



## *Stigma, and other Barriers to Treatment* hailed a great success



### **Stigma, and other Barriers to Treatment**

The 2012 Symposium in Launceston lived up to its name and was hailed a success by the 130 delegates who attended during the three days.

The Symposium theme was chosen in recognition of the complexity of the challenges now facing us as we work with the many issues and concerns which people bring to treatment. The Symposium asked us to consider those who are not, for a variety of reasons, adequately included in our resident populations. It was a "Field of Dreams" challenge – build it and they will come, and built on from the previous theme of "No Closed Doors" addressed in 2011 in Fremantle.



*The site visit to Missiondale included Q&A session*

As would be expected – responses to speakers varied, but overall everyone found something within the Symposium that appealed, challenged and was relevant to their work. Others will also sift through information in the coming weeks as they consider their resident populations. In this regard I am reminded of a colleague of mine who many years ago embarked on some training in working with sexual abuse issues. Afterwards she remarked how suddenly she had an influx of clients who had suffered sexual abuse. In reality they were always

there – she was now attuned to issues and her clients were recognizing her understanding and expertise – build it and they will come.

If our services aren't receiving referrals from people from culturally diverse populations – why not? Don't these populations have substance use problems? How are we now working with same sex attracted substance users? The statistics around suicide are particularly alarming for this group. How are we able to better support and refer where necessary those who our services are unable to include, and how are we able to modify treatment interventions, where possible, to meet population demands – such as for those with ABI? This is the "no closed doors" message. These were some of the questions and challenges posed by the Symposium.



Ronnie Burns was seen as a great choice as the opener of the Symposium, and his story and work with disadvantaged and ill children inspiring. The plenary and symposia sessions (designed to provide the opportunity for all delegates to hear as many of the presentations as possible, rather than breaking into too many breakout groups) offered something for everyone.

The keynote speakers were chosen as they were able to address particular areas of interest and concern – but not always from the TC perspective. In simple terms, they provide the 'big picture' or 'blue sky' perspective – and then the breakout sessions hopefully pull these concepts down into TC implementation. The plenary sessions also ask us to consider the ways in which we might pick up the themes within our own work and TCs, and consider

how we might address the issues raised by the speakers.

Dr Nicole Lee and Mark Lamont addressed the topic of acquired brain injury, with delegates commenting, *"Nicole – simplified concepts well". "Mark Lamont – very relevant, well presented, interesting"*.

A number of delegates commented on personal presentations within the panel session, and particularly appreciated John Shevlin's candor and openness about the funding process and the Government's willingness to work with the sector to develop better processes for the future. Comments about individual presentations included, *"Jann Smith – spoke with clarity, common sense in relation to funding – how it should be considered and long term outcome considerations."*

As members will know, 2013 is an important year for the ATCA as our current funding cycle comes to an end, and we will therefore be looking for continued Government support to maintain the Secretariat. Our current funding provides 1FTE – which is divided between Lynne (18 hrs per week) and Bec (20 hrs per week). I'm sure you will do the math and understand that we both end up with a great deal of time in lieu – and also hence my (Lynne's) early risings in order to get through ATCA work as well as other roles. We were also unsuccessful in gaining capacity building funds in 2012 which would have enabled us to employ a further staff member to more effectively support members through the peer review process, and this remains a priority in the coming year. This session was therefore an important one for us and having John Shevlin involved for so much of the Symposium was a tremendous help to him in understanding the work of TCs.



*Bungara Aboriginal Dance Troupe*

Rodney Croome was the keynote speaker on Wednesday morning, presenting on discrimination, prejudice and stigma, all factors which put the mental health of LGBTI people at risk and increase their rate of alcohol and drug misuse. Delegates commented, *"His nature and the content was calming and extremely relevant"* and *"Excellent/powerful"*. The issues were also challenging – with a number of TCs engaged in a wider discussion about how they can best work with this client group.

On Wednesday, Dr John Howard provided one of the stand-out presentations in the Symposia Sessions, with comments such as, *"Research balanced with human/relevance/connection. Well informed."* *"Clarity, simplicity, researched and humorous"* recorded by delegates. The words of the young people in the studies were at times blunt and even shocking – but the message was clear and delegates responded positively and thoughtfully to John's presentation. Another noted, *"The entire morning session was eye opening and an area of personal interest"*.

Connie Donato-Hunt specifically looked at the issues presented in working with people from culturally diverse populations, with a number of delegates commenting, *"Connie was excellent!"* and *"Well presented and informative"*.

The presentation by Caisley Sinclair and Tim McNamara, who had made the journey to Launceston from the Tangentyere Council in the Northern Territory, had tremendous impact, with delegates commenting, *"Honest and true grass roots work with Indigenous people; very powerful; inspiring"*.

The concerns for Indigenous Australians was also brought to our attention by Denise Gilchrist, who provided the NIDAC policy on Fetal Alcohol Syndrome Disorder; an issue which previously Anne Russell had brought to our attention as a disorder affecting both Indigenous and non-Indigenous children. This is also an area of Government and sector concern, with the Federal Government recently announcing support for further research and the Foundation for Alcohol Research and Education (FARE) releasing new work around this in the past week.

Dr Richard Chenhall and Dr Peter Kelly were also highly endorsed, and as we move forward in the development of TC research in Australia, we look forward to working more closely with these two

researchers to develop a body of research evidence on the value of TC treatment.

Wednesday saw the inclusion of the breakout sessions – and I want to thank most sincerely those who provided papers in these sessions. Some delegates thought there should be more – and the organisers, while trying to achieve the balance between plenary and symposia sessions and breakout groups, would agree. However, these sessions are determined largely by the papers offered. TC people are very good at DOING – but not always so good at TELLING THE STORY.

Papers from Bruce Brown, Gerard Byrne, David Pullen, Bec Davey, Camilla Rowland, Yvonne Devey, Karen & John Bartlett, Linda Beltrame, Eric Allen, Wendy Shannon and Jackie Long provided a picture of the work being undertaken by TCs and were all highly appreciated. Thank you for making the effort to provide an abstract and then to develop the presentation – we look forward to hearing more of the work of TCs in 2013.

Other papers in these sessions were also highly endorsed – although fewer delegates had the opportunity to hear these presentations. Mark Lingwood's presentation on the work being undertaken by Queensland Police in partnership working with Aboriginal youth was inspiring. Etty Matalon's presentation also scored highly and delegates were able to see the opportunity to include this and other evidence-based interventions into their programs.

The voice of residents or consumers could be heard strongly in Gerard Byrne's presentation on Thursday, and this provided personal and organisational challenges for many – which had been first ignited by Caisley Sinclair and Tim McNamara on Wednesday. As we consider the way in which we work with Aboriginal populations – both in urban and remote locations, the issues raised by Denise Gilchrist in relation to fetal alcohol spectrum disorder and the voices brought to the symposium by Gerard, Caisley and Tim are a reminder of the depth of the problem and the extent of the challenges ahead.

Thursday was brought to a fitting and inspiring close by Dr David Best – with delegate comments including, *"I remember him last year and he presents a professional paper but makes it interesting. Please more of him next year."* *"His dynamic presentation – to be fed stats and data and hell, I enjoyed it! Stats*

*can usually bore me to ripping off limbs! Well done."* *"How do you bottle this stuff and feed it to our policy makers and our residents and staff?"*

Some have suggested that next year we include a Recovery Walk as part of the 2013 Conference, and this and other suggestions coming out of this year's symposium will be considered by the 2013 Organising Committee.



*The WHOS crew at the Awards Dinner and one extra Kiwi hiding in the background*

The results overall to the Symposium were also very positive, and provided constructive comments and criticism. One of the issues which has often caused some discussion is the way in which we arrange the dinner. Do we include it in the price of the registration and therefore have everyone attend (in Fremantle this would have meant finding a venue to seat 290 people) or do we allow it as an optional extra – as we have traditionally done? The price of the dinner includes food and beverages and entertainment – and it is of course understood that not everyone will take part in all aspects. The most important part of the dinner is, however, the awards presentation – and this is considered highly important as it recognises the work being achieved by individuals and programs.

We are also very aware as an organisation about the place of alcohol, with a belief that if provided this should be done in a responsible fashion. It is therefore worth noting that this year the cost of alcoholic drinks was no more than the cost of non-alcoholic drinks – however, we are considering in future that the cost of the dinner can be reduced by not providing any drinks at all (either alcoholic or non-alcoholic) and asking delegates to purchase their own.



The choice of dinner menu is also very difficult. It is simply not feasible to order from the menu for a sit-down meal for 105 people (or potentially more if dinner is included in the registration). However, a smorgasbord (as at NIDAC this year) could be a possibility. Once again, these are some ideas for next year's organisers to consider.



*The Live Life Well group from Queensland*

Organisation of the annual conferences is usually undertaken by a local committee, backed up by the Secretariat (Lynne) to handle all registrations, finances and general administration. In Perth this included representatives of Palmerston, Cyrenian House and Serenity Lodge, linked back to the ATCA Board through Carol Daws. This year's much smaller committee of Anne Koops and Eddie Everett at Missiondale, and Jann Smith from ATDC did a fantastic job – with all registrations, administration, development and printing of program, name badges, running sheets and financial matters being handled back in Canberra by Lynne.

As can be appreciated, there is a huge hidden cost in this – with the organising committee giving their time through their own organisations to develop and host the event.

Next year we will again return to a larger team represented by five organisations, and operating nine TCs in Queensland.

As evaluation forms were completed on the sessions by a large number of delegates, these have provided a good indication of overall satisfaction with papers and presentations during the various sessions. Fewer delegates provided feedback on the overall Symposium (registration process, content and quality of the Symposium, venue, food and beverages and dinner). Results were positive, with 26/30 people indicating they were satisfied with the registration

process, 24/27 stating they were happy with the content of the Symposium program, 24/27 were very satisfied or satisfied with the quality of the Symposium and 21/25 endorsed the choice of venue. The majority (21/26) were also happy with food and beverages and 18/25 satisfied with the dinner and awards ceremony.

Feedback from all evaluations has been provided to the organisers, speakers and the 2013 Organising Committee for consideration. In addition to the overall satisfaction ratings, results of the session questionnaires have been analysed and feedback has been provided to the speakers along with the comments recorded.

- *This was my first ATCA Symposium and I was happy with content and look forward to next year*
- *Enjoyed Symposium and obtained good information to inform future service practice and direction*
- *Thank you – really enjoyed networking*
- *Thanks for an inspiring few days*
- *Would like to see more interactive workshops and a little less sitting. However, also appreciated ½ day beginning and end – great idea*
- *Everything was good*
- *Food limited, prefer to be given a choice*
- *Some healthy food options in tea breaks would be great*
- *Food – especially breakfast was a 10/10*
- *I'd like more content on actually working with client issues – was not enough of that*
- *Missiondale tour was great*
- *David Best – excellent*
- *WiFi situation was frustrating*
- *Two presentations stood out for me – David Best and Nicole Lee – both were insightful and thought provoking but give us considerable hope for future endeavours. I am particularly interested in the Recovery Walks*
- *I felt the Symposium focus was good, however could have captured a broader understanding of how stigma impacts those from an AOD background*
- *Overall the Symposium was well run and helped provide a good idea how ATCA supports members*
- *Venue was lacking professionally – no heating*
- *Great Symposium with lots of interesting and relevant presentations. Keynotes great. Could be shorter presentations. Two full days better than 2.5 and 1 day*

- *It would be good if you could record sessions – lot of info to take in and digest all at once*
- *Would have preferred to hear from Missiondale and team and how they run their TC*
- *Awards night – an amazing night – thank you*
- *Wednesday – some of the sessions were a bit dry*
- *Often at these sessions we learn practical components like art therapy or drumming – might be good next year*
- *Great job Lynne and Co*
- *Venue – seating a bit problematic because difficult to take notes and look at speakers on the podium.*
- *Dinner/Food/Beverage – Special diet food a bit uncreative. Cost of dinner to have 2 options – a. with alcohol, b. without (people can get drink vouchers – it makes more economical and responsible service of alcohol)*
- *Well done! Excellent conference and the presenters/topics were well selected*

The strengths of the Symposium were described as:

- *Bringing everyone together*
- *Topics and discussions*
- *To provoke thought – even if I don't like their view*
- *Networking opportunity*
- *Sense of community*
- *Appreciation of each other and diversity of services*
- *Very well organised and quality ATCA involvement – well done!*
- *Good range of topics however more sessions to discuss what each other is doing in individual TCs would be good*
- *Well organised, interesting content*
- *Range of specific issues discussed, all addressing the broader theme*
- *Variety of papers*
- *Opportunity to network*
- *That many TCs do great work*
- *Amount of people*
- *Networking, recognizing challenges and how to overcome them*
- *Speakers and organisation*
- *Lots of variety*

- *Focus on TCs*
- *Connection, sharing learning. More re TCs and differences*
- *The networking opportunities were countless, being from a small TC, the sharing of ideas and strategies with other organisations was invaluable*

As we move forward with the organisation of next year's conference, all these comments and the results of evaluations will become invaluable for next year's organisers.

Finally – on behalf of the membership, I would like to thank everyone who presented – our keynote speakers, symposia and breakout session speakers for providing such a wonderful range of papers, for challenging us to think more deeply about some difficult issues and for providing us with a picture of how they have been able to address issues of stigma and other barriers to treatment.

A final thanks to Anne, Eddie and Jann in Tasmania – to Reuben (Anne and Rob's talented son) and his band, *"The Letters"* for providing entertainment at the opening event and the dinner, and the Aboriginal Dancers, *Bungara*, for their performance on Tuesday evening.

Most of the presentations have been made available and will shortly be placed on the ATCA website, as is our usual practice following a conference or symposium. We are currently seeking permission from all presenters before sending through for uploading to the webpage.

Our thanks also to the 2012 Symposium sponsors – Alcohol and Drug Services Tasmania, for coming on board as a bronze sponsor, and the Foundation for Alcohol Research and Education (FARE) for providing scholarships which enabled the attendance of nine presenters and delegates.

Thank you also to all delegates – we look forward to seeing you next year in Queensland.

## Awardees recognised at the Symposium Dinner in Launceston

This year there were seven people recognised for their 10 year contribution to the TC movement.

Mickel Rose has worked with Karralika Programs in the ACT since 2001, undertaking a variety of important roles within the organisation. First

employed as a Night Supervisor, Mielke then went on to take the roles of Case Worker and Intake Officer, a position he held for a number of years. He now works with Karralika Programs as Senior Case Manager within the Karuna eight-week short-stay program, in addition to facilitating the Karralika Programs' Sober Driver Program.

Graham and Christine Tamsett have both worked as Salvation Army Officers for 28 years, and have been with the Salvation Army's Recovery Services TCs for the last 12½ years. Working in the Gold Coast and Brisbane programs, they have provided the opportunity to assist the Salvation Army as it moves more fully to embrace the TC method.

Ian Lewis has worked with Odyssey House Victoria within four different roles – including Business Office Manager, Trainer in Administration to Residents, Counsellor and Gender Group Counsellor, and TC Operations Manager. He is an enthusiastic contributor to the staff team, and also coaches the football team and fun runners.

Scott and Jacqui Warrington commenced work with the Salvation Army as Officers over 16 years ago, and have been part of the Salvation Army's Recovery Services TCs for the last 10½ years in the Gold Coast, Blue Mountains and now at the Canberra Recovery Services.

Pat Williams joined Odyssey House Auckland as a Board member before taking on the important role of Compliance and Quality Manager 15 years ago. In this role she ensures that Odyssey is compliant with all regulations pertaining to Health and Safety, Fire, Infection Control and Quality processes and provides project management for major capital building projects.



*Christine Tamsett, Graham Tamsett, Mielke Rose, Ian Lewis, Scott Warrington, Jacqui Warrington & Pat Williams with their 10 year service awards*

Special awards for *Important Contribution to the Development of the TC within an Organisation* were awarded to two others.

Leon Gordon has worked with the Salvation Army since 2005. He is a passionate and committed worker who has become 'fired up' with the TC model, and has played a key role in supporting the Salvation Army's Recovery Services to embrace the concept of therapeutic community. He takes an active role in the promotion of TCs within the wider health community, and brings his knowledge through study and discussion to the 'decision table' when looking at policies, procedures and mentoring of staff.

Mary Jibson has been a member of Fresh Hope for 11 years and has served on the Board for eight, with seven of these as President. She has played a significant role within the organisation in ensuring it is financially viable, including the purchase of a seven acre property and donation of program buildings. Her career objective is 'to make a difference in this world before falling off the twig'.



*Leon Gordon and Mary Jibson*

The award for *Significant Contribution by a Program, Service or Intervention*, recognises an exemplary or commendable contribution to the Therapeutic Community movement in Australasia made by a program, service or intervention. This year there were two winners in this category – both coming from Western Australia.



*Wendy Shannon from Palmerston Association*



Palmerston Association has established a unique partnership with Murdoch University to provide an innovative, holistic and effective treatment program for residents of the TC with musculoskeletal pain, a common health issue for clients of TC services. This is based on a biopsychosocial model of care with consideration for the physical, emotional, social, economic and spiritual needs of the person, their response to illness and the effect of the illness on their ability to meet self-care needs.

The chiropractic partnership provides a non-pharmaceutical approach to pain and has been found through research to be at least as effective as usual medical care, which includes pharmaceutical treatment, for the management of spinal pain.

Cyrenian House received the second award in this category for the ongoing development of cultural competency within the context of the mainstream TC. The TC's Women and Children's Program, which comprises 14 family houses, consistently records an Indigenous resident population of 30-50%, and across both parent and mixed gender programs, retention of Aboriginal residents in treatment has increased, with many now completing 3<sup>rd</sup> and 4<sup>th</sup> stages of treatment. A key indicator of effectiveness has been the referral of family members to the TC by other Aboriginal residents.

The TC demonstrates best practice through the development of a Reconciliation Action Plan, employment of two fulltime Aboriginal AOD support worker positions (both male and female), mandatory cultural security training for all staff, and granting of

ceremonial leave in recognition of cultural obligations. The program has also established an Aboriginal Meeting Place on the property as part of the Community Days.

*CEO Carol Daws, Jennie Hamilton and Mitch Peasley from Cyrenian House*



The final presentation of the evening was made to a person who had made a significant contribution to

the TC movement over a considerable period of time, and was awarded to Goldbridge CEO, Charlie Blatch.

Charlie first began working within therapeutic communities in the early 1970s, commencing in the UK at the Ley Community – the second TC to be established in that country. In 1980 he established Killara House in Albury, moving it to the country community of Granya in north east Victoria, where it was – quite ironically – established in the old Granya Pub. Other roles have included Director of the Alcohol and Drug Foundation ACT, which included a period of significant development, and – for more than 15 years – CEO of Goldbridge on the Gold Coast, where he has developed the program from a small residential service to an evidenced-based TC including transitional, educational and community-based support services.



Charlie was a founding member of the ATCA in 1986, and has served in various roles, including President, working with the Association to encourage new members and to build knowledge of the TC model. He is most likely the person in Australia with the longest

period of service to the TC movement – and has played a key role in Australia since 1980 to develop and build the model.

The ATCA congratulates all award winners for your continuing contribution to TCs in Australia.

## ATCA Board election results

The ATCA AGM was held during the Launceston Symposium, with representatives of 14 organisations attending. The AGM received the reports of Chair (Barry Evans) and Treasurer (Gerard Byrne) and considered the 2011-2012 financial report, which showed a profit of \$49,900. While a reduction on last year, it is indicative of the additional work undertaken on behalf of the membership – and particularly in the development of the ATCA Standard and the 11 peer reviews conducted in the past 12 months.

The AGM confirmed the election of the three members whose nominations had been received by the advertised date. These were: Barry Evans, Carol Daws and Jackie Long. Also continuing on the Board for another year are Directors James Pitts, Eric Allan, Gerard Byrne and Garth Popple. Appointed member Mitchell Giles will also maintain his position for another year and the Board will consider the appointment of a second co-opted member at its meeting in October.

The Board received some enquiries from TC members regarding the process in coming onto the Board – and members are encouraged to consider standing next year. The process of election is outlined in the Constitution and nominations are called two months before the AGM, with a closing date four weeks prior to the AGM. Where there are more nominations than the number of vacancies, an election for positions is held at the AGM. This year, there being three nominations for the three positions, a motion to appoint the three nominees was moved and passed by the membership.

Following the AGM, a meeting was held by the Board and the following appointed to Executive positions: Barry Evans (The Buttery) as Chair, Garth Popple (WHOS) as Deputy Chair, Gerard Byrne (Salvation Army Recovery Services) as Treasurer and Eric Allan (Odyssey House Victoria) Secretary and Public Officer. All are congratulated on their election to positions.

### ATCA Website in development

Delegates at the Symposium were able to get a first preview of the developing and revamped ATCA website, which we will be launching before the end of the current calendar year.

The new site will include many of the features of the previous site, but is being developed to be far more interactive and informative – for both TCs and others in the wider sector and community. New features include *Resident Success Stories and Reflections* provided by residents who have undertaken TC treatment in one of our many ATCA services.

There is also a directory of services which will provide referral information for health care professionals – where a click on the map of Australia and New Zealand will take the person to the TCs in that jurisdiction. Once there, information on each of the TCs in that state or territory will include a description

of services offered, referral and contact information, photos of facilities and programs and a link to the TCs own webpage.

In the past year, the Secretariat has received numerous calls from health care professionals wishing to refer to TC services, including one from a GP in Melbourne who had a patient in his surgery wanting to find a suitable TC. We were then able to discuss the patient's particular needs and to make a referral for treatment to two possible TCs in real time – while the patient was meeting with the doctor.

While it is understood that each program then has its own assessment process, being able to gain information on services offered in order to refer someone is hugely important – particularly if the person is showing readiness to change. Matching clients with suitable treatment options has been shown to be most effective and therefore providing information to direct enquiries ultimately of benefit to potential residents and referring agents.

Once again, while a number of TCs have updated the information and photographs ready for migration to the new site – others have not. In the interim, the information on the current site will be brought across. However, please provide new information in the format requested as soon as possible so that the website can be completed. A reminder will come out by email in the coming week.

### ATCA Annual Report

Due to the timing of this year's AGM, the Annual Report had not been completed for distribution, and is currently still being developed. There are a number of organisations that have not yet provided their information for the report, and emails will therefore be going out very soon to those who are still to provide a report for inclusion in the Annual Report.

The Annual Report provides an important promotional and advocacy tool for the ATCA and its members. It is widely distributed to Government and community organisations, and forms the basis of funding and sponsorship applications.

If you haven't already provided your 2011-2012 report, please get it ready – we will be calling for it in the next week.