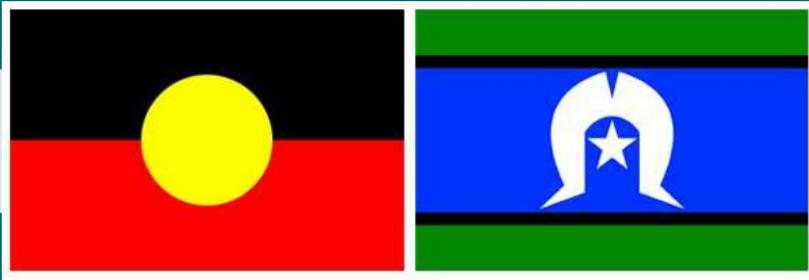




**ATCA**

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**



**INTERPRETIVE GUIDE TO THE  
AUSTRALASIAN THERAPEUTIC COMMUNITIES  
ASSOCIATION STANDARD  
FOR THERAPEUTIC COMMUNITIES AND RESIDENTIAL  
REHABILITATION SERVICES WORKING WITH ABORIGINAL  
AND TORRES STRAIT ISLANDER CLIENTS AND RESIDENTS**

**Second Edition February 2020**



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ISBN

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The ATCA acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. We wish to pay our respect to Elders past and present and extend this to all Aboriginal people seeing this message.

## Table of Contents

<b>History of the ATCA Standard</b>	<b>4</b>
<b>Application of this Interpretive Guide to the ATCA Standard</b>	<b>5</b>
<b>Cultural Security for Aboriginal Australians</b>	<b>6</b>
<b>Glossary of Terms</b>	<b>9</b>
<b>Performance Expectation 1: The Residential Community</b>	<b>14</b>
Performance Objective 1.1	14
<b>Performance Expectation 2: Resident Member Participation</b>	<b>16</b>
Performance Objective 2.1	16
Performance Objective 2.2	17
<b>Performance Expectation 3: Strategic Human Resource Management</b>	<b>18</b>
Performance Objective 3.1	18
Performance Objective 3.2	21
Performance Objective 3.3	25
<b>Performance Expectation 4: Information Management and Appropriate Use/Evaluation of Data</b>	<b>28</b>
Performance Objective 4.1	28
Performance Objective 4.2	29
<b>Performance Expectation 5: Workplace Health and Safety</b>	<b>31</b>
Performance Objective 5.1	32
Performance Objective 5.2	33
Performance Objective 5.3	34
<b>Performance Expectation 6: Health and Safety Risk Management</b>	<b>36</b>
Performance Objective 6.1	36
Performance Objective 6.2	37
<b>Performance Expectation 7: Community as Method</b>	<b>38</b>
Performance Objective 7.1	38
Performance Objective 7.2	41
<b>Performance Expectation 8: Therapeutic Community Leadership and Management Principles</b>	<b>42</b>
Performance Objective 8.1	42
<b>Performance Expectation 9: Therapeutic Community Resident Member Participation</b>	<b>44</b>
Performance Objective 9.1	44
Performance Objective 9.2	45
<b>Performance Expectation 10: Therapeutic Community Strategic Human Resource Management</b>	<b>46</b>
Performance Objective 10.1	46
Performance Objective 10.2	48
<b>Performance Expectation 11: Use of Data from the Therapeutic Community</b>	<b>48</b>
Performance Objective 11.1	48
<b>Performance Expectation 12: Rules in the Therapeutic Community</b>	<b>50</b>
Performance Objective 12.1	50
<b>Performance Expectation 13: Continuous Improvement</b>	<b>52</b>
Performance Objective 13.1	52
<b>Performance Objective 14: Governance and Financial Management.</b>	<b>53</b>
Performance Objective 14.1	53
Performance Objective 14.2	54
<b>References</b>	<b>55</b>

## History of the ATCA Standard

Therapeutic Communities (TCs) have been operating in Australia for over four decades, however, until 1985, each TC operated in relative isolation. Following the 1985 National Campaign against Drug Abuse and its resulting Drug Summit, the inaugural meeting of TC Leaders was convened at Odyssey House, Melbourne, in December 1986. At this meeting a commitment was made to develop the TC movement in Australia under the banner of The Australian Therapeutic Communities Association. This would later become the Australasian Therapeutic Communities Association with the addition in 1996 of New Zealand based therapeutic communities under the ATCA banner.

A major concern for the ATCA from its inception has been the implementation of a program of continuous quality improvement and associated with this, an evaluation process to ensure both the quality of service provided by Therapeutic Communities in Australia, but also to ensure fidelity to the Therapeutic Community model. An ATCA Peer Review Manual was developed, borrowing heavily on review processes developed by several other expert committees, including the CHASP (later to be the Quality Improvement Council) Health and Community Services Standards, the DASC (SA) 'Drug and Alcohol Review System', the 'Standards for Residential Treatment Services' developed by the WFTC, and the 'Standards for Residential Services' developed in NSW. Pilot reviews were undertaken in 1992 against this Standard, and an ongoing system of reviews continued until 2001.

The ATCA was successful in gaining funding under the National Drug Strategy to undertake an extensive project 'Towards Better Practice in Therapeutic Communities' which was published in 2002. The ATCA was keen to ensure quality assurance, evaluation and monitoring, and evidenced-based practice were all capsulated in one series of what would become known as the Australasian Therapeutic Communities Association Essential Elements. These Essential Elements provide the foundation of what one could expect to find in a Therapeutic Community in Australia or New Zealand, and remain integral to the ATCA Standard as it now appears.

The ATCEEs are presented under three broad headings:

- TC Ethos (21 statements)
- Aspects of program delivery (50 statements)
- Quality assurance (8 statements)

The ATCA recognised that despite the refinement of the Essential Elements within the Australian context and their use in defining modified therapeutic communities in Australia, under the general movement towards a National Framework of standards for alcohol and other drug agencies specifically, and the non-government sector more generally, a framework or Standard that applied directly to Therapeutic Communities was required.

*"The Australasian Therapeutic Communities Association's objective is to ensure the integrity of the 'Therapeutic Community' principle is maintained and will continue to stand as a model of best practice in the treatment of substance misuse and co-occurring disorders.*

*To support this contention the ATCA aims to develop a set of service standards which identify and describe good practice and will facilitate service evaluation within a quality framework. In concert with this project the ATCA intends to produce a training package for the professional development of management and staff working within the Therapeutic Community (TC) sector. This package will also include an induction kit for staff entering the TC field".*

Lynne Magor-Blatch, ATCA Chairperson, 2008.

In 2009 the ATCA Standard was released and peer reviews commenced against the Standard in 2010. Peer reviews were undertaken by a team trained by the ATCA and comprising members who were qualified by both their time within and commitment towards the TC movement in Australia. Work then commenced towards certifying the Standard with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). To make the Standard more applicable to residential rehabilitation services, and therefore a more useful tool to a wider audience, some alterations were made to the original work. It was also decided to link this Standard to the ISO 9001 Management Standard. This would mean organisations could undertake a review against the TC Standard and ensure that all other elements of their business could be reviewed for certification purposes in the one process.

However, it also became apparent to the ATCA that not all member organisations wished or needed to undertake a full certification review. Therefore, the ATCA resolved to take those elements of the Standard that related directly to the Therapeutic Community model 'Community as Method', and to offer these as a stand-alone peer review process which could be undertaken both to gain/maintain full membership of the ATCA, and to provide a quality assurance tool that specifically maintains the integrity of the Therapeutic Community model.

In 2019 the Standard was again modified to reincorporate the domains of governance and financial management to allow member agencies to be certified/accredited under a single Standard if that was appropriate for their organisation.

### **Application of this Interpretive Guide to the ATCA Standard**

This interpretive guide for AOD residential services that include Aboriginal and Torres Strait Islander populations, has been developed by the Australasian Therapeutic Communities Association (ATCA) in consultation with ATCA member agencies providing services to Aboriginal and Torres Strait Islander clients/residents. It provides examples of the way in which the criteria contained in the ATCA Therapeutic Communities and Residential Rehabilitation Services Standard might be interpreted. It is not intended to be a definitive guide, but rather to provide a framework for reviewers and agencies to both prepare for and to review against the ATCA Therapeutic Communities and Residential Rehabilitation Services Standard

There are two levels of certification under this Standard. The first is that of a Residential Rehabilitation service.

The first level of the Standard allows an organisation to gain certification against a set of indicators that are directly applicable to residential rehabilitation service for alcohol and other drug use. For services considering a transition to the therapeutic community model, working with this Standard will assist in providing guidelines to the expectations of a service that is a therapeutic community. To achieve certification as a residential rehabilitation service it is proposed agencies will need to meet 80% of criteria numbers 1–6 labelled as 'essential'. This represents the minimum level of activity required to demonstrate competency in agency practice in the residential rehabilitation setting.

The second level of the Standard allows an organisation to seek certification as a therapeutic community. To achieve certification as a Therapeutic Community, 80% of all criteria labelled as 'essential' must be achieved (criteria 1–10 and 12-13). Expectation 11 is all 'Good Practice'. The essential criteria relate to what policies and procedures should be in place, and how agencies identify with the therapeutic community model. The service delivery needs of the target community and what management, staff and consumers of the agencies should know about the therapeutic community model and delivery are also encapsulated within the criterion. The 3<sup>rd</sup> Edition of the ATCA Standard released in June 2019 includes Expectation 14. Expectation 14 addresses Governance and Financial Management. Audits against Expectation 14 are optional. Services wishing to maintain their industry standard will continue to seek certification against the ATCA Standard, in addition to the industry standard, by completing Expectations 1-6 (Residential Rehabilitation Services) or Expectations 1-13 (Therapeutic Communities). However, services undertaking an audit against the ATCA Standard now have an option to gain full industry accreditation against the ATCA Standard, through the

inclusion of Expectation 14. <sup>[11]</sup> For Residential Rehabilitation Services, this will require an audit against Expectations 1-6 plus Expectation 14; and for services wishing to be accredited as a Therapeutic Community, the completion of all 14 Expectations will be required.

The essential criteria relate to those policies and procedures, which should be in place, and they describe how agencies conform to the Therapeutic Community model. The Standard also documents the service delivery needs of the target community and what management, staff and consumers of the agencies should know about the Therapeutic Community model and its implementation within the service under review.

For agencies that have participated in other quality certification programs, a further set of criteria, called 'good practice criteria' has been developed. These criteria demonstrate a level of compliance with the Performance Objective, which exceeds that required by the essential criteria. These criteria are intended to reflect what are sometimes referred to as 'systems elements' and are primarily related to monitoring and evaluation of agency practices. Your agency will be awarded 'good practice' certification if, in addition to meeting 80% or more of the essential criteria, 80% of the 'good practice' criteria are met. All of Expectation 11 is 'good practice'.

### **Cultural Security for Aboriginal Australians**

While 'Cultural security' and 'Cultural safety' are sometimes used interchangeably, they are distinct concepts. The concept of cultural safety was originally developed by Māori nurses and their non-Maori colleagues (Pakeha) and identifies that consumers are safest when their health professionals have considered power relations, cultural differences and patients' rights.

Cultural security goes beyond behaviour changes by individuals and encapsulates systemic changes. Cultural security results from activities, behaviours, policies and standards that promote the highest level of cultural competence in individuals, services and organisations.

*Cultural security is a commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. Cultural security refers to the embedded structures, policies, workforce attributes and other elements required to enable health consumers to experience cultural security.*

*It is achieved by developing accessible and effective health care systems for Aboriginal people based on acknowledgement of Aboriginal peoples right to self-determination, empowerment and healthcare and as such, an understanding and responsiveness to cultural views, beliefs and knowledge systems which play an integral role in adherence to health care services (Northern Territory Government, 2016).*

The focus of culture security is on the obligation of those working with Aboriginal and Torres Strait Islander communities to ensure that there are policies and practices in place so that all interactions adequately meet cultural needs. By embedding these practices and working in this way, practitioners move beyond mere 'awareness' and ensure that the entire service system is culturally competent and secure.

It is important to look at culture security in conjunction with cultural safety to ensure an adequate and substantial approach is taken. Within the TC approach, this would mean that cultural security is embedded in a holistic manner and that the system is reviewed for fidelity.

The Northern Territory Aboriginal Cultural Security Framework (2016) lists six broad domains of quality and safety to enable cultural security. These domains provide a structured approach to deliver action on cultural security at all levels across the health system: Workforce; Communication; Whole of organisation approach; Leadership; Consumer and community participation; Quality improvement, planning, research and evaluation.

Cultural Security is identified into four elements: Responsive Organisational Culture, Skilled and Culturally Reflective Workforce, Consumer Participation and Self-determination and Policies procedures and systems.

*“The lives of Indigenous Australians today are affected by what has happened to us and our ancestors over the past 230 years since Europeans arrived. This can be hard for non-Indigenous people to understand, particularly if you haven’t learned much about Australian history at school. When people have some knowledge of Aboriginal and Torres Strait Islander culture and the history of our contact with non-Indigenous Australians since 1788, they have a much better feel for our achievements and our persistent problems.*

*They are more likely to share our pride and to want to improve relationships between us as fellow Australians.”*

**Professor Mick Dodson AM, Australian of the Year 2009**

[\(http://shareourpride.reconciliation.org.au/sections/our-shared-history/\)](http://shareourpride.reconciliation.org.au/sections/our-shared-history/)

Archaeological estimates of the length of Aboriginal settlement in Australia vary from 40,000 to 70,000 years, however it is known that Aboriginal people have occupied mainland Australia for at least 65,000 years. It is widely accepted that this predates the human settlement of Europe and the Americas and only in Africa has evidence been found of a longer period of human habitation (Cane, 2013).

Australian Aboriginal and Torres Strait Islander people developed a rich culture which provided them with a strong sense of place in the world. This holistic view connected the First Australians to the land through the ‘dreaming’, which in turn fostered a social milieu where culture, kinship, family, spirituality and an explanation for how everything came into being are melded into one. The inextricable nature of ‘dreaming’ means that Australian Aboriginal people merge the real world with the spiritual world in a seamless connection that binds them to the land that they walk on, that they hunt and gather in, live in, die in, and in which they conduct their spiritual ceremonies (HealthInfoNet, 2016).

In the two hundred and twenty years since Europeans arrived in Australia, the physical health, emotional, psychological and spiritual wellbeing of the Aboriginal nations in Australia has rapidly deteriorated to the point where on virtually every social and health related index of morbidity there is a significant gap between the Aboriginal community and the rest of the country (HealthInfoNet, 2016). These negative health outcomes have been associated with a *“disconnection from cultural values and traditions (which) has led to a painful and meaningless existence for many Aboriginal and Torres Strait Islander people with many being impoverished, discriminated against, in a state of poor health, and with inequitable access to services including education, health and employment”* (ANCD, 2014).

Holistic treatment is the hallmark of the therapeutic community movement in Australasia and on face value it would appear to be an appropriate treatment intervention for Aboriginal Australians and Torres Strait Islander people seeking treatment for entrenched substance misuse. Therapeutic Communities in Australia need to be made culturally secure if they are to attract and retain both Aboriginal staff and client populations into residential treatment. The holistic approach to health treatment found in therapeutic communities should be aimed at bridging the gap in Indigenous morbidity and mortality when compared to the non-indigenous population.

Cultural security builds on cultural safety and embeds Aboriginal values in all aspects of service delivery in the TC. From policy documents to day-to-day practices in the TC, it should be evident that the design and implementation of the service and the program has referenced Aboriginal culture, traditions and practices when it is being implemented (ANCD, 2014).

Within ATCA member services, it is an expectation that:

- All staff working with different cultures should undertake cultural awareness training
- An interpreter and recognised traditional healer should be made available to residents from another culture.
- The TC environment should take into consideration cultural suitability e.g. where and how counseling or group sessions take place, cultural relationships between applicants wanting to enter recovery, sessions and activities to include cultural healing.
- Recognition of and use/access to culturally appropriate therapies, tools and resources should be in place.

**References:**

Australian National Council on Drugs (ANCD) (2014). Alcohol and other drug treatment for Aboriginal and Torres Strait Islander Peoples. National Indigenous Drug and Alcohol Committee.

Cane, S. (2013). *First Footprints: The Epic Story of the First Australians*. Allen & Unwin.

HealthInfoNet (2016). *Overview of Aboriginal and Torres Strait Islander Health Status*.

Northern Territory Government (2016). *Northern Territory Health Aboriginal Cultural Security Framework 2016 – 2026*.

Western Australia Drug and Alcohol Office (2011). *Strong Spirit, Strong Mind, Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015*. Government of Western Australia.

## GLOSSARY OF TERMS

<b>Alcohol and other drugs (AOD)</b>	<p>The rationale for the term, as opposed to alcohol and drugs, drug and alcohol, etc. is to reinforce that alcohol is a drug.</p>
<b>Australasian TC Essential Elements (ATCEEs)</b>	<p>The ATCEEs were developed as a part of a project initiated by ATCA and funded by the Commonwealth Department of Health and Ageing (Australia). The specific aims of the project were “to identify and define the essential elements of a therapeutic community model for the treatment of illicit drug abuse, evaluate the contribution of these elements to the efficacy of the model, and establish the minimal standards which serve as the bench mark for the delivery of a Therapeutic Community (TC) treatment”.</p> <p>The ATCEEs were drawn from the Survey of Essential Element Questionnaire (SEEQ) which was developed in the USA by Melnick &amp; De Leon (1999). The SEEQ has 139 statements and was designed to be self-administered. It records a respondent’s opinion or perceptions as to the importance of the statements to the therapeutic community concept. “Given the experience with the SEEQ in the USA, and the validation work, this instrument was chosen as the basis for defining the therapeutic community approach in Australia” (Gowing <i>et al</i>, 2002) Gowing and colleagues consulted with the Australasian TC sector and made recommendations for modifying the essential elements statements to better define the therapeutic community approach in Australia and New Zealand. The result was a reduced set of statements, totalling 79, reworded and reorganised into relevant categories. These were referred to as the Modified Essential Elements Questionnaire (MEEQ). As with the SEEQ, the MEEQ was designed to support research and evaluation activities. To support this, the statements were organised under the broad categories of: the TC ethos; program delivery; and quality assurance.</p> <p>During the consultation that informed the development of the Australasian AOD TC Standards, and this Support Package, it became evident that the sector still did not have a sense of “ownership” of the MEEQ, and the term “modified” was confused with the category of modified TCs. It was felt that the term used with the essential elements implies a judgment of their validity. It was determined that the MEEQ be renamed as the Australasian TC Essential Elements or ATCEEs.</p>
<b>Community as method</b>	<p>A profound distinction between the TC and other treatments and communities is the use of community as a method for changing the whole person (De Leon 2000: p 92).</p> <p>The fundamental assumption underlying community as method is that individuals obtain maximum therapeutic and educational impact when they meet community expectations for participation in and use of the community context to change themselves (De Leon 2000: p 98).</p>
<b>Continuous Quality Improvement (CQI)</b>	<p>As the term suggests, continuous quality improvement is the process of continually improving the quality of service provided. It utilises standards and certification processes, but more significantly ‘involves procedures for the ongoing review and evaluation of the service delivered by an organisation’ (Australian Council for Safety and Quality in Health Care, July 2003a: p 4). It is a ‘structured organisational process for involving personnel in planning and executing a continuous flow of improvements to provide quality health care</p>

	that meets or exceeds expectations' (McLaughlin et al, 2004: p 3). As such continuous quality improvement is the means by which standards are implemented.
<b>Good Practice Criteria</b>	Those criteria under each Performance Objective labeled as Good Practice. These criteria demonstrate a level of compliance with the Performance Objective, which exceeds that required by the essential criteria.
<b>Objective Facilitation</b>	<p>Gowing et al (2002: p 95) provides a discussion on the development of objective facilitation being identified as a role for staff at Australasian TCs. An equivalent role presented in the SEEQ (Melnick and De Leon, 1999) was one of "rational authority". Gowing et al identified the term rational authority as presenting some confusion, varied responses, and some discomfort. The consensus was to change the wording.</p> <p>The essential element that uses the term (ATCEE 29) is:  In general decision-making processes are consultative, with staff as objective facilitators and the final decision-maker only where necessary</p> <p>De Leon (2000: p 123) discusses rational authority:  The unique requirement of staff as decision makers is that they are rational authorities. Rational authorities make decisions grounded in the TC perspective to protect the community and specifically to foster the goals of individual growth.</p>
<b>Performance Objective</b>	A specific outcome or measure that supports the achievement of the Expectation.
<b>Workplace Health and Safety (WH&amp;S)</b>	Workplace health and safety (WH&S) is a cross-disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or employment. As a secondary effect, WH&S may also protect co-workers, family members, employers, customers, suppliers, nearby communities, and other members of the public who are impacted by the workplace environment.
<b>Recovery</b>	<p>The meaning of the term "recovery" has been debated in the AOD field, and particularly its relation to drug-free status and the differences (if any) between the AOD terminology and mental health's definition of the term.</p> <p>The Australian National Drug Strategy is underpinned by the three pillars of supply reduction, demand reduction and harm minimisation, and describes <i>Recovery</i> as a voluntary self-determined process toward minimisation or cessation of drug-related harms. This involves fostering healthy supported connections, such as with self, family, peers and community, and is premised upon fair access to pre-requisites for wellbeing.</p> <ul style="list-style-type: none"> <li>• Recovery is a reflexive, change process with boundless initiating causes. It involves hope and aspirations for development, not just of individuals, but also of wider social networks including communities.</li> <li>• Recovery involves perseverance in individuals and families because setbacks are natural. Health should be protected before and throughout a recovery journey.</li> </ul>

- Australian recovery is a non-prescriptive form of harm reduction, fostering improved health and wellbeing, with cessation of alcohol or other drug use a common aspiration and outcome.
- There are many sources and pathways of recovery. Recovery should be self-determined, rather than being imposed by others.
- Recovery empowers and develops individuals, families and communities.
- Recovery involves development of individuals' and communities' social capital, including access to housing, education, work and healthy relationships with others and self. It needs to be holistic and involves macro-to-micro environmental factors.
- Recovery is fostered by peers, families and allied institutions within communities, as Australian people need to have opportunities for a fair go at the essentials of life.

In December 2011, SAMHSA provided a working definition of “recovery” following a year-long consultation process. This discussion included a wide range of partners in the behavioural health care community and other fields, who worked to develop a definition that encapsulates the essential and common experiences of those recovering from comorbidity of mental health and substance use disorders, along with major guiding principles that support the recovery definition. Recovery for Aboriginal and Torres Strait Islanders may also include improvements in culturally appropriate educational opportunities; the connection to country; and the involvement of Elders and family.

The definition, released for further comment and discussion states that recovery is: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMSHA, 2011).

The term has also been argued in the Australian context, with the Australian National Council on Drugs (ANCD) attempting to explore and understand the concept of recovery within the AOD field through roundtable discussion in June 2012. While a consensus definition was not developed, in the Australian context the following principles were agreed:

- Recovery does not mean that abstinence must be the goal for all people with alcohol and other drug problems
- Recovery is supportive of harm reduction policies and programs
- Recovery supports a range of evidence-based interventions including pharmacotherapy treatment and maintenance programs for people with alcohol and other drug problems
- People seeking to either be abstinent, choosing to continue or unable to stop using drugs and alcohol all deserve appropriate and effective assistance and support without facing unnecessary risks of harm to themselves or others.

In April 2012, ANEX provided the following definition of ‘recovery’:

*Recovery is a voluntary self-determined process towards minimisation or cessation of drug-related harms. This involves fostering healthy supported connections, such as with self, family, peers and community, and is premised on fair access to pre-requisites for well-being.*

In the context of this Interpretive Guide (IG) ‘recovery’ should include the

	fostering of recovery by Elders and extended family, the use of Ngangkari (traditional healers) and return to Country where appropriate.
<b>Resident Member</b>	<p>TC service representatives variously use the term ‘resident’, ‘client’, ‘consumer’, ‘community member’, ‘participant’ and ‘resident member’. ‘Resident member’ was determined by the ATCA Board as the most appropriate term to use predominantly throughout the TC Standards and the Support Package resources. Other terms are used occasionally, however, reflected in quotes and feedback and where other terms better support the discussion. Recognition and appreciation of the importance of kinship (mob) to Aboriginal people is especially relevant within the context of acknowledging each resident member.</p> <p>The rationale for not selecting terms other than ‘resident member’ include:</p> <ul style="list-style-type: none"> <li>- ‘Resident’ did not make a distinction between TC and residential rehabilitation service participants</li> <li>- ‘Clients’, it was felt, maintained a power distinction between the staff and the resident members</li> <li>- ‘Consumer’ and ‘participant’ were less personal and specific than residential member</li> <li>- ‘Community members’ in the literature is inclusive of staff and resident members</li> </ul>
<b>TC Model</b>	<p>The therapeutic community treatment model is its social and psychological environment. Each component of the environment reflects an understanding of the TC perspective and each is used to transmit community teachings, promote affiliation, and self-change (De Leon, <i>The Therapeutic Community: Theory, Model, and Method</i>, 2000: p 99).</p> <p>Lynne Magor-Blatch (power point presentation 2008) provides a summary of the TC model:</p> <ul style="list-style-type: none"> <li>- Provides a combination of therapeutic involvements between residents and staff and among residents (especially senior and junior residents) through living in a caring and challenging community as the principal means to encourage change and personal development</li> <li>- Provides a multidimensional treatment involving therapy, education, values and skills development</li> <li>- The common theme to all TCs is one of self-help and the notion that residents play an integral, active role in their own therapy and in the therapy of other residents</li> <li>- Social-cognition approach, comprising attitudinal, normative and behavioural control components</li> <li>- Process involves five main areas of primary treatment: <ul style="list-style-type: none"> <li>o socialisation in terms of developing attitudes and values of a mainstream, pro-social lifestyle</li> <li>o psychological improvement, in terms of heightened insight, self-esteem and self-efficacy</li> <li>o recognition of triggers to drug taking</li> <li>o the development of self-efficacy through new coping skills</li> <li>o the development of drug-free networks.</li> </ul> </li> </ul>
<b>TC Principles</b>	The term was often used by the Australasian TC sector representatives in the consultation process. The intent of the term as it is used in the TC Standards and the Support Package, includes that:

	<ul style="list-style-type: none"> <li>- change is supported</li> <li>- there is open and transparent communication</li> <li>- there is broad and inclusive consultation</li> <li>- significant participation expectations are supported and promote empowerment.</li> </ul> <p>Such principles, while not stated directly, are implied throughout the ATCEEs and literature on TCs.</p>
<p><b>The Australasian Therapeutic Communities Association (ATCA)</b></p>	<p>The ATCA was founded following the 1985 National Campaign against Drug Abuse and its resulting Drug Summit. An inaugural meeting of TC Leaders was convened at Odyssey House, Melbourne in December 1986, and at this meeting a commitment was made to develop the TC movement in Australia under the banner of The Australian Therapeutic Communities Association. This would later become the Australasian Therapeutic Communities Association with the addition in 1996 of New Zealand based therapeutic communities under the ATCA banner. The ATCA's key functions are professional development and maintaining the fidelity of the TC model. The Association is cognisant of the need to foster evidence-based practices as the foundation for treatment.</p>
<p><b>Therapeutic Community (TC)</b></p>	<p>The ATCA Website offers the following aspects of what makes up a TC:</p> <ul style="list-style-type: none"> <li>- A Therapeutic Community is a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change.</li> <li>- In a therapeutic community, residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur.</li> <li>- In a therapeutic community, there is a focus on the bio-psycho-social, emotional and spiritual dimensions of substance use, with the use of the community to heal individuals and support the development of behaviours, attitudes and values of healthy living.</li> <li>- In Aboriginal and Torres Strait Islander communities, spirituality and identity-related aspects of Aboriginal and Torres Strait Islander culture are of particular importance in healing within the TC.</li> </ul>

## PERFORMANCE EXPECTATION 1: The Residential Community

### Performance Objective 1.1: Rules and values in the organisation

#### Essential Criteria

- a. The organisation has a current strategic plan which clearly articulates the Mission and future direction of the agency.
- b. The organisation has processes in place that demonstrate how the community resident members are informed of the organisation's underlying values and principles at assessment and/or prior to admission.
- c. The organisation can demonstrate how the community member is supported throughout the program to understand the underlying values of the organisation.
- d. The organisation can provide evidence of processes in place that outline the activities associated with a breach of rules and the rationale behind the application of consequences for any breaches.

*About this Objective: Clear and consistent rules assist the individual in establishing or renewing personal values.*

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a The organisation has a current strategic plan, which clearly articulates the Mission and future direction of the agency.	A strategic plan lays out the direction that the organisation is taking over a fixed period, usually with an intent to review the plan periodically	The reviewer will sight the strategic plan and evidence that the strategic plan is guiding the future direction of the agency and that it has been reviewed at the appropriate time.
b The organisation has processes in place that demonstrate how the community resident members are informed of the underlying values and principle rules at assessment and/or prior to admission.	ATCEE Statement No 3: Recovery from drug addiction requires establishment or renewal of personal values, such as honesty, self-reliance, and responsibility to self and others	<p>The reviewer will ask the resident group how they came to know the principle rules and underlying values prior to admission. The reviewer will take note of policy and procedure in relation to this as well as any information provided in written form to potential residents.</p> <p>The reviewer will take note of the availability of interpreter services and information available in schematic or diagrammatic form. Interpreter services may be informal ie: one Aboriginal person competent in English translating for another Aboriginal person.</p> <p>The reviewer will observe pamphlets and information available in appropriate languages, these may be written in a manner which takes account of low English</p>

Criteria	Guidance	How this might be substantiated
		literacy rates in some Aboriginal communities
<p>c. The organisation can demonstrate how the community member is supported throughout the program to understand the underlying values and principle rules of the organisation.</p>	<p>Clear and consistent rules are desirable in any service organisation. Combined with the principles and values of right living there is an obvious need for transparency of such rules.</p>	<p>The reviewer will take note of the written program, policies and procedures;</p> <p>The reviewer will interview the staff and the resident members asking them how the underlying values and principle rules are re-iterated throughout the program. The reviewer will take note of the availability of interpreter services and information available in schematic or diagrammatic form.</p> <p>The reviewer will observe pamphlets and information available in appropriate languages.</p> <p>Reviewer will observe appropriate language being used within the program (staff towards Aboriginal people, and Aboriginal people towards staff) with simple, clear explanations being used);</p> <p>The reviewer will take note of the availability of interpreter services and information available in schematic or diagrammatic form.</p> <p>The reviewer will observe pamphlets and information available in appropriate languages.</p> <p>The reviewer will observe Information clearly displayed about expectations and daily activities.</p>
<p>d. The organisation can provide evidence of processes in place that outline the activities associated with a breach of the organisation's rules and the rationale behind the application of consequences for any breaches.</p>	<p>In relation to rules, De Leon (2000: p 224) categorises them into "cardinal" rules, "major" rules, and "house" rules. The Australasian TC sector representatives often preferred the term "principle" rules instead of cardinal rules. De Leon (2000: p 225 – 229) proposed different disciplinary actions for violations of different rules.</p>	<p>The reviewer will take note of policies and procedures relating to breaches of rules and consequential actions that are appropriate and have relevance and meaning to culture. The reviewer will interview the staff and residents asking them how the processes operate and the value gained.</p>

**Support Tools that may assist in achieving this performance expectation:**

[De Leon \(2000\)](#)

[Rawlings & Yates \(2001\)](#)

## PERFORMANCE EXPECTATION 2: Resident Member Participation

<b>Performance Objective 2.1: The resident member’s participation is the central focus to all aspects of the organisation.</b>	
<b>Essential Criteria</b>	
a	Clear principles of resident member participation which includes roles, expectations including respect for all in the community, and the need to maintain confidentiality of other community members, are clearly articulated prior to admission and reinforced throughout engagement in the organisation.
b	Staff demonstrate an understanding of resident member’s participation processes and principles.
c	Multifaceted processes are utilised to evaluate the gains made by individuals through their participation in the different levels of the program.

***About this Objective: All members of a community need to have a clear understanding of their responsibilities towards both themselves and the community.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a	Clear principles of resident member participation which includes roles, expectations including respect for all in the community, and the need to maintain confidentiality of other community members, are clearly articulated prior to admission and reinforced throughout engagement in the organisation.	<p>The individual client has a clear understanding of their role in the organisation, their obligations towards the information they gain about others, and mutual respect, are essential to maintaining a functioning community.</p> <p>The reviewer will note policy and procedure, program materials, induction materials, client handbooks and other client information. The reviewer will interview staff and residents to ascertain their understanding of these principles.</p> <p>In organisations whose primary client-group is not Aboriginal and/or Torres Strait Islander, evidence and understanding of a Reconciliation Action Plan (RAP) is desirable. It would be expected that the organisation would be in the process of moving towards, or actively developing a RAP.</p>
b	Staff demonstrate an understanding of resident member’s participation processes and principles	<p>Health services will be more effective if decisions are made by the people affected by them. Participation brings community knowledge and preferences into the decision-making process.</p> <p>The reviewer will note policy and procedure, communication regarding member participation including record of staff discussion (meeting minutes), staff induction materials, policy and procedure. The reviewer may interview staff regarding these principles.</p> <p>In organisations whose primary client-group is not Aboriginal and/or Torres Strait Islander, evidence and understanding of a Reconciliation Action Plan (RAP) is desirable. It would be expected that the</p>

Criteria	Guidance	How this might be substantiated
		organisation would be in the process of moving towards, or actively developing a RAP.
c Multifaceted processes are utilised to evaluate the gains made by individuals through their participation in the different levels of the program.	Evaluation is the process by which we decide the worth or value of something. It involves a process of reflection on what worked and what did not work and using this information in order to make improvements for the future. Evaluation can be done simply. In fact a lot of what health care workers already do is a form of evaluation, reflecting on practice and modifying their practice on the basis of this reflection.	The reviewer will note policy and procedure, individual treatment plans, program materials. The reviewer may interview staff and residents asking how evaluation is undertaken and the role all members of the community play in evaluation of gains in the program.  In non-Aboriginal controlled organisations, evidence and understanding of a Reconciliation Action Plan (RAP) is desirable.

**Support Tools that may assist in achieving this performance expectation:**

[Aylward, P. \(2005\)](#)

[Coney, S. \(2004\)](#)

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

**Performance Objective 2.2: Resident member rights within the residential setting**

**Good Practice Criteria**

- a There is a Bill of Rights for resident members of the organisation, and it is understood by all residents.

*About this Objective: The Bill of Rights includes the areas of access, safety, respect, communication, participation, privacy and consent, as outlined in the Australian Charter of Healthcare Rights (2009) published by the Australian Commission on Quality and Safety in Healthcare. Consumer responsibilities may include open communication with the agency to facilitate appropriate treatment planning, treating the entire community with dignity and respect, keeping appointments and abiding by required community rules. It is important that all members of the community are supported to understand the Bill of Rights and responsibilities as fully as possible.*

Criteria	Guidance	How this might be substantiated
<b>To achieve good practice certification in residential rehabilitation organisations will need to meet the following criteria</b>		
a There is a Bill of Rights for resident members of the organisation, and it is understood by all community members.  The Bill of Rights articulates that all Aboriginal and Torres Strait Islander residents and clients have a right to a culturally secure program.	Rights of consumers are articulated across the health sector. The Bill of Rights should be specific to the service provision of the particular rehabilitation service provider.	All Aboriginal and Torres Strait Islander residents and clients have a right to a culturally secure program. The reviewer may ask the staff and residents if there is a Bill of Rights, how they know of it. The reviewer may take note of visible documentation of the Bill of Rights.

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

### PERFORMANCE EXPECTATION 3: Strategic human resource management

**Performance Objective 3.1: The organisations recruitment is based on gaining the best outcomes for the organisation.**

#### Essential Criteria

- a The organisation has in place clearly defined roles for staff and volunteers which maximise the best effect and outcome for the organisation.
- b Leaders and managers invest in human resource management to ensure staff and volunteer recruitment for the organisation is based on the alignment of skills, experience and potential with clearly defined organisational need.
- c The composition of the Board/Management Committee reflects the appropriate mix of skills required to govern the agency.
- d The organisation demonstrates flexibility in its program to meet the needs of Aboriginal, Torres Strait Islander, Maori, Pacific Islander and all other culturally and linguistically diverse individuals to access the service.

***About this Objective: Organisations that are staffed appropriately gain better outcomes for their clients and their staff.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a The organisation has in place clearly defined roles for staff and volunteers in place, which maximise the best effect and outcome for the organisation.	A lack of clarity (ambiguity) regarding team members' roles and responsibilities can interfere with team effectiveness. It can also have a negative impact on team members' job involvement, satisfaction and commitment. Flexibility in team members' roles is likely to enhance effectiveness in dynamic environments where tasks are fluid and changeable (e.g., changing client workloads). Role flexibility relies on team members being multi skilled (i.e., able to perform other's tasks). To avoid conflict and confusion, teams with flexible role assignment should establish a shared understanding amongst team members of the boundaries of role	The reviewer will note job descriptions, policy and procedure, staff meeting minutes, Board meeting minutes. The reviewer may interview staff to ascertain their understanding of their roles.  In non-Aboriginal controlled organisations, evidence and understanding of a Reconciliation Action Plan (RAP) is desirable.

Criteria	Guidance	How this might be substantiated
	flexibility (i.e., are certain tasks or roles “quarantined” for specific group members) (Skinner, 2005: p 11).	
b Leaders and managers invest in human resource management practices, which ensure staff, and volunteer recruitment for the organisation is based on the alignment of skills, experience and potential for clearly defined organisational need.	Work in the AOD field is often demanding, and issues related to stress, burnout and turnover are common. Support from supervisors, co-workers and the organisation as a whole has consistently been identified as an important factor that contributes to AOD workers’ wellbeing and effectiveness (Skinner, 2005 b: p 4).	That the organisation has ways other than traditional HR models for recruiting Aboriginal and Torres Strait Islander people.  The reviewer may note job descriptions, recruitment materials, job advertisements, policy and procedure. The reviewer may interview leaders and managers.  In non-Aboriginal controlled organisations, evidence and understanding of a Reconciliation Action Plan (RAP) is desirable
c The composition of the Board/Management Committee reflects the appropriate mix of skills to govern the agency.	An appropriate mix of skills on a Board of Management provides an ideal team to oversee the strategic direction of the organisation. Policies and procedures implemented to encourage the recruitment of a range of diverse management skills ensure the best mix of management perspectives for the organisation is maintained.	The reviewer will note the mix of skills that constitute the Board/Management Committee. The reviewer will take note of the policy and procedure for identifying the skill gap(s) and recruiting Committee members to fill these gap(s).
d The organisation demonstrates flexibility in its program to meet the needs of Aboriginal, Torres Strait Islander, Maori, Pacific Islander and all other culturally and linguistically diverse individuals to access the service.	Policies and procedures implemented to encourage the employment of Aboriginal, Torres Strait Islander, Maori, Pacific Islander and all other culturally and linguistically diverse persons to ensure a culturally appropriate service that meets the needs of the community are essential.	The reviewer will take note of policies and procedures, job descriptions, recruitment materials, job advertisements. The reviewer may interview leaders, staff and residents. Training in cultural security and competence is provided to all staff on employment.  Questions to consider: Does the organisation has ways other than traditional HR models for recruiting Aboriginal and Torres Strait Islander people?

Criteria	Guidance	How this might be substantiated
		<p>Does the organisation have a specific procedure for attracting Aboriginal staff? Does the organisation advertise in materials Aboriginal people read? Does the organisation have networks from which such recruitment can occur?</p> <p>In non-Aboriginal controlled organisations, evidence and understanding of a Reconciliation Action Plan (RAP) is desirable</p>

**Support Tools that may assist in achieving this performance expectation:**

[Duraisingham, V. \(2005\)](#)

[Gowing, L., Cooke, R., Biven A., & Watts, D. \(2002\)](#)

[Skinner, N. \(2005 a\); \(2005 b\)](#)

**Performance Objective 3.2: Staff are provided with appropriate support to undertake their role within the organisation.**

**Essential Criteria**

- a. The organisation has policies and procedures in place to support staff and their competence is regularly assessed and monitored to ensure the quality and appropriateness to uses of the services being delivered.
- b. The organisation has a clear process for staff and volunteer on-boarding and training, reviews, workplace appraisals, formal and informal feedback to monitor staff and volunteer practice and conduct.
- c. Key management staff and staff volunteers have their performance reviewed on an annual basis.
- d. The organisation has a code of conduct, which is applied to all staff and volunteer practices; and there are clear policies and procedures outlining staff and management responsibilities and expectations regarding: Conduct, Training and Development, Leave, Privacy and Security and any other conditions which may apply from time to time.
- e. The organisation has a system of review in place to ensure that planning and continuous quality Improvement take place routinely.
- f. The organisation supports the professional development of its leaders and staff.

***About this Objective: Professional development in the workforce increases optimal outcomes and builds an engaged workforce.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a. The organisation has policies and procedures in place to support staff and their competence is regularly assessed and monitored to ensure the quality and appropriateness to users of the services being delivered.	Clinical supervision offers a valuable professional development tool for AOD workers to develop professional and personal skills and confidence under the guidance of a more experienced AOD Worker. There are no hard and fast rules regarding the matching of supervisors and supervisees or the content of clinical supervision sessions. The match and the content of sessions will invariably be shaped by the professional needs and goals of the supervisee. However, as a guiding principle, the supervisor and supervisee should be comfortable with the match and the establishment of goals, objectives and tasks should be mutually determined.	The reviewer will note policy and procedure around supervision. The reviewer will note supervision records, staff meeting minutes, individual performance plans, staff schedules. The reviewer will interview staff on their experience of supervision.

Criteria	Guidance	How this might be substantiated
<p>a. The organisation has a clear process for staff and volunteer on boarding and training, reviews, workplace appraisals, formal and informal feedback to monitor staff and volunteer practice and conduct.</p>	<p>In order to gain the most benefit from performance appraisals it is recommended that a system is developed in consultation with workers and managers, and clear links are established between appraisals and valued rewards and outcomes. If resources permit, information on work performance should be obtained from multiple sources. Performance appraisals can be a powerful tool for increasing motivation and improving work practice if conducted in a constructive, open and supportive manner.</p> <p>Clinical supervision offers a valuable professional development tool for AOD workers to develop professional and personal skills and confidence under the guidance of a more experienced AOD Worker. There are no hard and fast rules regarding the matching of supervisors and supervisees or the content of clinical supervision sessions. The match and the content of sessions will invariably be shaped by the professional needs and goals of the supervisee. However, as a guiding principle, the supervisor and supervisee should be comfortable with the match and the establishment of goals, objectives and tasks should be mutually determined.</p>	<p>The reviewer will note policy and procedure, staff meeting minutes; individual staff work plans and performance plans, and other feedback mechanisms that are in place. The reviewer will interview staff and leaders on review and feedback processes.</p> <p>In non-Aboriginal controlled organisations, evidence and understanding of a Reconciliation Action Plan (RAP) is desirable. As a minimum, all staff would be expected to participate in cultural awareness training on a regular basis.</p> <p>Adequate induction, training, staff development and supervision is provided to all staff.</p>

<b>Criteria</b>	<b>Guidance</b>	<b>How this might be substantiated</b>
b The organisation has a clear process for staff reviews, workplace appraisals, formal and informal feedback to monitor staff practice.	In order to gain the most benefit from performance appraisals it is recommended that a system is developed in consultation with workers and managers, and clear links are established between appraisals and valued rewards and outcomes. If resources permit, information on work performance should be obtained from multiple sources. Performance appraisals can be a powerful tool for increasing motivation and improving work practice if conducted in a constructive, open and supportive manner.	The reviewer will note policy and procedure, staff meeting minutes, individual staff work plans and performance plans, and other feedback mechanisms that are in place. The reviewer may interview staff and leaders on review and feedback processes.
c. Key management staff and volunteers have their performance reviewed on an annual basis.	Annual performance reviews of staff and volunteers provide opportunities for feedback, opportunities to identify training needs and to offer feedback on job performance.	The reviewer will note evidence of annual performance reviews on staff and volunteer files.
d. The organisation has a code of conduct which is applied to all staff practices.	Many professionals have an existing code of conduct they must abide by. A code of practice ensures ethical decision making in the organisation. The ATCA Code of Conduct is available on the ATCA website.	The reviewer will note the presence of a code of conduct, policies and procedures that relate to the code as well as policies that relate to training and development, leave, privacy and security.
e. The organisation has a system of review in place to ensure that planning and continuous quality improvement take place routinely.	A review is often conducted in order to determine how the organisation needs to improve and best operate in line with annual organisational and workforce planning processes or in response to key events (such as changes in client needs, funding, technology, processes, priorities).	The reviewer will note written documentation, policy and procedures relating to planning and continuous quality improvement. In particular reference to the ATCA Essential Elements in planning activities should be noted.

Criteria	Guidance	How this might be substantiated
<p>f. The organisation supports the professional development of its leaders and staff.</p>	<p>Professional development is learning to earn or maintain professional credentials such as academic degrees to formal coursework, attending conferences, and informal learning opportunities situated in practice. It has been described as intensive and collaborative, ideally incorporating an evaluative stage. There are a variety of approaches to professional development, including consultation, coaching, communities of practice, lessons study, mentoring, reflective supervision and technical assistance. (Wikipedia)</p>	<p>The reviewer will note HR policy and procedure. The reviewer will note individual staff assessment processes, training documents, professional development rosters. The reviewer will interview staff to determine how access to professional development is implemented and how their needs for professional development are determined.</p>

**Support Tools that may assist in achieving this performance expectation:**

[Australasian Therapeutics Communities Association. A Code of Ethics for Members and Clients. \(2013\)](#)

[Duraisingam, V. & Skinner, N. \(2005\)](#)

[Fry, C. \(2007\)](#)

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

[Senge, P.M. \(2006\)](#)

**Performance Objective 3.3: Human resource processes allow for ongoing development of staff**

**Essential Criteria**

- a Staff skills and knowledge gaps are regularly assessed to identify the level and gaps that need to be addressed.
- b The needs of the community are prioritised when assessing knowledge gaps in the staffing structure.
- c The organisation has policies and procedures in place to inform the Board of Management Members of their responsibilities.
- d There is a documented orientation process for new Board Members which includes an introduction to the Therapeutic Community model.
- e The Board of Management reviews its performance on an annual basis.
- f Staff members are trained in, and have an understanding of relevant policies, procedures and review processes to ensure maximum compliance.

**Good Practice Criteria**

- a A strategic workforce development plan is in place and utilised in all levels of human resource management.

***About this Objective: Ensuring a workforce has access to appropriate training both improves the outcomes in the community and provides an environment where staff feel valued.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a Staff skills and knowledge gaps are regularly assessed to identify the level and gaps and need to be addressed.	When people in organisations focus only on their position, they have little sense of responsibility for the results produced when all positions interact. When looked at from a more systematic approach, proactively rather than reactively, generative learning occurs and the impact is long term.	The reviewer will note HR policy and procedure. The reviewer may note individual staff assessment processes, staff meeting minutes, review documents, training documents. The reviewer may interview staff as to how skills and knowledge gaps are assessed.  In non-Aboriginal controlled organisations, evidence and understanding of a Reconciliation Action Plan (RAP) is desirable. As a minimum, all staff would be expected to participate in cultural awareness training on a regular basis.
b The needs of the community are prioritised when assessing knowledge gaps in the staffing structure.	With resident members of TCs presenting with complex needs, staff need skills and knowledge on best practice to address these. Applying the TC model also requires specific staff qualities.	The reviewer will note HR policy and procedure. The reviewer may note individual staff assessment processes, staff meeting minutes, review documents, training documents. The reviewer may interview staff as to how skills and knowledge gaps are assessed.

Criteria	Guidance	How this might be substantiated
c. The organisation has policies and procedures in place to inform the Board of Management of their role and responsibilities	Board orientation is intended to prepare new Board members for their Board role in the organisation. Orientation is also extremely useful for all members to ensure they are operating from the same 'script'. Whether done only with new members or with the entire Board, orientation is a strong team-building activity that should be conducted once a year, either before or during the retreat – particularly after new Board members have been recruited. (Free Management Library)	The reviewer will look for evidence of orientation and training for new Board of Management members in policies and procedures and Board Minutes. The reviewer will interview Board of Management members to ascertain whether or not they received training.
d. There is a documented orientation process for new Board Members which includes an introduction to the Therapeutic Community model.	The Therapeutic Community is a specialised model of residential treatment. Orientation to this model for new Board Members helps to sustain the model and it educates potential advocates for the model.	The reviewer will note policies and procedures that confirm orientation to the TC model is offered to Board of Management members.
e. The Board of Management reviews its performance on an annual basis	The increasing governance and compliance requirements placed on Boards of non-profit organisations include the expectation that they evaluate their performance regularly.	The reviewer will note evidence of annual reviews in Board of Management Minutes. The reviewer may interview Board of Management members to ascertain if training takes place annually.
f. Staff members are trained in, and have an understanding of relevant policies, procedures and review processes to ensure maximum compliance.	Policies and procedures are only as effective as they are able to be applied, and therefore known and understood by all relevant personnel, and regularly reviewed and/or updated.	The reviewer will note policy and procedure, staff meeting minutes and review processes in place. The reviewer may interview staff to assess their understanding of the organisations policies and procedures.

Criteria	Guidance	How this might be substantiated
<b>To achieve good practice certification, an organisation will also need to meet the good practice criteria</b>		
g A strategic workforce development plan is in place and utilised in all levels of human resource management	Workforce planning is a cornerstone to effective organisations. It ensures the organisation has suitable talent to see it operate into the future.	<p>The reviewer will note policy and procedure relating to workforce development. The reviewer will note documentation relating to a workforce development plan. The reviewer may interview staff and leadership in relation to the workforce development plan.</p> <p>The reviewer may also ask staff how they have benefitted from the development plan and whether the organisation conducts regular cultural sensitivity training for managers and staff.</p>

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

[Pollard, Y. \(2005\)](#)

[Senge, P.M. \(2006\)](#)

**PERFORMANCE EXPECTATION 4: Information management and appropriate use/evaluation of data**

<b>Performance Objective 4.1: The organisation maintains an appropriate database that allows for service evaluation</b>	
<b>Essential Criteria</b>	
a	The organisation has systems that collate treatment outcome measures across different periods in the treatment of the individual.
b	Data is maintained on end of treatment outcomes such as leaving the treatment service into secure accommodation, self-determined goals, improved relationships, reduced criminal activity/improved post-prison integration, improved health and well-being, education and vocational development, improved living skills, reduced drug use harm.
c	General reporting is able to be generated from the data collection in accordance with the organisations policy and jurisdictional legislation
d	The organisation has policies that dictate the appropriate use of data

***About this Objective: Data is utilised for a variety of purposes. For the individual it assists in mapping the past and forging into the future. For the organisation it builds credibility in the service, builds an information base for reporting to funders and Boards, and can add to the research base for the sector.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a The organisation has in place systems that collate treatment outcome measures across different periods in the treatment of the individual.	The whole purpose of treatment is to effect positive change in individuals accessing the service. Anecdotally the TC sector can report great outcomes, with staff providing this as a significant factor for their satisfaction in working at TCs. Having formal outcomes based on research would not only strengthen the service, the TC sector, confidence in the model by staff, board members and stakeholders, but also enhance confidence of the residents (which is likely to further enhance outcomes).	The interviewer may note the actual system in place. The interviewer may interview staff/leaders as to the system in place.  The reviewer should seek evidence about Aboriginal and Torres Strait Islander resident progress and outcomes in the service. In some services this may require the use of mentor interpreters and Aboriginal residents of the service.
b Data is maintained on end of treatment outcomes such as leaving the	Evaluation is the systematic assessment of the process and/or	The interviewer may note the system/database in place which maintains end of treatment outcomes. The interviewer

Criteria	Guidance	How this might be substantiated
treatment service into secure accommodation, self-determined goals, improved relationships, reduced criminal activity/improved post-prison integration, improved health and well-being, education and vocational development, improved living skills, reduced drug use harm	outcomes of a project or program, compared to a set of explicit or implicit standards. The findings from an evaluation may be used to contribute to the improvement of the project or program. Evaluations need to be conducted systematically and rigorously, using appropriate methods of data collection which address clearly defined project / program.	may interview appropriate staff regarding the collection, maintenance and application of said data to achieve the outcomes of criteria b.
c General reporting is able to be generated from the data collection in accordance with the organisations policy and jurisdictional legislation	Systems which enable an organisation to produce both accurate and timely reports to jurisdictional funders are essential to business practices.	The reviewer may note data reports, the database/system in place, organisational reports to funders. The interviewer may interview appropriate staff/leaders regarding the generation of regular reporting.  The reviewer should seek evidence about Aboriginal and Torres Strait Islander resident progress and outcomes in the service.
d The organisation has policies that dictate the appropriate use of data	The interconnections of an organisation are essential in allowing for the flow of information. Policies and procedures can be viewed as the basis of communication within the organisation.	The reviewer will note appropriate policies. The reviewer may interview staff as to their application of such policies.  The reviewer should seek evidence about Aboriginal and Torres Strait Islander resident progress and outcomes in the service.

**Support Tools that may assist in achieving this performance expectation:**

[Aylward, P. \(2005\)](#)

[Gowing, L., Cooke, R., Biven, A., & Watts D. \(2002\)](#)

[Meadows, D.H. \(2008\)](#)

[Senge, P.M. \(2006\)](#)

**Performance Objective 4.2: The organisation maintains all client records according to organisational policy and the relevant jurisdictional legislation**

**Essential Criteria**

- a The organisation maintains all client records according to organisational policy and the relevant jurisdictional legislation.
- b The organisation has a policy related to the maintenance of client records which references current legislation or jurisdictional requirements.

**About this Objective: Client records must be maintained according to the principles of good health records maintenance and according to the Health Records Act in the jurisdiction in which the community operates.**

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a The organisation maintains all client records according to organisational policy and the relevant jurisdictional legislation.	Resident records with case notes are often accessed by a number of clinical staff. Some staff coming from other sectors or other alcohol and other drug service types commented that this took a bit of getting used to, and at first they were uncomfortable with this aspect of the TC records. The rationale for team access to records needs to be clear, for staff and for the residents.	The interviewer will note policies and procedures relating to record management. The interviewer may review individual client records.
b The organisation has a policy related to the maintenance of client records which references current legislation or jurisdictional requirements	Maintaining concise and up to date case notes are an important means of tracking client progress. Counsellors should inform clients about the rationale of maintaining case notes, the presence of case files, where the files are stored and who has access to them (Marsh et al, 2007: A Counsellor’s Guide to Working with Alcohol and Drug Users, 2nd edition: p 59)	The interviewer will note the policy relating to record management. The reviewer may interview staff on the application of the policy relating to records management.

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

[Marsh, A., Dale, A., & Willis, L. \(2007\)](#)

## PERFORMANCE EXPECTATION 5: Workplace Health and Safety

**Performance Objective 5.1: The organisation has the relevant policies and process in place relating to Workplace Health and Safety legislation.**

### Essential Criteria

- a Training is provided to staff in line with the relevant Workplace Health and Safety legislation of the jurisdiction.
- b The Board or other administrative body maintains oversight of Workplace Health and Safety in line with its governance role.
- c Where the resident members contribute to the functioning of their organisation their capacity and suitability to undertake tasks and workplace health and safety considerations are assessed by staff.
- d Resident members are provided with training, support and information related to the work functions they carry out in the organisation.
- e. The organisation has strategies in place to regularly identify, assess and respond to risks to the safety and well being of staff, volunteers and resident members.

***About this Objective: Maintaining a safe working environment for all members of the community is crucial. The responsibility for Workplace Health and Safety belongs to all members of the community including those with a governance role.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a Training is provided to staff in line with the relevant Workplace Health and Safety legislation of the jurisdiction.	There are documented policies on aspects relevant to quality assurance, such as occupational health and safety, equal employment opportunity, sexual harassment, confidentiality of residents' records, staff training and qualifications etc. (ATCEE Statement No 73)	The reviewer may note training records of staff in relation to WH&S. The reviewer may note meeting minutes. The reviewer may interview staff in relation to WH&S training.
b The Board or other administrative body maintains oversight of Workplace Health and Safety in line with its governance role.	There are a range of considerations relevant to Residential settings that may not apply to other AOD or health services and it is important for organisation leaders to be familiar with these considerations.	The reviewer may note meeting minutes. The reviewer may interview leaders as to their role in oversight of WH&S.  The reviewer should note evidence of culturally appropriate workplace practices with regard to Aboriginal and Torres Strait Islander staff members.
c Where the resident members contribute to the functioning of their	Through active participation in all aspects of the community, staff	The reviewer may note policy and procedure, resident member information, documentation relating to assessment. The

Criteria	Guidance	How this might be substantiated
organisation their capacity and suitability to undertake tasks and workplace health and safety considerations are assessed by staff.	ensure the safe environment and positive functioning of the TC is developed and maintained, encourage resident participation and interaction, and provide appropriate therapeutic interventions (ATCEE Statement No 67).	reviewer may interview staff and residents in relation to the assessment process undertaken. The reviewer may note incident reports relating to resident participation in the workplace.  The reviewer should note evidence of culturally appropriate workplace practices with regard to Aboriginal and Torres Strait Islander resident members.
d Resident members are provided with training, support and information related to the work functions they carry out in the organisation.	Through active participation in all aspects of the community, staff ensure the safe environment and positive functioning of the organisation is developed and maintained, encourage resident participation and interaction, and provide appropriate therapeutic interventions (ATCEE Statement No 67).	The reviewer may note training schedules/records, information provided to consumers, policy and procedure. The reviewer may interview staff and residents on the training, support and information provided.
e The organisation has strategies in place to regularly identify, assess and respond to risks to the safety and wellbeing of staff, volunteers and resident members.	Risk management is the identification, evaluation, and prioritisation of risks, followed by coordinated and economical application of resources to minimise, monitor, and control the probability or impact of unfortunate events or to maximise the realisation of opportunities. (Wikipedia)	The reviewer will note the policy and procedure whereby staff skills and knowledge gaps are regularly assessed to identify the level and gaps that need to be addressed.

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

**Performance Objective 5.2: Staff are supported to maintain current first aid training.**

**Essential Criteria**

- a. An adequate number according to local legislation of staff on each shift holds a first aid certificate.

**Good Practice Criteria.**

- a. Resident members are supported to gain first aid training appropriate to their locality.

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a An adequate number according to local legislation of staff on each shift holds a first aid certificate.	The use of first aid applies to all kinds of working environments even in offices. First aid education can save lives in situations of an employee, resident or volunteer falling ill or being involved in an accident.	The reviewer will interview residents on gaining first aid training. The reviewer will note policy and procedure for gaining first aid training, training calendars, program guides.
<b>To achieve good practice certification/accreditation, organisations will need to meet the Good Practice criteria.</b>		
a. Resident members are supported to gain first aid training appropriate to their locality	The use of first aid applies to all kinds of working and living environments; the residential and recreational environment of the Therapeutic Community provides many opportunities for the application of first aid training.	The reviewer will interview residents on gaining first aid training. The reviewer will note policy and procedure for gaining first aid training, training calendars, program guides.

**Performance Objective 5.3: Staff oversee tasks and activities by resident members**

**Essential Criteria**

- a. The potential benefit of tasks and activities are assessed by staff.
- b. Residents have an understanding of the benefits of the set tasks and activities in the program.
- c. Skills development is related to set tasks and activities.

***About this Objective: Ensuring growth within the community is an essential part of any residential community. Skills are learnt by resident members, staff act as role models or mentors in the learning process, and the residents learn both the benefits of their work within the community from a personal and a community perspective.***

Criteria	Guidance	How might this be substantiated.
<b>To achieve certification/accreditation, organisations will need to meet the essential criteria.</b>		
a. Potential benefit of tasks and activities are assessed by staff.	Interactions between residents and staff in an informal context during daily activities help establish a relationship that facilitates therapeutic interactions (ATCEE Statement No 69)	<p>The reviewer may note policy and procedure, records of assessment, meeting minutes, individual treatment plans. The reviewer may interview staff and residents on the assessment process for tasks and activities.</p> <p>The reviewer will note evidence for why (therapeutic benefit) tasks and activities were chosen for Aboriginal and Torres Strait Islander residents.</p> <p>The reviewer will note the presence of activities and tasks that have been chosen as beneficial for Aboriginal and Torres Strait Islander residents, and particularly from whom advice was sought. This would include the involvement of the wider Aboriginal community, including elders, in determining appropriate activities for the particular group and organisation. It should therefore be noted that activities and tasks will vary across Australia and be applicable to the particular community.</p>
b. Residents have an understanding of the benefits of the set tasks and activities in the program.	Staff may involve themselves in activities such as recreation, meal preparation, dining and chores, on an equal footing with residents, as a means of emphasising their membership of the	The reviewer may note written or other documented material relating to the benefits of set tasks and activities. The reviewer may interview residents on their understanding of set tasks and activities.

Criteria	Guidance	How might this be substantiated.
	community, and their participation as role models (ATCEE Statement No 68).	
d Skills development is related to set tasks and activities.	Through active participation in all aspects of the community, staff ensure the safe environment and positive functioning of the organisation is developed and maintained, encourage resident participation and interaction, and provide appropriate therapeutic interventions (ATCEE Statement NO 67)	<p>The reviewer may note individual treatment plans, application of research relating to skills development, information provided to residents, meeting minutes. The reviewer may interview staff and residents on the skills development gained from set tasks and activities.</p> <p>The reviewer will note processes in place to ensure developmental tasks/goals, specific to Aboriginal and Torres Strait Islander residents, are included in program activities and are appropriate for the community, and their inclusion is appropriate for all members, including non-Indigenous members of the service.</p>

**Support Tools that may assist in achieving this performance expectation:**

[De Leon, G. \(2000\)](#)

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

## PERFORMANCE EXPECTATION 6: Health and Safety Risk Management

<b>Performance Objective 6.1: Harm minimisation/reduction information is included in the program</b>	
<b>Essential Criteria</b>	
a	Harm reduction information is included in the program.
<b>Good Practice Criteria</b>	
b	Harm reduction education is shared through peers.

***About this Objective: Participation in a residential program does not guarantee alcohol and/or other drugs will never be a part of an individual's life again. Educating members of the community on awareness around re-commencing drug and/or alcohol use, the impact of blood borne virus' on their lives and the lives of those around them, and where to seek support should they need it again in the future should be a part of every program.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification/accreditation, organisations will need to meet the essential criteria</b>		
a Harm reduction information is included in the program	Residential treatment provides information and the opportunity for residents to discuss the prevention and control of health issues of particular relevance to drug users (ATCEE Statement No 37).	The reviewer will note appropriate program materials. The reviewer will interview staff and residents on the application of harm minimisation/reduction material appropriate to Aboriginal and Torres Strait Islander residents. The interviewer will note policy and procedure relating to harm minimisation/reduction.
<b>To achieve good practice certification/accreditation, organisations will also need to meet the good practice criteria</b>		
b Harm reduction education is shared through peers	Peer education amongst residents ensures the sustainability of health and safety information delivered and continues to inform consumer knowledge when they leave.	The reviewer will note policy and procedure for sharing information between peers. The reviewer may note schedule for external peer visits. The reviewer will note program materials, which include peer information. The reviewer will interview staff and residents on peer information sharing. The reviewer will observe and comment on the cultural appropriateness of harm reduction education materials and the manner in which it is presented to residents.

**Support Tools that may assist in achieving this performance expectation:**

[De Leon, G. \(2000\)](#)

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

[McDonald, J., Roche, A.M., Durbridge, M., & Skinner, N. \(2003\)](#)

**Performance Objective 6.2: Each resident has an individualised treatment plan.**

**Essential Criteria**

- a Every resident has a treatment plan and it is reviewed regularly in consultation with the treatment team and the resident.
- b The treatment plan includes exit planning.

***About this Objective: Whilst a community often works on an ethos of ‘what is best for the community’, the community is the sum of the individuals living within it. Those individuals have individual needs and these needs should be addressed in a manner that provides the best outcome for the individual and for the community as a whole.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a Every resident has a treatment plan and it is reviewed regularly in consultation with the treatment team and the resident.	There is a written, agreed upon and periodically updated treatment plan for each resident (ATCEE Statement No 53)	<p>The reviewer may note culturally appropriate individual treatment plans, client files, policy and procedure in relation to treatment planning. The reviewer may interview staff regarding treatment plans.</p> <p>Evidence of access for Aboriginal and Torres Strait Islander residents to “Uncles”, “Aunties” and/or Elders should be considered.</p> <p>Evidence of gender sensitivity should be considered.</p>
b The treatment plan includes exit planning.	Treatment plans identify goals for each stage, and achievement of these goals is assessed when considering applications to move between stages (ATCEE Statement No 54).	<p>The reviewer may note individual treatment plans, client files, policy and procedure in relation to treatment planning. The reviewer may interview staff regarding treatment plans.</p> <p>The reviewer may seek evidence that an exit plan for all clients of the service is in place and includes ongoing treatment options and referral to appropriate services.</p>

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

[Marsh, A., Dale, A., & Willis, L. \(2007\)](#)

## PERFORMANCE EXPECTATION 7: Community as Method

*The agency operates in a manner that reflects the Community as Method approach and implements that in all aspects of the service.*

### Performance Objective 7.1: The TC programme applies the Community as Method approach.

#### Essential Criteria

- a The Therapeutic Community programme applies the Community as Method approach
- b The Therapeutic Community has distinct stages which cover assessment, orientation, treatment, transition and re-entry
- c The Therapeutic Community approach is multidimensional. It involves therapy, education, teaching values, and skills development

#### Good Practice Criteria

- a The agency has established culturally appropriate and community suitable encounter measures.
- b The agency demonstrates a community that is self-reliant and self-aware and deals with community issues utilising all of community measures.
- c The resident group is charged with assessing readiness for stage change and providing feedback on progress through the stages.

***About this Objective: A profound distinction between the TC and other treatments and communities is the use of community as a method for changing the whole person (De Leon 2000: p 92). The fundamental assumption underlying community as method is that individuals obtain maximum therapeutic and educational impact when they meet community expectations for participation in and use of the community context to change themselves (De Leon 2000: p 98).***

Criterion	Guidance	How this might be substantiated
<b>To achieve certification, you'll need to meet the essential criteria</b>		
a. The Therapeutic Community programme applies the Community as Method approach.	George De Leon in <i>The Therapeutic Community: Theory, Model, and Method</i> (2000) describes the community as method approach within four components, including context, expectations, assessment, and responses. He also offers some detail on the concepts and the components.	<p>The reviewer will want to establish:</p> <ul style="list-style-type: none"> <li>• The Staff of the agency can demonstrate Community as Method; and</li> <li>• The residents of the agency can demonstrate Community as Method.</li> </ul> <p>The reviewer will talk with managers and staff about their community, their understanding of Community as Method, and how they implement Community as Method.</p> <p>The reviewer will take into account the modifications required within particular cultural settings including that the model is applied in a culturally appropriate manner.</p> <p>The reviewer will note deference made to Aboriginal and Torres Strait Islander tradition in the application of 'Community as Method', e.g., buddying an Aboriginal resident with a new Aboriginal arrival.</p>

Criterion	Guidance	How this might be substantiated
b The Therapeutic Community has distinct stages which cover assessment, orientation, treatment, transition and re-entry.	In the Therapeutic Community (TC), program stages are prescribed points of expected change... The end points of each stage are well marked in terms of expected behaviours and attitudes. Achieving the goals of each stage in itself constitutes an explicit social reinforcement for resident change (De Leon 2000: pp 193 – 194).	The reviewer will take note of written policies, and procedures, the written program, treatment plans and other case histories. The resident group will be able to explain their understanding of the staged approach.
c The Therapeutic Community approach is multidimensional. It involves therapy, education, teaching values, and skills development.	The TC is also multidimensional and works with the whole person. As such it provides nurturance through “three meals, housing, clothing, cosmetic accessories, as well as medical, dental, and various social and legal advocacy services”. It also addresses a range of individual needs that would enhance re-entry, such as providing training, vocational skills development, parenting skills etc. More importantly, however, the therapeutic element of every activity, job function or interaction is aimed at enhancing the personal growth of the resident member.	The reviewer will take note of the written program, policies and procedures. The reviewer will ask the staff and the residents as to how the various components of the program add value to the desired outcome for the individual.  The reviewer will observe and take advice from the organisation on the cultural appropriateness of program materials.
<b>To achieve good practice certification, organisations will also need to meet the good practice criteria</b>		
a The agency has established culturally appropriate and community suitable encounter measures.	Chapter 18 on The Encounter Group by De Leon in The Therapeutic Community: Theory, Model, and Method An encounter group held in a prison setting or an Aboriginal Australian setting will be different to	The reviewer may wish to observe such a group dynamic. Alternatively, policies and procedures on such groups, explanations from both staff and residents, and a rationale for the cultural framework in which such a group occurs should be provided. For services (non-Indigenous) that have in place a Reconciliation Action Plan (RAP), reference will be made to this.

Criterion	Guidance	How this might be substantiated
	that held in a Caucasian, metropolitan community setting.	Advice on cultural sensitivity and appropriateness will be sought through discussion with the organisation.
c The agency demonstrates a community that is self-reliant and self-aware and deals with community issues utilising all of community measures.	George De Leon in The Therapeutic Community: Theory, Model, and Method (2000)	The reviewer may seek information as to how the community deals with issues in the community as they arise including those issues that are at times unplanned, and how conflict resolution processes occur in a culturally appropriate manner.
c The resident group is charged with assessing readiness for stage change and providing feedback on progress through the stages, with staff maintaining the ultimate authority.	ATCEE Statement 43: Decisions on progression to the next stage of treatment or discharge from the TC involve community consultation, but staff retain ultimate responsibility	The reviewer will take note of written policies, and procedures. The resident group will be able to explain their understanding of the staged approach and their roles in assessing readiness for stage change.  Important decisions regarding readiness for stage change should not be made without appropriate input from cultural advisers to the organisation.

**Support Tools that may assist in achieving this performance expectation:**

[De Leon, G. \(2000\)](#)

[Rawlings, B. & Yates, R. \(2001\)](#)

**Performance Objective 7.2: The Australasian Therapeutic Community Essential Elements are implemented within the Therapeutic Community.**

**Essential Criteria**

- a Staff induction and in-house training incorporates the Australasian Therapeutic Community Essential Elements

*About this Objective: The Australasian Therapeutic Community Essential Elements are considered the 'building blocks' of the therapeutic community process. Maintenance of the Essential Elements as part of all elements within the TC assists the TC in maintaining the therapeutic community process.*

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a Staff induction and in-house training incorporates the Australasian Therapeutic Community Essential Elements.	TC specific training is limited, therefore the Australasian TC Essential Elements are seen to provide a good starting place to support the induction of staff – supporting them to understand the TC model and appreciate that the service is based on a recognised model.	The reviewer will take note of staff induction and in-house training materials and processes. The reviewer will ask the staff how the ATCEEs are incorporated into induction and in-house training.

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

**PERFORMANCE EXPECTATION 8: Therapeutic Community Leadership and Management Principles.**

<b>Performance Objective 8.1: Therapeutic Community leaders are role models within the organisation.</b>	
<b>Essential Criteria</b>	
a	Therapeutic Community leaders and managers inform themselves of the Therapeutic Community approach through relevant evidenced based practice material in order to support their roles.
b	Managers and leaders are committed to and promote their services as being based on the Therapeutic Community model, promoting the efficacy of the Therapeutic Community approach and the consequent outcomes.
c	Career development and succession planning, with a view to retaining and building on the Therapeutic Community knowledge base of the organisation is undertaken, supported and promoted by Therapeutic Community leaders and managers.
d	Managers and leaders undertake regular review of their practices, ensuring processes are in line with the Therapeutic Community principles.

***About this Objective: The therapeutic community includes all levels of the organisation. All staff are considered to be a part of the community, all are role models to the residents in the community.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a	Therapeutic Community leaders and managers inform themselves of the Therapeutic Community approach through relevant evidenced based practice material in order to support their roles.	The effective operation of any organisation relies on its leaders having a full command of the necessary information and expertise. Any training materials provided to staff should also be shared with Board members and other organisational leaders, including, but not limited to, the De Leon DVD set and written materials on the therapeutic community model and practice.
b	Managers and leaders are committed to and promote their services as being based on the Therapeutic Community model, promoting the efficacy of the Therapeutic Community approach and the consequent outcomes.	The reviewer may ask how leaders and managers inform themselves of the Therapeutic Community approach. The reviewer may take notes, view staff/Board meeting minutes and staff training plans.
	Presenting a nationally and internationally structure model supports confidence in the service approach, from funding bodies and other key stakeholders.	The reviewer may ask staff and leaders how the service promotes the Therapeutic Community model and consequent outcomes. The reviewer may note written and other media tools utilised. The reviewer may review other written materials related to the promotion of the model.

Criteria	Guidance	How this might be substantiated
<p>c Career development and succession planning, with a view to retaining and building on the Therapeutic Community knowledge base of the organisation is undertaken, supported and promoted by Therapeutic Community leaders and managers.</p>	<p>Supporting career development and succession planning has many benefits, for the employee and the organisation. They provide staff with an indication that the organisation values them, contributing significantly to their own wellbeing. This in turn can enhance the commitment/loyalty to the organisation, resulting in improved retention and effectiveness. A further benefit to the organisation is that the knowledge base is retained and built on.</p>	<p>The reviewer may ask staff and leaders how they undertake career development and succession planning. The reviewer may note staff development plans, including cultural awareness training, succession planning documentation, Board/leadership meeting minutes.</p>
<p>d Managers and leaders undertake regular review of their practices, ensuring processes are in line with the Therapeutic Community principles.</p>	<p>Clear principles that are complementary to the TC model inform and guide the work of the leaders and managers of the Therapeutic Community.</p>	<p>The reviewer may ask leaders what processes they implement for reviewing their practices, including cultural appropriateness training. The reviewer may note any records of discussion of the Therapeutic Community model, selection of expertise in the model on the Board, Therapeutic Community model promotion activity or improvement initiatives that consider the TC evidence and staff capacity/needs.</p>

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

[Senge, P.M. \(2006\)](#)

## PERFORMANCE EXPECTATION 9: Therapeutic Community Resident Member Participation

**Performance Objective 9.1: The Therapeutic Community resident member's participation is the central focus to all aspects of the organisation.**

### Essential Criteria

- a Staff have clear guidelines to maintain objective facilitation in all community processes and are only final decision makers where the Therapeutic Community resident group is unable to be the principle decision maker through guidance and support.

***About this Objective: The Therapeutic Community operates on the premise of the community is the therapy and the therapy is the community. Therefore it is expected that staff only intervene where community processes are unsafe or the community cannot reach an agreeable decision. At these times the intervention of staff is utilised as a means of role modelling appropriate decision making.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification/accreditation, organisations will need to meet the essential criteria</b>		
a Staff have clear guidelines to maintain objective facilitation in all community processes and are only final decision makers where the Therapeutic Community resident group is unable to be the principle decision maker through guidance and support.	In general decision-making processes are consultative, with staff as objective facilitators and the final decision-maker only where necessary (ATCEE Statement 29)	A reviewer, who has been accepted by the organisation as appropriately qualified, may note policy and procedure, staff handbooks, staff induction materials, record of staff discussion (meeting minutes). The reviewer may interview staff and residents about how the staff apply this. The reviewer may wish to observe community processes which demonstrate cultural inclusiveness.

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

**Performance Objective 9.2: Resident member rights within the Therapeutic Community**

**Essential Criteria**

- a There is a Bill of Rights for resident members of the Therapeutic Community, and it is understood by all community members.

***About this Standard: The Bill of Rights includes the areas of access, safety, respect, communication, participation, privacy and consent, as outlined in the Australian Charter of Healthcare Rights (2009) published by the Australian Commission on Quality and Safety in Healthcare. Consumer responsibilities may include open communication with the agency to facilitate appropriate treatment planning, treating the entire community with dignity and respect, keeping appointments and abiding by required community rules. It is important that all members of the community are supported to understand the Bill of Rights and responsibilities as fully as possible.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a There is a Bill of Rights for resident members of the Therapeutic Community, and it is understood by all community members.  The Bill of Rights articulates that all Aboriginal and Torres Strait Islander residents and clients have a right to a culturally secure program.	Rights of consumers are articulated across the health sector. The Bill of Rights should be specific to the service provision of a Therapeutic Community.	All Aboriginal and Torres Strait Islander residents and clients have a right to a culturally secure program. The reviewer may ask the staff and residents if there is a Bill of Rights, how they know of it. The reviewer may take note of visible documentation of the Bill of Rights.

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

**PERFORMANCE EXPECTATION 10: Therapeutic Community Strategic Human Resource Management**

<b>Performance Objective 10.1: The organisations recruitment is based on gaining the best outcomes for the organisation.</b>	
<b>Essential Criteria</b>	
a	Staff tasks are regularly reviewed to ensure they support the boundaries set within the Therapeutic Community.
b	The Therapeutic Community actively recruits staff with Therapeutic Community Knowledge.
c	The organisation has in place a philosophy or policy that supports the recruitment of staff with recovery experience.

***About this Objective: Maintaining an ongoing staff matrix which includes knowledge and understanding of the therapeutic community process is essential in maintaining a therapeutic community. Staff with recovery experience are able to share this with the community and provide a level of role modelling that is unique.***

Criteria	Guidance	How this might be substantiated
<b>To achieve certification, organisations will need to meet the essential criteria</b>		
a	Staff tasks are regularly reviewed to ensure they support the boundaries set within the Therapeutic Community	<p>A lack of clarity (ambiguity) regarding team members' roles and responsibilities can interfere with team effectiveness. It can also have a negative impact on team members' job involvement, satisfaction and commitment...</p> <p>Flexibility in team members' roles is likely to enhance effectiveness in dynamic environments where tasks are fluid and changeable (e.g., changing client workloads). Role flexibility relies on team members being multi skilled (i.e., able to perform other's tasks). To avoid conflict and confusion, teams with flexible role assignment should establish a shared understanding amongst team members of the boundaries of role flexibility (i.e., are certain tasks or roles</p> <p>The reviewer will note job descriptions, meeting minutes, planning and review documentation. The reviewer may interview staff about review processes in place.</p> <p>The reviewer could take note of the presence of absence of any policies and procedures the agency has in relation to the employment and retention of Aboriginal and Torres Strait Islander staff.</p>

Criteria	Guidance	How this might be substantiated
	“quarantined” for specific group members) (Skinner, 2005: p 11).	
b The Therapeutic Community actively recruits staff with Therapeutic Community knowledge.	Recruitment of staff needs to consider the willingness of the new recruit to be passionate about the TC model. The workplace of a TC can be quite intense in terms of time with consumers and ongoing community involvement during work hours. Recruitment processes need to ensure staff are “robust” enough to work in such an environment	<p>The reviewer will note job descriptions, advertising material, HR materials. The reviewer may interview staff regarding TC knowledge.</p> <p>The reviewer could take note of the presence or absence of any policies and procedures the agency has in relation to the employment and retention of Aboriginal and Torres Strait Islander staff who have TC knowledge and/or experience.</p> <p>Organisational documentation should include a proactive statement in advertising about welcoming applicants from Aboriginal and Torres Strait Islander populations.</p>
c The organisation has in place a philosophy or policy that supports the recruitment of staff with recovery experience.	The mix of staff at the TC is important to consider, supporting the perceived credibility in the eyes of the resident members and to maximise rapport. The recruitment of staff depends on a range of factors, however, including location and the accessible pool of potential workers.	<p>The reviewer will note policy and procedure. The reviewer may interview staff regarding recruitment of staff with recovery experience.</p> <p>The reviewer could take note of the presence or absence of any policies and procedures the agency has in relation to the employment and retention of Aboriginal and Torres Strait Islander staff who have recovery experience.</p>

**Support Tools that may assist in achieving this performance expectation:**

[Duraisingham, V. \(2005\)](#)

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

Skinner, N. (2005a)

**Performance Objective 10.2: Human resource processes allow for ongoing development of Therapeutic Community staff.**

**Essential Criteria**

- a Leaders and managers invest in the ongoing development of the Therapeutic Community staff in Therapeutic Community specific training.

**About this Objective: Ongoing development of staff particularly including Therapeutic Community specific training allows staff to have both career progression and builds the knowledge base and TC Model specific training that can occur within the sector.**

Criteria	Guidance	How this might be substantiated
<b>To achieve certification/accreditation, organisations will need to meet the essential criteria</b>		
a Leaders and managers invest in the ongoing development of the Therapeutic Community staff in Therapeutic Community specific training.	Ensuring the ongoing nature of the Therapeutic Community model is reliant on the staff group gaining ongoing TC specific training. As training opportunities are limited, more unique methods of training may be implemented in the TC environment.	The reviewer may note HR policy and procedure. The reviewer may note individual and organisational staff development/training plans. The reviewer may interview the staff and leaders as to the implementation of TC specific training in the organisation.

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

[Skinner, N. \(2005 a\)](#)

**PERFORMANCE EXPECTATION 11: Use of Data from the Therapeutic Community**

**Performance Objective 11.1: The organisation maintains an appropriate database that allows for service evaluation.**

**Good Practice Criteria**

- a Post residential treatment data is collected in a formalised manner.
- b Data is utilised to promote the efficacy and value of the Therapeutic Community model.
- c Leaders and managers actively participate in and/or support research contributing to the evidence base rising from datasets.
- d Leaders and managers actively participate in collective Therapeutic Community sector information sharing.

**About this Objective: Building a database and encouraging and participating in research builds both certainty in the Therapeutic Community Model of AOD treatment and provides funders with certainty in the model which receives so much Government funding.**

Criteria	Guidance	How this might be substantiated
<b>To achieve good practice certification, organisations will also need to meet the good practice criteria</b>		
a Post residential treatment data is collected in a formalised manner.	Anecdotally the TC model has well recorded outcomes however longer term data is often difficult to maintain. This longer-term data provides greater validation for the model and will improve both funding to organisations utilising the model and a greater understanding of the longer-term impacts of the model.	The reviewer will note policies and application of the collection of post residential treatment.  The reviewer should seek, where possible, post-treatment evidence about Aboriginal and Torres Strait Islander resident progress and outcomes. It may be noted that this is sometimes difficult as people may have relocated or do not wish to reconnect with the service.
b Data is utilised to promote the efficacy and value of the Therapeutic Community model.	Data provides an evidence base which in turn proves the efficacy of a model of care.	The reviewer will note the use of data to promote the efficacy and value of the TC model. The reviewer may interview staff on the use of data to promote the TC model.  The reviewer should seek, where possible, post-treatment evidence about Aboriginal and Torres Strait Islander resident progress and outcomes. It may be noted that this is sometimes difficult as people may have relocated or do not wish to reconnect with the service.
c Leaders and managers actively participate in and/or support research contributing to the evidence base rising from datasets.	Anecdotally the TC model has well recorded outcomes however longer term data is often difficult to maintain. This longer-term data provides greater validation for the model and will improve both funding to organisations utilising the model and a greater understanding of the longer-term impacts of the model.	The reviewer will note the organisations contribution to research. The reviewer may interview leaders on their commitment to supporting ongoing research.  The reviewer should seek, where possible, post-treatment evidence about Aboriginal and Torres Strait Islander resident progress and outcomes. It may be noted that this is sometimes difficult as people may have relocated or do not wish to reconnect with the service.
d Leaders and managers actively participate in collective Therapeutic Community sector information sharing.	Ensuring the ongoing nature of the Therapeutic Community model is reliant on the staff group gaining ongoing TC specific training. As training	The reviewer may note documentation relating to information sharing. The reviewer may interview leaders on information sharing activities.

Criteria	Guidance	How this might be substantiated
	opportunities are limited, more unique methods of training may be implemented in the TC environment. Information sharing is a particular modality that applies within the sector.	

**Support Tools that may assist in achieving this performance expectation:**

[Aylward, P. \(2005\)](#)

[Gowing, L., Cooke, R., Biven, A., & Watts, D. \(2002\)](#)

## PERFORMANCE EXPECTATION 12: Rules in the Therapeutic Community

<b>Performance Objective 12.1: Rules in the Therapeutic Community</b>	
<b>Essential Criteria</b>	
a	There is a documented process for dealing with violations of principle rules.
b	The Therapeutic Community implements consequences for any breaches of the principle rules.
c	The principle rules are clearly articulated to all members of the Therapeutic Community.

***About this Objective: Learning to live in a matrix of rules which maintain the functioning of a community, safety for all members of the community, and consistency in the application of these rules assists the resident in learning to live again in the context of wider society.***

Criteria	Guidance	How this might be substantiated
<b>To achieve Therapeutic Community practice certification/accreditation, organisations will also need to meet the following criteria</b>		
a	There is a documented process for dealing with violations of principle rules.	Principle rules exist in the Therapeutic Community as blanket measures to both ensure the safety of the individual resident and to ensure the maximum possible therapeutic outcome of the individual's admission.
b	The Therapeutic Community implements consequences for any breaches of the principle rules	The reviewer will note policy and procedure, resident handbooks, program guidelines, meeting minutes, incident register.
c	The principle rules are clearly articulated to all members of the Therapeutic Community	The reviewer will note policy and procedure, resident handbooks, program guidelines, meeting minutes, individual treatment plans, incident register. The reviewer will interview staff and residents regarding the implementation of consequences for breaches of principle rules.
		The reviewer will note resident handbooks, program guidelines, other written or otherwise documented information, meeting minutes, policy and procedure documentation. The reviewer will interview staff and residents on their knowledge of the principle rules.

**Support Tools that may assist in achieving this performance expectation:**

[De Leon, G. \(2000\)](#)

**PERFORMANCE EXPECTATION 13: Continuous Improvement.**

<p><b>Performance Objective 13.1: Improving outcomes of resident members is the priority consideration in decisions to change the service and approach.</b></p>	
<p><b>Essential Criteria</b></p>	
a	The principles of the Australasian Therapeutic Community Essential Elements are incorporated into improvement initiatives.
b	policies and procedures are in place to ensure that management and staff are responsible for the maintenance and delivery of a service that is safe, effective, integrated, high quality and continuously improving.

***About this Objective: Maintaining the Therapeutic Community model through the application of the ATCEEs is important in all elements of the Therapeutic Community.***

Criteria	Guidance	How this might be substantiated
<p><b>To achieve Therapeutic Community practice certification/accreditation, organisations will also need to meet the following criteria</b></p>		
a	The principles of the Australasian Therapeutic Community Essential Elements are incorporated into improvement initiatives.	To maintain focus on the TC model the ATCEE provide a foundation and guideline for CQI activities.
		The reviewer may note the incorporation of the ATCEE into CQI activities through documentation such as meeting minutes, review documentation, policy and procedure. The reviewer may interview staff as to how the ATCEE are incorporated into improvement initiatives and seek information on what affirmative action is being taken by the organisation.
b	Policies and procedures are in place to ensure that management and staff are responsible for the maintenance and delivery of a service that is safe, effective, integrated, high quality and continuously improving.	
		The reviewer will note the CQI policies, procedures and practices that contribute to a safe, effective, high quality service.

**Support Tools that may assist in achieving this performance expectation:**

[Gowing, L., Cooke, R., Biven A., & Watts, D. \(2002\)](#)

[Hovenga, E., & Lloyd, S. \(2002\)](#)

**PERFORMANCE EXPECTATION 14. Governance and Financial Management.**

**Performance Objective 14.1: Governance**

**Essential Criteria:**

- a. Policies and procedures are in place to ensure compliance with relevant legislation including industrial and contractual requirements.
- b. The organisation can demonstrate its understanding of the risks associated with statutory compliance, financial risks, governance, environmental, reputational and strategic risk and that it has systems in place to address these risks.

Criteria	Guidance	How this might be substantiated.
<b>To achieve Therapeutic Community practice certification/accreditation, organisations will also need to meet the following criteria.</b>		
a Policies and procedures are in place to ensure compliance with relevant legislation including industrial and contractual requirements.	Governance involves a set of relationships between an organisation’s management, its Board and other stakeholders, which reflect adherence to relevant legislation governing employment, risk management, contractual obligations and accountability in all areas of administration.	The reviewer will note policies and procedures that guide the organisation in adhering to its industrial and contractual obligations.
b. The organisation can demonstrate it’s understanding of the risk associated with statutory compliance, financial risks, governance, environmental, reputational and strategic risk and that it has systems in place to address these risks.	Governance involves a set of relationships between an organisation’s management, its Board and other stakeholders, which reflect adherence to the relevant legislation governing employment, risk management, contractual obligations and accountability in all areas of administration including financial management, strategic risk, environmental and reputational.	The reviewer will note policies and procedures that guide the organisation in its risk management and statutory compliance.

## Performance Objective 14.2 Financial Management.

### Essential Criteria:

- a. Financial management activities comply with the disclosure requirements of transparency to inform all stakeholders, including funding bodies and the broader community of the financial status of the organisation and that funds received are accounted for appropriately. [SEP]
- b. Financial management activities comply with legislative and accounting requirements including the requirement for an annual independent financial audit. [SEP]
- c. There is a financial delegation policy in place which clearly outlines the financial expenditure limits of different departments and staff within the organisation. [SEP]

Criteria	Guidance	How this might be achieved.
a. Financial management activities comply with the disclosure requirements of transparency to inform all stakeholders, including funding bodies and the broader community of the financial status of the organisation and that funds received are accounted for appropriately.	Most 'not for profit' organisations rely heavily on external funding. Having proper accounting systems in place is important as they are a means of providing transparency of operations to all stakeholders.	The review will sight policies and procedures describing financial management practices. The reviewer will sight monthly financial reports to the Board of Management and the financial report attached to the Annual Report for the organisation.
b. Financial management activities comply with legislative and accounting requirements including the requirement for an annual independent financial audit.	Accountability to funding bodies, donors, the general public and service users is critical to the financial integrity of the service. Financial management systems which provide transparency and consistency with legislative requirements, provide operational confidence to all stakeholders.	The reviewer will note the financial audit in the Annual Report and sight financial reports to funding bodies.
c. There is a financial delegation policy in place, which clearly outlines the financial expenditure limits of different departments and staff within the organisation.	Financial management is crucial for the success of any organisation. Successful enterprises watch their finances very closely. Most business have a well-structured finance department responsible for looking after the accounts and finances of the organisation in place.	The reviewer will note the financial delegation policy and procedure and sight evidence of the practice of financial delegation. The reviewer will note monthly financial reports to the Board of Management.

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