other. The behaviours and emotions that arise can be externalized beyond words during the process, encouraging resilience and connection. Because of the support from staff at the TC, as a team we can provide a wide enough safety net together for clients to explore their process over a period of time and being acknowledged as authentic human being.

Stream 2: 3.25pm – 2.50pm

Collaboration in Action - Youth Odyssey and the Waikato Youth Alcohol and Drug Project: YOUTH Intact: Te Ao Rangatahi – The world of Young People

River Paton: Odyssey Auckland

In 2014 the Waikato District Health Board went to their community to seek feedback and input for the development of a new and more effective way to deliver alcohol and drug services for rangatahi/young people in the region.

In response to the feedback a model was developed that incorporates a whole community youth development approach. This model weaves together a multi layered responsive and accessible 'youth friendly' community based alcohol and drug service in the Waikato region.

In late 2015 the Waikato District Health Board took the newly formed service delivery approach and model of care to a national tender process, which Odyssey was successful in obtaining. Odyssey's role is to work in partnerships, across different sectors to identify and respond to a broad continuum of rangatahi/young people's substance use and related problems.

The model aims to increase collaboration, decrease silos and increase consistent practice pathways. All agencies involved in this integrated model are required to have an ongoing commitment to participate in a partnership approach, consultation, integration and development to support rangatahi/young people's journeys through services.

This presentation will take you on a journey that describes the collective development of the model, that is inclusive of cultural, geographical and community engagement. It will emphasise the importance of agencies from different sectors working together to increase responsiveness for our rangatahi/young people.

Teenagers and Ice: Innovative approaches to improving outcomes in a changing world

Kieran Palmer: Ted Noffs Foundation

The Ted Noffs Foundation facilitates a host of programs and initiatives, including our flagship program: the PALM modified therapeutic community programs in Sydney and the ACT. These youth residential programs aim to support young people reclaim their lives from the harmful effects of substances and associated issues. The past 3 years has seen a marked shift in the drug using landscape of our client group, with a tendency towards methamphetamine use. Recent media attention around methamphetamines has created a culture of 'half-truths' and potentially increased the damaging stigma attached to users of this drug. As such, this particular drug brings with it a host of specific challenges for consumers and treatment agencies alike.

This presentation will overview the strategies implemented by the Ted Noffs Foundation to effectively offer treatment to an increasingly complex client group. Organizational approaches to training are addressed, with an increased capacity to train program staff in motivational interviewing, trauma informed care, methamphetamine education and family reconnection practices. The result of this approach has thus far shown very positive results, with various programs including PALM seeing increased client numbers and retention rates whilst still maintaining the highest therapeutic standards.

Yarning Circle: 4.15pm – 5.20pm

First Nations Peoples and residential programs: What works?

Rachael Ham: Manager FNQ Lives Lived Well and Mitchell Giles: Lives Lived Well

Shanty Creek Therapeutic Community is a Residential Rehabilitation Centre based in Far North Queensland at Emerald Creek; 45-minute drive west of Cairns. Part of the Lives Lived Well organization in Queensland, it is specifically designed for Aboriginal and Torres Strait Islander Peoples of Australia with concerns relating to substance use. At Shanty Creek we deliver a range of programs that are culturally safe in their design and framed holistically around Social and Emotional Wellbeing (SEWB) recovery. With a majority of Indigenous Staff and a newly embedded SEWB healing model, occupancy has increased to 90%, residents are staying longer completing the entirety of the programs and there are many meaningful success stories along the way. Shanty Creek is located on Djabugay Country and borders Muluridji Country. Traditional Owners visit our service from both groups to provide advice and share their cultural knowledge.

The model offers a phased approach, each phase approximately taking 4 weeks:

- Willy Wagtail – This phase is about getting to know Shanty Creek and getting to know the client
- Scrub Turkey – Stage One of Family Wellbeing program
- Barramundi – Identity (Who am I? Where am I from? Where am I going?)
- Wedged Tail Eagle – Transition back to community Blended throughout these phases are cultural education and sharing days, ATODS education and Close the Gap GP clinic.

Work has begun to evaluate clinical outcomes for clients of the Shanty Creek programs and this work centres largely around the use of a culturally safe tool known as the Growth and Empowerment Measure (GEM) (Haswell et al, 2016). Through the program at Shanty Creek, residents are strengthening both their identity and spirit and work to plan their future and their re-engagement with family and community.



Odyssey House Victoria continues to provide opportunities for change and growth by reducing drug use, improving mental health and reconnecting people to their families and the community.

We acknowledge the traditional land owners of Australia and we welcome all Aboriginal and Torres Strait Islander people to our service.

Our 2017 - 2020 Stretch Reconciliation Action Plan will formalise our ongoing commitment to reconciliation, to closing the gap in health outcomes, and to building respectful and positive relationships with Aboriginal and Torres Strait Islander people.

- 112 bed Therapeutic Community in Lower Plenty for adults, families and children up to twelve years of age.
- 15 bed Circuit Breaker program providing a 6 week residential program near Benalla.
- During the 2015/2016 year, we have provided drug and alcohol treatment to more than 8,000 Victorians, including over 600 in residential treatment.

Stream 1: 4.15pm – 5.20pm

Communicare Breathing Space - An Innovative Therapeutic Community Model for Family and Domestic Violence

Kate Jeffries: Director Family Violence and Intervention Services, Communicare Inc

Communicare Breathing Space is an innovative model providing the first family and domestic violence residential men’s behaviour change program underpinned by a therapeutic community model in the southern hemisphere. Communicare Breathing Space aims to increase safety of women and children by removing men from the home for three months and provide opportunities for targeted change addressing the individual’s behaviour, attitude and belief system, thereby increasing men’s engagement and acceptance of responsibility for the choices they make, whilst the reducing the incidence of violence within the family. The program provides accommodation for up to 12 men; ongoing risk assessment; case management; mandatory group work; individual counselling and life skill development, enabling opportunities for behaviour change. The model enables a richness beyond traditional men’s behaviour change programs by addressing alcohol and other drugs needs and the impact men’s violence has on children, Fathering and co-parenting relationships.

The approach uses community living and shared responsibility, guided by staff and peers, and amplified by the program services to promote accountability, growth, change, equality and reconstruction of masculinity whilst understanding what non-violence means. The objective is to promote global change in the attitudes, values, behaviours and lifestyles of men so they can be accountable and sustain non-violent and non-abusive behaviours.

This presentation will explore how the principles of therapeutic community living are used as a response to family and domestic violence perpetrator intervention in Western Australia, our learnings and future possibilities within Australia.

Introducing MRT into the Serenity Lodge Therapeutic Community – A Progress Report Tom Hopkins & David Lonnie: Cyrenian House

Moral Reconciliation Therapy (MRT) is an objective, systematic treatment program designed to enhance ego, social, moral, and positive behavioural growth in a progressive, step by step fashion. MRT is a workbook based, open-ended group intervention consisting of 12-16 steps that has been demonstrated to provide positive treatment outcomes in a range of settings including Therapeutic Communities. MRT attempts to change how drug users and offenders make decisions and judgments based on Kohlberg's theory of moral reasoning. The program seeks to move clients from hedonistic reasoning levels to levels where concern for others and the community becomes important, therefore addressing core issues.

Cyrenian House has recently invested in gaining accreditation to both deliver and train staff to deliver the MRT program. Over the past 6 months Serenity Lodge Therapeutic Community (TC) has been trialling the program with residents in the TC. In this presentation, we discuss:

- What MRT 'looks like'
- The process of implementing the MRT program into the existing TC program at Serenity Lodge
- Our learnings – the challenges, what has worked, what hasn't
- Feedback from residents about their experience of MRT
- Where to from here with MRT at Serenity Lodge TC and Cyrenian House more widely

Stream 2: 4.15pm – 5.20pm

Statspack 2009-2016

Mark Ferry: Ted Noffs Foundation

The Ted Noffs Foundation operates 2 modified Therapeutic Communities in Sydney and Canberra for young people aged 13-18. In 2015 the Noffs Foundation in partnership with the University of New South Wales were successful in receiving an Australian Research Council Grant - Positive life pathways for vulnerable adolescents: The role of a life management program approach.

One of the papers to be produced is the "Statspack" 2009-2016 which tries to make sense of an extremely large amount of data and interpret the implications for the two Therapeutic Communities from which the data is derived.

This presentation will look at the following areas:

1. Demographics of the young people entering therapeutic communities
2. Drug trends amongst adolescents entering therapeutic communities
3. Predictors of retention in an adolescent therapeutic community
4. Outcomes for adolescents completing 30 days plus in the therapeutic community – including differences where methamphetamine is a primary drug of concern.

By critically examining the data Noffs and UNSW will demonstrate both the current trends and what modified adolescent therapeutic communities can learn from the long-term analysis of data. It is a rich area of information and Mark will delve into the interesting aspects especially in relation to a TC environment.



Approaches to Aftercare: Integrating elements of residential treatment and outreach support at 350

Zack Hampson: Team Leader: PALM ACT, Ted Noffs Foundation

The Ted Noffs Foundation (TNF) operates the Program for Adolescent Life Management (PALM), a 12-week Therapeutic Community (TC) program for youth. With the increase of methamphetamine use within the TNF treatment group, it was observed that some individuals who sought treatment would require support beyond the length of the 12-week TC program and beyond the scope of outreach support. Unfortunately, what we have learned from the residents is that while the individual often leaves the TC with a stronger sense of self, they rarely find themselves returning home to a changed environment. Just as unfortunate is the high number of residents who have no access to suitable or supported accommodation after treatment.

As a response to this need, TNF undertook the Engagement House Project. From this project, we developed 350 (named for its street address of 350 Antill Street). 350 is a semi-independent accommodation service available to young people who have completed a treatment program and are undertaking full time employment or education.

350 supports the individual with building on the goals established in the Re-Entry stage of the TC model, in addition to providing the informal Aftercare stage of support. Structure and routine is present in many forms at 350; for example, set visitor procedures, routine house inspections and weekly house meetings. Residents of 350 are supported by the Ted Noffs Foundation through our dedicated aftercare team at Continuing Adolescent Life Management (CALM), and an onsite, after hours Engagement Worker.



Nobody needs to live a life addicted to drugs or alcohol

The Odyssey House NSW Admission and Intake Centre takes all admissions inquiries both online and via the phone. Admissions to Odyssey House NSW are subject to availability and meeting the assessment criteria. The Admissions and Intake Centre staff handled provide information, initial alcohol and other drugs assessments, referrals to other services and support to members of the community.

To contact the Admissions & Intake centre please contact 02 9281 5144 or www.odysseyhouse.com.au

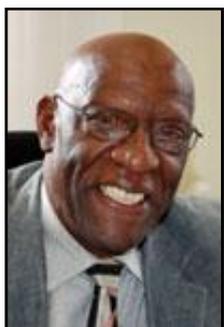
ATCA CONFERENCE PROGRAM: WEDNESDAY 23 NOVEMBER 2016

08.30 – 09.00				REGISTRATION AND TEA/COFFEE			
09.00 – 09.10		Day 2 Opening & Notices. Introduction of elected ATCA Board Session Chair – Garth Popple					
09.10 – 09.30		Kulin Nations Room – Brief Address 1 – Barry Evans ATCA Standards					
09.30 – 10.30		Kulin Nations Room - Keynote Addresses 3 – John Challis – James A. Pitts Oration Session Chair – Julie Babineau					
10.30 – 10.50				MORNING TEA			
10.50 - 11.50		Kulin Nations Room - Keynote Addresses 4 - Tom Regehr Session Chair – Anne-Maree Kaser					
11.50 – 12.30		Kulin Nations Room – Guidelines on the management of co-occurring alcohol and other drug and mental health conditions (2nd Edition) Christina Marel, Katherine Mills, Jack Wilson					
12.30 – 13.15				LUNCH			
		Yarning Circle: Kulin Nations Room Session Chair: Carole Taylor		Presentations 1: Wurundjeri Room Session Chair: Mitchell Giles		Presentations 2: Boonwurrung Room Session Chair: Mark Ferry	
13.20 – 13.45		Leader: Birribi and Bunjilwarra staff		Recovery Services – Healthy Recovery Healthy Life. Gerard Byrne		Embracing the potential of youth: Integrated treatment approaches to improving outcomes and supporting greatness. Kieran Palmer	
13.45 – 14.10				Hepatitis C treatment and residential program participation are the two compatible? A case study of hepatitis C treatment at WHOS. Carolyn Stublely		Creative Mutual Recovery: Creative Practice in a Group Setting. Gary Winship	
14.10 – 14.35				Discussion Topic: Working with young people in a Modified Therapeutic Community.		Embedded alcohol and other drug specialist and training in a primary care centre. Jenny Boyle	
14.40 - 15.00				AFTERNOON TEA			
15.00 - 15.40		Kulin Nations Room – Keynote 5 - Gino Vumbaca - Prison Vs Rehab for First Nation Peoples Session Chair – Gerard Byrne					

15.40 - 16.00	Closing Remarks, Presentation Awards Award for best Message Stick Presentation
16.30	Australian Psychological Society: Psychology and Substance Use Interest Group AGM

JAMES A PITTS ORATION

9.30am – 10.30am



The James A Pitts Oration has been established as an annual event to feature Australian and internationally renowned individuals who have been a significant contributor to research or practice in therapeutic communities. Named in honour of James A Pitts, who has worked in the Alcohol and other Drugs field for the past 38 years, the Australasian Therapeutic Communities Association (ATCA) takes great pleasure in partnering with Odyssey House McGrath Foundation in this important event.

James has recently retired as CEO of Odyssey House after more than 32 years in this role. James has been selected to a number of prominent boards and was awarded the Ted Noffs Foundation Award for Individual Achievement in the AOD field in 2000; the Australia Day Medal in 2001 by the Alcohol and Other Drugs Council of Australia in recognition of his contribution and commitment to the field; the inaugural fellowship by the Harvard Club of Australia, Not For Profit Fellowship Program in 2001; and in 2007 was inducted to the Honour Roll of the National Drug and Alcohol Awards. James has also previously served as a Board Member of the ATCA

Board over many years and was a founding member of ATCA.

The James A Pitts Oration has been made possible thanks to the generosity of a long-time Odyssey House donor.

This year's oration will be delivered by Mr John Challis.



Wednesday Morning session presentation: 11.50am – 12.30pm

Guidelines on the management of co-occurring alcohol and other drug and mental health conditions (2nd edition)

Christina Marell^{1,2}, Katherine L Mills^{1,2}, Jack Wilson^{1,2}

¹NHMRC Centre of Research Excellence in Mental Health and Substance Use, Sydney; ²University of NSW, Sydney

Background: The high prevalence of comorbidity means that alcohol and other drug (AOD) workers are frequently faced with the need to manage complex psychiatric symptoms that may interfere with their ability to treat clients' AOD use. To assist AOD workers manage the significant challenge of treating clients with co-occurring mental health conditions, in 2014, the Australian Government Department of Health funded the development of the “*Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition)*” (hereafter referred to as the Guidelines). The Guidelines aim to increase knowledge and awareness of comorbid mental health conditions in AOD treatment settings, improve confidence and skills of AOD workers, increase uptake of evidence-based care, and ultimately, improve outcomes for people with comorbid mental health conditions.

Methods: This second edition is based on the best available evidence, and was developed in consultation and collaboration with clinicians, researchers, consumers, and carers Australia-wide. In addition to hard copies of the Guidelines being disseminated Australia-wide, they are being translated into online delivery, and development of a comprehensive online training program is underway.

Discussion: This paper will provide an overview of the Guidelines, including a range of evidence-based options for identifying, managing and treating mental health symptoms within a holistic health care approach, involving multiple services and integrated care coordination. The importance and practicalities of delivering the Guidelines in mediums that allow AOD workers easy access and implementation into their clinical practice will be considered.

Yarning Circle: 1.20pm – 2.35pm

Working with young people in a Modified Therapeutic Community

Birribi and Bunjilwarra staff



Stream 1: 1.20pm – 2.35pm

Recovery Services – Healthy Recovery Healthy Life

Gerard Byrne: Salvation Army Recovery Services

This presentation explores the recently released report on 10 years of research and outcome measurement conducted by The Salvation Army Recovery Services Therapeutic Communities in NSW, QLD and the ACT, in partnership with the Illawarra Institute for Mental Health University of Wollongong.

Through the research and outcome measurement we are able to build a clear picture of who our residents are, the complexity of their alcohol, other drug or gambling issues, their social situations and their physical and mental health.

The research and outcome measurement project has produced 20 peer reviewed and published academic articles and 50 national and international conference presentations.

The results of this independent, peer-reviewed research, conducted by the Illawarra Institute of Mental Health are integrated into our service design to ensure services are effective and responsive to changing needs.

The report titled Health Recovery Healthy Life unpacks the outcomes achieved by people engaging with Recovery Services, by taking a health body, healthy mind, healthy spirit approach to achieving a healthy life – and recovery.

It showcases aspects of the service model and highlights the value of a strengths based approach to wellness and good health as a key factor in achieving and maintaining a transformed life.

Hepatitis C Treatment and Residential Program Participation are the Two Compatible? A Case Study of Hepatitis C treatment at WHOS (We Help Ourselves)

Carolyn Stuble: WHOS

The physical and psychological implications of having Hepatitis C can impact the lives of clients accessing alcohol and drug services. However, the severity of side effects from treatment has deterred services from allowing clients access whilst participating in a residential rehabilitation program.

In March 2016, new Hepatitis C treatments approved under the Pharmaceutical Benefit Scheme made medications readily available to our client groups. Due to the severe side effects of previous medications caution as to new treatments being “side effect free” still exists.

WHOS Rozelle and Royal Prince Alfred Hospital (RPAH) have worked in partnership since 2014 delivering a Liver Clinic onsite to provide testing, fibro scan and referral to treatment. Previously treatment was suggested as an option post discharge only. Acknowledging the success of new medications WHOS agreed to consider treatment for current clients.

To ensure staff and management were well informed RPAH and Hepatitis NSW provided training on the new medications and feedback from trials to gain agreement on the introduction of treatment whilst clients were participating in the TC programs.

From March to June 2016 there have been 18 clients commenced on Hepatitis C treatment whilst in program. During this period side effects were monitored to ensure participation in the program was not compromised. Findings indicate that although there are side effects of varying degrees mostly minor they do not interfere with participation with program activities. An overview will be provided on side effects and program participation including client feedback to give confidence to other services considering introducing Hepatitis C treatment.



EMBEDDED ALCOHOL AND OTHER DRUG SPECIALIST AND TRAINING IN A PRIMARY CARE CENTRE

Jenny Boyle: Odyssey, Auckland

Service providers set goals to reduce the risks associated with problematic alcohol and drug use to the wider family unit and improve overall family functioning and outcomes. Supporting access for youth and women is often a critical issue. What does this look like in practice though?

Primary health care has been identified as an area where more can be done to address addiction, through prevention and early intervention. Whether they are a midwife managing the care of a pregnant client or a family doctor who has seen different members of a family for 10 years, primary healthcare providers have unique opportunities to engage and carry out interventions that have positive outcomes for the entire family unit. Working together, primary healthcare and addiction services can offer responsive services that make the most of those opportunities to support good outcomes for families.

This Primary Care AOD Collaboration project supports primary care professionals to identify and address patients AOD use. The project has focused on developing a model that can be easily replicated, including training primary care professionals, consultations and working alongside the professionals in the primary care space. This session will showcase the unique approach and tools that have been developed as this project has been implemented.

Practical techniques to work within primary care and practical application will be shared with participants to respond to substance use issues in at-risk families. Findings from the developmental evaluation and alignment with the Health Promotion Early Intervention Addiction Plan 2013-2017 will be discussed.



Recovery starts here.

Lives Lived Well is helping to rebuild lives.

Lives Lived Well is a leading, Queensland support organisation for people who have problems with alcohol or drugs, and problems related to mental health.

We provide free and confidential services including alcohol and drug counselling and support for adults, young people, families and Indigenous communities.

For more intensive treatment, we run low-cost, residential programs at Logan House – Chambers Flat; Mirikai – the Gold Coast and Shanty Creek – Mareeba.

Want to know more? Call us today
1300 727 957

Lives Lived Well

Contact us today
Call 1300 727 957 | Email info@liveslivedwell.org.au | Visit www.liveslivedwell.org.au

Stream 2: 1.20pm – 2.35pm

Embracing the potential of youth: Integrated treatment approaches to improving outcomes and supporting greatness

Kieran Palmer: Clinical Service Manager, Ted Noffs Foundation

The world can be a challenging and at times hostile place for those living with complex needs. This situation becomes increasingly unforgiving for young people experiencing these complexities. Adolescence is tough, uncertainty reigns and identity becomes foreign. Our modern society can treat adolescence as a transition, a wobbly bridge between defined stages of life rather than a wonderful stage in itself. Somewhere between the innocence of childhood and the sensibility of adulthood, the innate wonder of adolescence is lost. Young people living with abuse, trauma, mental health difficulties and addictions require a society who believes in their potential to become great. A society willing to take on the role of nurturers and protectors, giving resilience the safety it needs to grow. Too often our society turns its back on our most vulnerable members, withdrawing from those who most need embracing.

The growing body of evidence suggests that holistic, engaging and client centred treatment models are essential in creating positive outcomes for people with complex needs. The Ted Noffs Foundation builds its philosophy on the belief that there is infinite potential within all young people, and that the key to unlocking this potential is to revolutionize the way our programs are designed, beginning with our flagship program: the PALM modified therapeutic community. Noffs has made the commitment to engage young people themselves as our primary consultants. This seminar will focus on the diverse treatment approaches used throughout Noffs programs, paying close attention to the PALM program. The audience will learn how a unified approach aimed at resolving trauma, fostering creativity and developing resilience has led to vastly improved outcomes.

Creative Mutual Recovery: Creative practice in a group setting

Gary Winship: University of Nottingham; Editor in Chief, *International Journal of Therapeutic Communities*

Purpose – Involvement in creative practice is commonly regarded as “therapeutic” but what is actually meant by this and how does this work promote social inclusion and mental well-being, particularly when performed in a group setting? Drawing on the findings of a research project called Clay Transformations (AHRC), the purpose of this paper is to consider these questions. The project involved running a series of clay workshops aimed at people with experience of mental health service use and those who work with them.

Design/methodology/approach – In order to explore the significance of art involvement to people who use mental health services, qualitative research findings are presented. These are then linked to relevant literature in order to consider the way in which workshop participation helped to promote social inclusion and mental well-being.

Findings – Many benefits were gained from workshop attendance deriving from involvement in the process and the outcome of art creation. These benefits were enhanced by the group context in which the work took place and the mutual support and interaction arising from this group membership.

Originality/value – The recognition of the therapeutic value of creative practice has been accompanied by the emergence of the notion of “mutual recovery” which extends the concept of recovery beyond an individualised focus. The positive findings of this project uphold these developments and suggest that mental health practice should address the wider social contexts that can facilitate the promotion of mental well-being.

Community Hub Development

Presented by Brendan Short and Shannon Silcock: Odyssey, Auckland

In June 2015 Odyssey took possession of a fantastic new building from which to offer community services. It would initially house two teams as well as a social enterprise Café. The challenge with this new and impressive space was to develop a community hub offering a wide range of AOD support and independent community-based activities for clients. This hub would improve treatment efficacy by increasing options both pre and post residential treatment, offering new options and linking with services already delivered. The finished hub would allow clients to pick and choose what support they required from mutual aid to cultural support. A phased development was rolled out with priority given to reviewing current delivery and expanding group support.

The hub was designed as a forum for partnership working and as such consumer perspectives sought and external stakeholders engaged. In addition, SMART Recovery was researched and launched in New Zealand. SMART Recovery is an international mutual aid group with a simple 4-point programme. It is CBT-based and elicits practical problem solving. Separate groups are also available to support the family of clients.

This presentation will outline the steps taken to develop a community hub for clients of an AOD service. It will show how a phased approach broke a big challenge into smaller pieces including gathering client feedback and engaging key stakeholders. It will also discuss what SMART Recovery is and how it was successfully launched in New Zealand.

ONLINE GRADUATE PROGRAMS IN ADDICTION STUDIES

APPLICATIONS CLOSE 3RD FEBRUARY 2017



GRADUATE CERTIFICATE IN ALCOHOL AND OTHER DRUG (AOD) STUDIES

The Graduate Certificate in AOD Studies delivers an applied approach to AOD studies with online subjects including; Assessment, Treatment and Planning and Perspectives in Drug Use. Applicants generally require a bachelor degree. The Victorian Department of Health and Human Services (DHHS) is also offering 20 scholarships (worth 80% of course fee) to DHHS funded workers within the AOD sector in Victoria to the complete the course in 2017. Scholarship Expression of Interest close **30th November 2016**. Further information and forms can be found on the Turning Point website: www.turningpoint.org.au/Education/Graduate-Programs.aspx. The graduate certificate award is received from Turning Point. Please note that 2017 will be the last year of admission for the current Graduate Certificate in AOD studies structure as we are restructuring our higher education programs.

MASTER OF ADDICTIVE BEHAVIOURS (MONASH UNIVERSITY)

The Master of Addictive Behaviours delivered through Monash University is suited to graduates who are seeking a course with a greater focus on academic career development or research. It provides a thorough exploration of the addiction area and the latest thinking and evidence from leading national and international researchers in the areas of neuroscience, policy, population health, prevention and treatment of alcohol and drug misuse, gambling and other process addictions. It is delivered entirely online. Applicants must have a bachelor degree in a relevant discipline as well as an honours year or equivalent and must apply through Monash University. Please visit Monash Find a Course for more information: www.study.monash/courses/find-a-course. The Masters Award is received from Monash University.



TURNING POINT
Turning Point is a national treatment, research and education centre that provides leadership in the alcohol and drug, gambling and mental health sectors. Combining research with service innovation, surveillance, system enhancements, capacity building and specialist support, Turning Point is a recognised centre of excellence that assists services, communities and governments to respond to current and emerging issues. Turning Point is part of Eastern Health and is affiliated with Monash University.

ENQUIRIES: Workforce Development, Turning Point
Tel: +61 3 8413 8700 Email: training@turningpoint.org.au Web: www.turningpoint.org.au





ATCA Quality Portal

A quality management system for therapeutic communities and residential rehabilitation service providers

The ATCA Quality Portal is an easy-to-use system that helps you manage quality, risk and compliance. The Portal includes the new ATCA Standard for Therapeutic Communities & Residential Rehabilitation Services, as well as the main sets of community services and health standards.

KEY FEATURES

- **Self-assessment against standards**
Complete self-assessments against the criteria (indicators) of a set of standards. As you work through each assessment, the portal will identify gaps and let you know what the organisation needs to do to achieve completion.
- **External reviews and accreditation**
Prepares your organisation for external review and accreditation, with the ability to submit your results and evidence online.
- **Automatically generated Work Plans**
As you complete assessments, a Work Plan is automatically generated based on the actions required to meet the standard. You can edit and allocate tasks, set due dates and email reminders.
- **Schedule email reminders**
Set email alerts as due-date reminders in your work plan or registers.
- **Risk, compliance and quality registers**
Create, edit and customise registers for risk management, compliance and other quality monitoring. You can tailor registers to your organisation's needs.
- **Document Library**
Upload and manage pre-existing or newly completed documents, then link them to action items to provide evidence of compliance to external reviewers.
- **Immediate solution to multiple standards**
Cross-referencing with all other sets of standards means you can complete multiple sets of standards by completing a single set.
- **Progress tracking**
Displays graphs showing your organisation's progress against industry benchmarks.

KEY BENEFITS

- Increases service delivery capacity.
- Manages and monitors risk and compliance.
- Undertakes gap assessments.
- Work directly online – no need for paper-based reporting.
- A standards update and alert service keeps you on top of changes.
- Builds staff and organisational capacities.
- An immediate solution to multiple standards.
- Red-tape reduction.
- Increases productivity and saves up to 80% of time.

“The SPP has reduced our reporting time significantly. The system is intuitive, I found my way around quite easily.”

Ronnie Voigt,
Drug Education Network

Subscribe or register for a **free two-week trial!**

Visit www.ngoservicesonline.com.au
Email info@ngoservicesonline.com.au

15%
Discount
for ATCA
members

THE ATCA QUALITY PORTAL IS A
TAILORED VERSION OF STANDARDS
AND PERFORMANCE PATHWAYS



