

## MARK THE DATE IN YOUR DIARY NOW!

THE 2017 ATCA CONFERENCE will take place in Brisbane from Tuesday 31 October to Friday 3 November, with site visits on Tuesday to Brisbane, the Gold Coast and Sunshine Coast. The conference program will then get underway on the Wednesday, and conclude with half-day workshops on the Friday.

This year's conference organisation will be in the hands of Conference Online, with whom we worked last year, supported by a Conference Advisory Committee of: Gerard Byrne, Clinical Director, Salvation Army Recovery Services; Mitchell Giles, CEO, Lives Lived Well; Trevor Hallowell, Manager, WHOS Najara; Rachel Ham, Manager Far North Queensland, LLW; Rebecca Lang, CEO, QNADA; Bernice Smith, Goldbridge; and Lynne Magor-Blatch, Executive Officer, ATCA.

The registration page will go live this week – allowing Early Bird registrations prior to the end of this financial year, and assisting delegates wishing to apply for grants to attend. The cost of registration for the four days of the conference, including the site visits, is:

- ATCA Member Early Bird - \$520.00
- Non-member Early Bird - \$570.00
- ATCA Member Day Registration - \$260.00
- Non-member Day registration - \$290.00
- Dinner - \$80.00

After 31 August, the registration fees will increase – so we encourage you to be among the first to get your registration in as soon as the page goes live!

We are also offering something unique with the site visits this year. The site visits will be on **Tuesday 31 October** to allow delegates to journey on the Monday or Tuesday, rather than over the weekend. You might therefore want to plan to fly directly to the Gold Coast and then join the group at Goldbridge and Fairhaven, before returning to Brisbane with the group by bus. Alternatively, if you are interested in seeing WHOS Najara on the Sunshine Coast, you can plan your arrival at Maroochydore and join the tour for the site visit and transport back to Brisbane.

Buses will also run from Brisbane to the Gold Coast sites as well as WHOS Najara for those starting site visits from Brisbane. A third tour group will visit the Brisbane sites of Logan House and Moonyah.

## CONFERENCE SITE VISITS

### SITE VISIT 1 – THE GOLD COAST



**Goldbridge Rehabilitation Services (Goldbridge)** is a community based organisation, established in 1988 and located in Southport on the Gold Coast. It provides seven programs:

- Intake and Assessment
- Residential Therapeutic Community
- Adventure Therapy
- Drug Court
- Family Support Service

- Transition to Community
- After Care/Continuing Care support.

The residential program runs for a nominal period of six months and has a capacity to assist 28 men and women. People need to have completed detoxification prior to entering the program. The target group is adults 21 to 65 years who are affected by co-occurring alcohol, other drug and mental health problems. Residents have an option after completing the residential program to continue with Goldbridge in the Transition program, a semi-structured program in the community for a nominal period of six months.

**Fairhaven** is located at Eagle Heights (Mt Tambourine) Qld. Fairhaven provides an AOD Therapeutic Community for 56 people and an inpatient detoxification service for 11 people. It is part of the Salvation Army Recovery Services, and also provides assessment, referral, aftercare and transitional housing programs from “Turning Point”, located in Scarborough St in Southport.



#### SITE VISIT 2 – SUNSHINE COAST



**WHOS Sunshine Coast® TC - Najara** is a 4 – 6 months residential Therapeutic Community for men and women set in the tranquil hinterland of the Sunshine Coast. Its goals are to help individuals find freedom from alcohol and other drug dependence (AOD) and discover a better way of living.

More information on the organisation of this tour will be available soon – but if you are interested in visiting WHOS Najara, the options are to fly in directly to the Sunshine Coast or to join an early bus departure from Brisbane.

#### SITE VISIT 3 – BRISBANE

**Logan House** is a 37-bed facility located on a peaceful property and accommodates adults, aged 18 and over. The tranquil environment at Logan



House affords a unique healing opportunity within a rural location removed from the temptations and demands of urban living.

The treatment program usually takes place over a six-month period and the holistic program includes community based interventions and intensive therapies, and takes a therapeutic community approach to recovery. One to one counselling, groups and case management are provided.



**Moonyah** is part of the Salvation Army's Recovery Services and provides an AOD Therapeutic Community for 86 people and an inpatient detoxification service for 12 people. Moonyah also has a residential problem gambling service, aftercare and transitional housing, and employment programs.



#### Call for Abstracts

Information will be posted on the conference website shortly - but we invite you to start planning your involvement in the conference through presentations, posters, yarning circles and workshops. The ATCA conference provides a unique blend of keynote speakers and peer reviewed papers to encourage networking and information sharing. As an association, we thrive on the sharing of ideas and experiences – encouraging all members to learn from each other.

**The closing date for all abstract submissions is Friday 25 August 2017.**

ATCA recognises that not all innovation comes from research but from the need to tackle a persistent problem, using creativity, imagination and ingenuity. If you have a story, message or anecdote to share, then we strongly encourage and invite you to share

your work and ideas with us. Conference Themes include:

- **TC practice:** Partnerships for new ideas and new initiatives
- **Cultural partnerships:** working with Aboriginal and Torres Strait Islander, Māori and Pasifika peoples
- **Working with Families:** Family involvement in treatment, interventions for children affected by parental substance use and associated issues
- **Continuing care:** Re-thinking community partnerships
- **Co-morbidity:** Best practice for people with co-occurring AOD and mental health issues
- **Corrective services and coerced clients:** Working collaboratively with our partners in the justice system
- **Attachment and Trauma:** Interventions and recovery

Applications will be assessed on the following criteria:

- The relevance of the abstract to the themes
- The validity of the evidence on which the presentation is based
- The implications for practitioners implementing the findings
- The relevance of innovative programmes to other practitioners in the field.

Presenters are required to register for the Australasian Therapeutic Communities Conference.

### **Presentation Types:**

**Oral Presentation:** These will take place in chaired sessions and are 15 minutes in length plus 5 minutes question time.

**Poster display:** poster presentations are visual displays used to communicate a message i.e. research findings, program highlights, etc. Poster presenters will be provided with maximum coverage through dedicated poster sessions during which time presenters are required to stand by their posters. This provides an intimate forum for the exchange of information by allowing more personal discussion between presenter and audience. Posters may be in a traditional format, or as a sort powerpoint presentation on a continuous loop on the presenter's own laptop.

**Participatory workshop:** There is the opportunity for half-day workshops on Friday afternoon (3

November) to encourage the interactive transfer of skills and practical solutions to common problems or specific themes.

**Project Snapshot:** Each project snapshot will be allocated 10-minute oral presentation time with the use of audio-visual equipment if desired and four minutes of questions.

**Seminar:** Several presenters are encouraged to submit a group of abstracts on a specific topic and share a 90-minute presentation time as they explore the topic in depth. These sessions will be led by a facilitator.

**Yarning Circle:** The Circle will be permanently accessible as a Cultural Space as well as having times for organised sessions during the conference gathering. These sessions will be led by a main presenter, or group of presenters, and be approximately one hour in duration with the opportunity for multiple speakers on given themes.

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

### **ATCA continues the fight on behalf of its members**

Following the ATCA Board's successful negotiations on behalf of members for continuation of funding through the Department of Health, rather than via the PHNs, ATCA has had further discussions with Government regarding the lack of indexation. This has affected our services since 2013, and is set to continue until at least 2021, under current arrangements.

As reported by the AIHW, there has been a 40% increase over a 10-year period of closed treatment episodes in the AOD sector. This means that organisations are constantly being asked to do more



with less. At a meeting of the ATCA Board on 3 May 2017, the following was discussed and agreed.

It is imperative that front line services for people requiring alcohol and other drug treatment are not reduced or closed, due to their lack of financial capacity. To meet the continual escalation of costs, ATCA has met with Government officials and proposed that all currently contracted ATCA member residential and support services receive an enhancement payment over the recently-announced two years' extension. This will hopefully mitigate the impact of the lack of growth funding for the previous three years and next two years.

Advice has been sought from the Drug Strategy Branch, and ATCA informed that ATCA members receive funding for 91 services under the current grant arrangements. Some of our members are wholly or part-funded by State Governments, therefore the information with which we have gone back to the Australian Government relates only to the funding provided by the Commonwealth.

There is growing concern regarding the rise in unregulated AOD services, and particularly within the 'for profit' residential services sector. Many will have seen this issue examined in the media, particularly focusing on unregulated residential programs that claim huge successes without any evidence-based treatments and suspect program content.

While the enhancement funding which we have sought will not ameliorate all the issues currently being faced, it will go some way to restore some equity and sense of confidence amongst providers and the community. This is particularly important, given the Government's recent announcement regarding drug testing of welfare recipients. Without increased availability of treatment places and residential beds, those required to attend treatment will find themselves unable to access services.

We will keep members informed of the outcome and any future strategies that may be required. We may come back to you for further discussions and support. We are also aware that the group of peak bodies is also pursuing similar discussions.

Our major concerns are that this 8-year CPI freeze has had a profound effect on our services, as they will need to be reduced at a time of growing

demand, particularly for amphetamine type stimulants, including 'ice'. Current waiting lists for many public funded services are often 4-6 months, forcing many families into expensive and unregulated private services, which have been set up as a business opportunity to meet demand, and do not provide evidence-based treatment.

## ATCA Awards

In 2016, we introduced two new categories of awards – with the **Drug and Alcohol Services Association (DASA) Alice Springs Indigenous Outreach Program** the winner of the inaugural *First Nations Innovation and Partnership Award*. The award was accepted by Brian McDonald on behalf of the Outreach team, who work with a vast range of clients, linking them with DASA services as well as other appropriate services within the community.



The inaugural *Excellence in Research and Evaluation: Therapeutic Community Research Award*, was won by **The Salvation Army Recovery Services and Illawarra Institute for Mental Health, University of Wollongong Research Partnership Executive Team**.



This year we are again calling for nominations to all categories, including:

**ATCA Recognition Award:** This award recognises the individuals who have made a contribution to the TC movement in Australasia over a period of ten years or more. The goal of this Award is to provide public

recognition of the dedicated contribution by staff members and volunteers, including Board members.

**ATCA Individual Award:** This award recognises the individuals who have made a significant contribution to the TC movement in Australasia over a considerable period of time. The goal of this award is to acknowledge and publicly recognise the exceptional work done by people who have worked tirelessly to promote and develop the therapeutic community approach to treatment within the sector.

**ATCA Significant Contribution Award:** This award recognises an exemplary or commendable contribution to the TC movement in Australasia made by a program or intervention. Any TC treatment provider or intervention is eligible.

**First Nations Innovation and Partnership Award. Therapeutic Community Movement in Australasia: Organisational Award:** This award recognises organisations that have made a contribution to the TC movement in Australasia by way of innovation and forming Partnerships that make Therapeutic Communities culturally safe and relevant to first nation's people.

The goal of this award is to provide public recognition of the work done to include first nations peoples in the delivery of Therapeutic Community programs either by way of innovation or the formulation of partnerships that directly benefit First Nations residents.

**Excellence in Research and Evaluation Award:** Therapeutic Community research is essential to the development of effective and informed strategies to improve the lives of clients and residents accessing TC services and programs. This award recognises the individuals, research teams and TCs that have contributed to evidence-based research and evaluation of TC services and programs.

The information on awards is provided an attachment, along with this newsletter. Nominations are invited until **29 September 2017**.

## TC Training

In 2012, the New Zealand (NZ) Ministry for Health funded Matua Raki, the National Addiction Workforce Development Centre NZ, to undertake a scoping exercise looking at the workforce

development needs of addiction TCs in NZ. This was extended to include Australia with the support of the NZ Ministry for Health.

As a result of this work, the TC Training Course (2015) was developed and the first of the training programs offered in Auckland towards the end of 2015. The second program took place in Rotorua in October 2016, with the NZ Ministry of Health providing funding for two members of the ATCA Board to attend.

The ATCA Board is delighted to announce that the first of TC Training Program for Australian participants will be offered in August 2017. The program comprises six modules and a supervised practicum:

- Module 1. Course orientation and Overview of TC
- Module 2. Community as method
- Module 3. TC structure, organisation and environment
- Module 4. Relationships in the TC
- Module 5. Staff roles and responsibilities and rational authority
- Module 6. Group work, community tools, work as therapy & continuing care
- Module 7. Supervised practicum

The TC Training Program is provided as a six-month course. Each participant completes:

- 48 hours of face-to-face learning facilitated by a trainer.
- a 40-hour supervised professional skills practicum in a TC
- 12 hours of self-directed learning.

Our New Zealand ATCA members have gained enormously from the training provided, and we are very excited to be bringing the TC Training Program to Australian TC staff.

We will be sending a flyer to all TCs and members of the ATCA News listserver very soon. This will provide details of dates and venue for the face to face segment of the course (2 blocks of 3 days – ie 6 days in total). The course itself will be completed over a 17-week period, allowing for 12 hours of self-directed learning and 40 hours of practicum. This may be completed in the person's own TC, or alternatively, a staff exchange could be organised between participants and TCs to provide a wider experience.

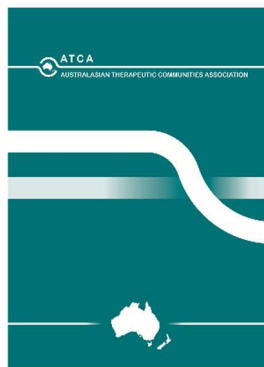
This is the preferred option – and we invite TCs willing to offer a practicum placement, to contact us.

There will be a cost involved in the training to cover materials, trainers and accommodation. We are keeping this to a minimum, and ask TCs to support staff to attend. We understand that there will also be travel costs involved for participants – but plan to offer the course in various locations so that these costs can be minimised.

The first TC training course will be offered in Sydney, and will be followed by courses in Melbourne, Perth and Brisbane at a later date.

### THE ATCA STANDARD

Barry Evans: Project Consultant



*“The theoretical framework outlines what the TC should be, and the generic components specify the essentials of the treatment model. How the TC approach is practiced, however, underscores the need for codified standards. Standards grounded in the TC perspective and method can guide*

*implementation, management and accountability of TC oriented programs in all settings. As criteria for accreditation and licensure for programs and personnel, standards can assure the quality of TC practices.”<sup>1</sup>.*

Welcome to the second edition of this column on the ATCA Standard. In the January Newsletter, I briefly mentioned Expectations 7 and 11. Expectation 7 is the core of the Standard so I thought it worthwhile to spend a bit more time on it in this edition, in particular Expectation 7.2. Under the requirements of the Standard, Expectation 7.1 must be met if an organisation is seeking certification as a therapeutic community.

*“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 identified as ‘essential’ must be achieved (ie; criteria 1–13). The Performance Expectation 7.1 “Community as Method” must be within the 80% of achieved criteria.”<sup>2</sup>.*

Expectation 7.1 lies at the heart of what we all recognise as being the defining characteristic of a therapeutic community, as De Leon identifies, it is “how the TC approach is practiced.”<sup>3</sup> Community-as-method in a multidimensional program which sees residents progress through various stages with increasing levels of responsibility, are the features that we are all familiar with in a TC.

However, the “implementation, management and accountability of TC oriented programs”<sup>4</sup> relies on the application of a common standard in training and induction of new and existing staff. This is where Expectation 7.2 comes into effect, and where many services are challenged by the shortage of suitably trained and qualified staff.

#### **Performance Expectation 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.
- b. The Australasian Therapeutic Community Essential Elements are utilised in reviewing the practices and the continuous quality improvements within the Therapeutic Community.

For many TCs, recruiting staff with the relevant training and TC experience is a major challenge which has to-date been met largely by introducing staff to the written works and training DVDs of George DeLeon, the internationally acknowledged expert in therapeutic communities.

The Australasian Therapeutic Community Essential Elements provide an additional means of introducing staff to the TC experience. The regular review of the Essential Elements as part of staff meetings, during staff training and induction and in routine examination of the TC program will provide a sound reference point that will consolidate TC practice in your organisation. Posting copies of the Essential Elements around your TC will also assist staff and residents.

Earlier this year I circulated a summary of the ATCA Essential Elements to all member agencies, this document was collated by Paul Hutchinson CEO



One80tc. If you did not receive a copy please contact me and I will send you one.

As you know the ATCA Board is due to implement the TC Training Program in August and this will provide a valuable means of orienting staff to the TC model and consolidating TC practice in member agencies. This training will be especially valuable as it has been reviewed and edited to make it relevant to Australian TCs.

If you have questions relating to the Standard that you are willing to share with the ATCA membership please forward them to me at [bjevans49@gmail.com](mailto:bjevans49@gmail.com) or to Lynne at [atca@atca.com.au](mailto:atca@atca.com.au) and I will be happy to answer them in the next Newsletter.

<sup>1</sup> The Therapeutic Community Theory, Model and Method. De Leon. G. 2000 pp189-190.

<sup>2</sup> ATCA Standard. July 2013 P3.

<sup>3</sup> The Therapeutic Community Theory, Model and Method. De Leon. G. 2000 pp189-190.

<sup>4</sup> The Therapeutic Community Theory, Model and Method. De Leon. G. 2000 pp189-190

## IN MEMORIAM

It is with a great deal of sadness that we announce the passing of two of our members in the past months.

**Major Scott Warrington**

was able to attend the last ATCA Conference in Melbourne, along with his wife Jacqui, where he accepted a number of recognition awards on behalf of Salvation Army Recovery Services' staff, but sadly passed away on 9 February 2017.



Scott was born on 10 March 1964 in Brisbane. In 1993, he entered the Salvation Army training college to become a Salvation Army officer. Scott always felt a strong desire to help people through the social services of The Salvation Army and particularly through the drug and alcohol recovery TCs.

Scott, along with his wife Jacqui, managed three Salvation Army TCs over a fifteen-year period. These included the Gold Coast Recovery Services, Blue Mountains Recovery Services and Canberra Recovery Services, which is where he and Jacqui were most recently posted.

Scott was most passionate about helping others in their recovery from addiction, and almost right up until his passing, Scott was still doing what he loved - helping people through the Canberra Recovery Services find recovery. Scott was very much loved and respected, and will be dearly missed.

Over the past months, Graham and Chris Tamsett have been managing CRS, but will retire on 30 June 2017. We are pleased to receive the news that Jacqui Warrington will be remaining at CRS and will take over as manager from 1 July 2017.



**Vale Meridy Calnin**

5/11/57 – 3/3/2017

Meridy was a Psychiatric Nurse who had a 25 plus year career in TCs.

Many people in the

Association are fortunate enough to have had their lives enriched by working with or spending time with her.

Meridy spent the bulk of her TC Career at Odyssey House Victoria as the senior clinician/deputy director. She later worked at the Windana Society, Banyan House (NT) as a consultant, and even did a short stint at Bunjawarra, the Aboriginal youth program in Hastings.

During the course of her career she was the well deserving recipient of two major awards - one from ADCA and one from ATCA. Both awards were for her significant commitment to the people - staff and residents, and to the Therapeutic Community movement overall.

Meridy lived TC when she was at work, she was our staunch tireless 'roll your sleeves up and get stuck in' TC worker through to being the toughest most sensitive therapist anyone could ever wish for. She was equally adept in a room full of academics or a room full of the newest of new residents and everything in between.

Meridy always knew what to say and do for all our life's wounds (deep, shallow and imagined), she had the cure.

"The world is a lesser place without you in it, clever lady."



## ATCA Quality Portal

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

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

### KEY FEATURES

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

### KEY BENEFITS

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

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

**Ronnie Voigt,**  
Drug Education Network

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