



“TCs: Getting better all the time – partnerships, practice & collaboration”

**Canberra
14-19 September 2009
The Rydges Hotel
Capital Hill**



Australian Government
Department of Health and Ageing



HELPING YOU CHOOSE A BETTER LIFE
ALCOHOL & DRUG FOUNDATION ACT INC.



Empowering youth to overcome drugs



Welcome to the 23rd Annual Conference of the Australasian Therapeutic Communities Association

This year's conference has been made possible by the support of the Department of Health and Ageing, who have provided funding to the ATCA Secretariat over the past three years, the generous financial support of ACT Health and the tremendous efforts of a few people from ADFACT, the Ted Noffs Foundation and the Canberra Recovery Service, who have worked both in front and behind the scenes to bring this conference together.

I want to particularly thank Kim Fleming, Kerry Fitzroy and Dawn Bainbridge from Karralika/ADFACT, Brett Pridmore from the Ted Noffs Foundation and Bob O'Heir from the Salvation Army's Canberra Recovery Service, all of whom have worked tirelessly in the organisation of this conference. Special thanks must also go to the other staff, residents, clients and participants of these services who have worked behind the scenes to pack conference bags, staff the registration desk and to undertake the many other 'little things' which are important to the smooth running of an event such as this.

We are excited to be able to bring you a program which promises to challenge, enlighten and expand our ideas of treatment within the TC and the ever-increasing services which we provide to the community.

Our theme, **"TCs: Getting better all the time – partnerships, practice & collaboration"** recognises our history (from the '60s and '70s - the time of the Beatles) to the current day – when our TCs are challenged by many different issues – working with special populations; when comorbidity with mental health problems must be viewed as the expectation, rather than exception; increasing concerns about child protection and treatment options for women and families; young people; global shifts in the economy and unemployment which invite us to think differently about training and work options for our residents as they enter and then leave our programs.

The words, "Only you can do it, but you can't do it alone", were never as true as they are today – for both ourselves as well as for those with whom we work. Partnerships, practice and collaboration must inform our work practice in the 21st century.

For the first time, the ATCA Conference will also offer some unique Professional Development Workshops both as a part of, and as an adjunct to the conference. We are excited about these as they will provide the opportunity to learn, to expand our skills, to be challenged and nurtured, to gain confidence and to expand our ideas.

We are very pleased to announce that the workshops have received the endorsement of the Australian Psychological Society, therefore psychologists attending these workshops can claim PD points as outlined on the workshop information. Psychologists should note the number and type of points you intend to claim directly onto your log sheet for the current Cycle upon completion of this activity.

On behalf of the ACT Conference Organising Committee, "Welcome - We wish you a Great Conference!"

Lynne Magor-Blatch
ACT Conference Organising Committee
September 2009



ATCA: Getting Better All the Time

Barry Evans, Chair, ATCA Board of Management

Since the late 80's a major concern for ATCA has been the implementation of a program of ongoing quality assurance for member agencies and agencies aspiring to be therapeutic communities as well as members of ATCA. In addition to individual program evaluations, ATCA recognised the need to assist member agencies to continually improve service delivery in a non threatening way, the mechanism selected to do this was a quality assurance process conducted as a Peer Review.

On 30 June 2008, the Department of Health and Ageing provided funding to ATCA to develop National Standards for Therapeutic Communities (AOD) in Australia. In its submission to the Commonwealth ATCA outlined its intent to assist members to achieve best practice in therapeutic communities.

"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." (Lynne Magor-Blatch ATCA Chairperson 2008)

The anticipated outcomes for the project included:

- A set of service standards which identify and describe good TC practice which will fit within a national quality framework.
- A process for conducting service reviews which will define best practice and enhance service provision in the AOD & Co-morbidity sector.
- An assurance that the integrity of the "Therapeutic Community" principle is maintained.
- A comprehensive training package that supports the Therapeutic Community approach to good practice and professional service provision.
- A workforce development process that enhances the sustainability of the NGO AOD sector.
- A professional framework for the Therapeutic Community model owned and supported by the members of the Australasian Therapeutic Communities Association which fits within a National Quality Framework.

The design of the Australasian Alcohol and Other Drug Therapeutic Communities Standards and accompanying training package is the work of Jill Rundle who in a process of extensive consultation with ATCA members, the ATCA Board and its Secretariat, has produced an excellent quality 'map' for therapeutic communities.

ATCA is grateful for ongoing support of Commonwealth Government Department of Health and Ageing and for its commitment to ensuring that the work of Australian therapeutic communities remains of a high standard comparable to the best in the world.

The Australasian Alcohol and other Drug Therapeutic Communities Standards will be officially launched at this Conference by Prof. Ian Webster AO a man who has made a huge contribution to the AOD sector in Australia. Prof. Webster is the recent winner of the Prime Minister's Award for Excellence and Outstanding Contribution to Drug and Alcohol Endeavours.

In keeping with the theme of the conference I welcome you to Canberra and a packed program for the benefit of all:

"The Hendersons will dance and sing, As Mr. Kite flies through the ring don't be late
Messrs. K and H. assure the public, Their production will be second to none
And of course Henry The Horse dances the waltz!
The band begins at ten to six, When Mr. K. performs his tricks without a sound
And Mr. H. will demonstrate,
Ten summersets he'll undertake on solid ground
Having been some days in preparation,
A splendid time is guaranteed for all"
Being for the Benefit of Mr. Kite! (Lennon/McCartney)

INTRODUCING THE KEYNOTE SPEAKERS



JOEL PORTER: Director Pacific Centre for Motivation and Change, Senior Clinical Lecturer National Addiction Centre - Christchurch School of Medicine and Lecturer in the Wellington Institute of Technology's Alcohol and Drug Studies Program

Joel has over 15 years of dedicated clinical experience in the addiction field and has practiced in a wide range of community and residential treatment programs in the United States, Germany and New Zealand. Joel received his training in Motivational Interviewing from William Miller and Theresa Moyers in Santa Fe, New Mexico, USA; and in Crete, Greece; and is a member of the Steering Committee for the International Motivational Interviewing Network of Trainers.

Joel is a charter member of the New Zealand School of the Addictions organising committee. His research and professional interests include the systemic impacts of addictive behaviours, trauma and addiction, and professional training in treating addictive behaviours. Since 2004, Joel has developed a research and training interest in the area of gambling treatment. Joel has a particular interest in therapeutic communities, and has worked with TC staff over a number of years, providing training in Motivational Interviewing and Stages of Change.

Keynote Presentation: Addiction: An intimate relationship. Addiction is a complex state of being that state people find themselves attached bonded to for better or worse. Although we are able to quantify and describe the genetic, biological, psychological and behavioural aspects of addiction, we appear to remain at a loss of understanding what it means to be addicted on a human level. Perhaps what has happened in the search for the roots of addiction is that we have become so focused on indentifying and naming all the trees, that we have missed the forest. Understanding addiction as an intimate relationship is a way of looking at addiction as a way of being that is sensible, functional and meaningful to the person who has made the commitment.

CHRISTINE KING: Head of the Indigenous social work group of AASW and the Chairperson of the National Coalition of Aboriginal and Torres Strait Islander Social Workers Association, and Indigenous Co-Chairperson of the Stolen Generations Alliance



Christine is an Aboriginal woman from the Northern Territory. Her mother is a Warumungu woman from the Tennant Creek area. Her father was a Larrakia man from the Darwin area. Christine is a social worker with experience in the areas of Juvenile Justice, Child Protection, Youth Work, Project Management, Community Violence, Community Development, Counselling, Substance Misuse, Aged Care, Policy Development, Mental Health and Suicide Prevention. Christine was heavily involved in the background work with regard to the recent Apology to the Stolen Generations. Christine is currently in the process of completing a PhD through the Australian Catholic University. Her topic is, 'The Aboriginal Kinship System: Informing Social work theory and practice in Australia'.

Keynote Presentation: Aboriginal Learning Circles within Therapeutic Practice. An important feature of Aboriginal cultural learning is the learning circle. These circles offer safe, fun, places for exploration of issues of interest to families, and kinship circles. This presentation identifies what learning circles are, who can be involved, how they work, what can be learned and how they can assist therapeutic practice. It builds on the article "Scratching the Surface of Cultural Learnings" (2004) that was published in the PARC Newsletter.



LAUREN PORTER: Co-Director Centre for Attachment, Executive Committee Member of Infant Mental Health Association Aotearoa New Zealand (IMHAANZ) and consultant for the 2006 and 2007 *Nought to Five* television series (TVNZ/Homegrown TV New Zealand)

Lauren is a clinical social worker, consultant and psychotherapist, and Co-Director of the New Zealand-based Centre for Attachment. She holds a BA in East Asian Studies and a Masters Degree in Social Work. Since receiving her MSW in 1995, Lauren has been dedicated to working with families, children and adolescents in the field of mental health counselling and training.

Lauren has worked in a wide range of settings and communities, including Germany and the US, in addition to New Zealand. Her experience has focused on families struggling with issues pertaining to conflict and trauma, including child sexual abuse. Her current professional focus is the merging of attachment theory with neuroscientific data, with an eye toward the practical applications of everyday life. Lauren is the mother of two children.

Keynote Presentation: *Through the Eyes of a Child: Essential Understandings and Misunderstandings about Attachment.* What is, and what isn't "Attachment"? The categories are less important than understanding the relational mechanisms that underpin them, how this fits with our understanding of neurology, including plasticity and the capacity for change, and the essential qualities of healthy relationships.

BOB JACOBS: Registered Clinical Psychologist and Family Dispute Resolution Practitioner in Queensland and licensed attorney in the United States, Director of Youth Disability Advocacy of Queensland with the Youth Affairs Network of Queensland (the state's peak youth body)



Bob has worked in youth advocacy for over 25 years in the United States and in Australia. He began his career as a teacher and coach, and went on to earn two masters degrees, a doctoral degree in psychology and a juris doctor degree in law. During the late 1990's Bob was host of the government-access television show "Parenting with Dr. Bob" which won a National Association of Counties award for "Innovation in County Government". Bob has written and spoken extensively in the U.S. and in Australia on the issue of the overuse of psychiatric diagnoses and prescription drugs with children and young people. In 2003 he was a keynote speaker at the Queensland State Youth Conference in Mackay, and in August 2005 Bob was invited to present on this issue to the Australian Senate Subcommittee on Mental Health in Canberra.

Bob spent over a decade on the Advisory Board of the International Center for the Study of Psychiatry and Psychology (ICSPP) from 1993 and served a term (2002-2004) on the National Steering Committee for the Children's Rights Network of Amnesty International USA. In May 2007 he was a keynote speaker at the Australian National Youth Conference in Melbourne. In December 2008 Bob migrated permanently to Australia where he is working with Youth Affairs Network of Queensland (the state's peak youth body) and maintains a private practice. He is very interested in the work of TCs, particularly with young people with issues stemming from comorbidity of mental health and substance use.

Keynote presentation: *"Celebrate, Don't Medicate"*. It is time for clinicians and youth advocates to demand a shift in the paradigm through which we see young people. Child psychologists for too long have hopped on the bandwagon of psychiatry and supported labelling children with questionable diagnoses and then using those diagnoses as the basis for chemically restraining their behaviour. We need to stop buying into the idea that children are "sick" if they don't fit into social norms at home or at school. We need to really celebrate diversity, instead of just paying lip service to the concept and we need to fight against the idea that disobedience and nonconformity are symptoms of "mental illness". We must embrace and celebrate the uniqueness of every child (and person).

Tuesday 15 September 2009						
Time	Venue	Session or Function	Chair	Speaker		
8.00am-8.45am	Foyer Level 1	Registrations & coffee				
8.45am-10.00am	OPENING SESSION					
	Forrest Suite	Welcome & Introduction ACT Conference Organising Cttee	Lynne Magor-Blatch			
		Welcome to Country	Lynne Magor-Blatch	Mrs Agnes Shea		
		Cultural presentation	Lynne Magor-Blatch	Wiradjuri Echo: Aboriginal Cultural Dance Troupe		
		Introduction ATCA Chairperson	Lynne Magor-Blatch			
		Conference opening and Introduction of Guest	Barry Evans	The Hon Justice Richard Refshauge, ACT Supreme Court		
10.00am – 11.00am	Forrest Suite	PLENARY SESSION	David Crosbie CEO, MHCA	Joel Porter Addiction: An intimate relationship.		
11.00am-11.30am	MORNING TEA					
11.30am-12.30pm	Forrest Suite	PLENARY SESSION	Sue-Anne Morley Executive Officer, NIDAC	Christine King Aboriginal Learning Circles within Therapeutic Practice		
12.30pm-1.30pm	LUNCH – During lunch there will be an open AA meeting in one the Boardroom. This is a closed meeting, All AA members, local and visiting, are invited to attend.					
Time	Venue Chair	Stream 1: Comorbidity – same people different settings?	Venue Chair	Stream 2: Indigenous, spiritual & cultural issues. What can we learn?	Venue Chair	Stream 3: Corrections & other Partnerships - Getting the mix right for rehabilitation.
1.30pm-2.00pm	Forrest Room 1 Kim Fleming	Joel Porter: Workshop Personality Disorders and Addiction	Forrest Room 2 Sue-Anne Morley	Christine King: Workshop Running a Therapeutic Learning Circle	Event Room 1 Dawn Bainbridge	A picture tells 1000 words – a prisoner mural that captures the therapeutic journey: Samantha Beeken
2.00pm-2.30pm						High Risk Partnership – Setting up a Therapeutic Community in the new ACT prison: Simon Rosenberg & Shelley Cox
2.30pm-3.00pm						Residential Rehabilitation and the Criminal Justice System: A Culture Clash? Heidi Becker & Jodie Martin

3.00pm-3.30pm		AFTERNOON TEA				
Time	Venue Chair	Stream 1: Comorbidity – same people different settings?	Venue Chair	Stream 2: Indigenous, spiritual & cultural issues. What can we learn?	Venue Chair	Stream 3: Corrections & other Partnerships - Getting the mix right for rehabilitation.
3.30pm-4.00pm	Forrest Room 1	Working with co-morbidity: Using the Depression, Anxiety and Stress Scale for individual work and program evaluation: Norm Henderson, Joe Warnecke & Julaine Allan	Forrest Room 2	The curly question of the spiritual: Camille Kersley	Event Room 1	Corrections: An Intensive Psychotherapy program within an adapted TC – A new way to do treatment: Samantha Beeken
4.00pm-4.30pm	Bob O’Heir	When neuroscience and therapeutic community meet: A practical program for treating comorbidity from an evidence-based perspective: Stephen Green	Kim Fleming	Gift of Tangaroa: Rawiri Pene	Phil Lawler	How NCPIC can assist TC staff increase options for TC participants with problematic cannabis use: John Howard
4.30pm-5.00pm		A Few Bad Apples: Working with Antisocial Personality Disorder in a Therapeutic Community: Johnny Dow		On being a father: Camille Kersley <i>The men intend to be present at this session and are open to discuss their work with conference attendees on an informal basis after the session.</i>		Smart Partnerships Joseffe Freeman, Lesley Sampson & Jim Villamor
5.00pm	Forrest Room 1	ATCA Annual General Meeting & Election of Board				
7.00pm		BBQ and Aboriginal and Torres Strait Islander cultural evening: Boomanulla Oval, Narrabundah: Action buses from Rydges and Diplomat Hotels				

Wednesday 16 September 2009

Time	Venue	Session or Function	Chair	Speaker		
8.00am-9.00am	Foyer Level 1	Registrations & coffee				
9.00am-10.00am	Forrest Suite	PLENARY SESSION	Lynne Magor-Blatch	Lauren Porter Through the Eyes of a Child: Essential Understandings and Misunderstandings about Attachment		
10.00am-10.30am	Forrest Suite	Policy directions: AOD	Margaret Hamilton Executive Member	Georgie Harman, First Assistant Secretary A/g, Mental Health and Chronic Disease Division, Department of Health & Ageing		
10.30am-11.00am	Forrest Suite	Policy directions: Supporting Families	ANCD	Robyn Fleming, A/g Group Manager, Families Group, FAHCSIA		
11.00am-11.45am		MORNING TEA Launch of ATS Treatment Protocol: Prof Margaret Hamilton: Executive Member, ANCD				
11.45am-12.45pm	Forrest Suite	PLENARY SESSION	David Templeman, CEO, ADCA	Bob Jacobs "Celebrate, Don't Medicate".		
12.45am-1.45pm		LUNCH – During lunch there will be an open NA meeting in The Boardroom. This is a closed meeting. All NA members, local and visiting, are invited to attend..				
Time	Venue Chair	Stream 1: Families & innovative therapies in the TC	Venue Chair	Stream 2: Youth – More understanding and less pathologising.	Venue Chair	Stream 3: The changing face of the TC: Innovations & Interventions
1.45pm-2.15pm	Forrest Room 1	Lauren Porter: Workshop Babies need Love, not Education: What Attachment, Neurology and Research tell us about Non-Parental Early Care	Forrest Room 2	Bob Jacobs: Workshop "Psychiatric Diagnoses of Children: Who Benefits and Who Suffers".	Event Room 1	TC Quality Processes: achievable, useful, fun: Jill Rundle
2.15pm-2.45pm	Kerry Fitzroy		Brett Pridmore		Barry Evans	
2.45pm-3.15pm						Project snapshot - The changing face of Co-existing Disorders Kerry Brezina & Ian Telford
3.15pm-3.45pm		AFTERNOON TEA				

Time	Venue Chair	Stream 1: Families & innovative therapies in the TC	Venue Chair	Stream 2: Youth – More understanding and less pathologising.	Venue Chair	Stream 3: The changing face of the TC: Innovations & Interventions
3.45pm-4.15pm	Forrest Room 1	Expressive Therapies Within a Therapeutic Community – Experiential workshop: Kerriane Abbott & Vickie Walmsley	Forrest Room 2	“Football – It’s not ‘just a game’, it’s therapy.” Ian Lewis	Event Room 1	Residential Treatment for Opioid Dependence (WHOS - RTOD) stabilisation program: Carolyn Stubley
4.15pm-4.45pm	Kerry Fitzroy		Brett Pridmore	Workshop: Guidelines on the management of cannabis use disorder:	Garth Pople	Workshop: ATS dependencies within the TC: Introduction of the ATS Treatment Protocol
4.45pm-5.15pm			Working towards family inclusive practice: Larry Pierce		Etty Matalon	Lynne Magor-Blatch
7.00pm		Conference Dinner: The Lobby, King George Terrace, Parkes: Action buses from Diplomat and Rydges Hotels Annie and the Armadillos				

Therapeutic Communities in the ACT

Canberra Recovery Services Centre is a part of the Salvation Army Bridge Programme. The programme operates out of seven centres in the ACT, NSW and Qld and provides case management and therapy in a modified Therapeutic Community setting for men and women with drug alcohol or gambling issues. The Canberra Centre has 36 beds and is specifically for men. It also provides half way house accommodation at two separate locations. There is a specific Centre for women on the Central Coast and three of our Centres provide facilities for both men and women.

Major Bob and Genness Garven manage the Centre and are supported by an Assistant Manager, a Clinical Team and Administrative staff. We have a visiting Medical Officer and a visiting Psychologist. A TAFE teacher provides literacy and numeracy classes as well as extended curriculum, access to a Gym is provided twice a week and social sport is available on weekends. Each Tuesday night the staff serve dinner to the participant body and a large group of past participants who meet prior to dinner and continue to share their experiences in recovery.



Thursday 17 September 2009						
8.15-8.45am	Foyer Level 1	Registrations & coffee				
Time	Venue Chair	Stream 1: Getting Better All the Time –Working with families	Venue Chair	Stream 2: Getting Better All the Time –A Culture of Change	Venue Chair	Stream 3: Getting Better All the Time – Research in the TC
8.45am – 9.15am	Forrest Room 1 Dawn Bainbridge	Stories from the Front Line- Connecting Families and Bridging the Divide: A Family Drug Support Project Part 1 Lindsay Langlands: Connecting Families through Communication. History of the organisation, an introduction to the project, and a story from the front line Part 2 Antonia Ravesi: Connecting Families through Creating Communities. Brief outline of western region projects and a story from the front line Part 3 Lesley Edwards: Connecting Families through Consultation. Brief outline of southern region projects and a story from the front line	Forrest Room 2 Stuart Anderson	"Getting Better All The Time" – Maintaining Cohesion When Everything Changes - An Organisational Approach by The Buttery Barry Evans Amos Hee, Jenny McGee & Linda Belframe	Event Room 1 Bob O'Heir	Effects of ATS use on psychopathology, aggression and cognitive function among clients within TCs: Ally Gunn & Debra Rickwood
9.15am-9.45am						The Assessment of Therapeutic Change within Therapeutic Communities: Peter Kelly & Gerard Byrne
9.45am-10.15am						Cost Benefits of Therapeutic Community Programming: Results of an Updated Survey: James Pitts
10.15am-10.45am		MORNING TEA				
10.45am-12.15pm	Forrest Suite	ROUNDTABLE: Joining the Dots – Mapping and responding to the linkages between Research, Policy and Practice within the TC	Facilitator: Gino Vumbaca Executive Officer, ANCD	Joel Porter, Bob Jacobs, Christine King, Robyn Fleming, James Pitts, Barry Evans, Garth Popple, Michael Kirton, Lynne Magor-Blatch, Kerry Fitzroy, Fred Monaghan, Stuart Anderson, Kate Hewett		
12.15pm-12.35pm	Forrest Suite	Conference Rapporteurs: Three comments on the Conference		Eric Allan, Mitchell Giles, Gerard Byrne		
12.35pm-1.15pm	Forrest Suite	CLOSING CEREMONY	Kim Fleming & Bob O'Heir	TC presentation		
1.15pm-2.00pm		LUNCH Event Room 1: AGM of the APS Psychology and Substance Use Interest Group. Meeting open to all interested delegates				
2.00pm-5.00pm	Forrest Suite	Workshop - "Sex and drugs and Rock'n Roll: Teenage heaven or teenage hell?" Implications for treatment Simon Crowe, Professor of Neuroscience and Clinical Neuropsychology, School of Psychological Science, La Trobe University				

INTRODUCING THE SESSIONS AND PRESENTERS

TUESDAY 15 SEPTEMBER

1.30pm – 3.00pm

Stream 1: Comorbidity – Same people different settings?

Workshop: Personality Disorders and Addiction

Presenter: Joel Porter

A bird and a monkey are not the same thing just because they both spend time in the air. Neither are a person struggling with an addiction and person struggling with a personality disorder. However, it is not uncommon for people entering into a treatment program to bring along some complex, disruptive and challenging behaviours that endure well past detoxification. Over the years the phrase, *personality disorder* has been eschewed by clinicians and consumers on the grounds that it is more harmful than helpful. This workshop will focus on de-stigmatising and deepening our understanding of the characterological issues that work to enable, support and, even, help to heal addictive behaviours. We will explore what a disorder of personality actually is, where does it come from and what are some realistic and practical things we can do to enhance treatment engagement, retention and addictive behaviour change.

Stream 2: Indigenous, spiritual and cultural issues – what can we learn?

Workshop: Running a Therapeutic Learning Circle

NB. This is an experiential workshop, restricted to 20 people. Register for this at the Registration Desk

Presenter: Christine King

This short workshop will illustrate what has been introduced within the presentation, “Aboriginal Learning Circles within Therapeutic Practice”. The topic of this learning circle is ‘The Giants in our Lives’. It will offer practitioners an opportunity to participate in a learning circle. Participants should be prepared to have fun, learn more about Aboriginal culture, look at issues from different perspectives, sing, dance and act.

Stream 3: Corrections & other Partnerships – Getting the mix right for rehabilitation

1. A picture tells 1000 words – a prisoner mural that captures the therapeutic journey

Presenter: Samantha Beeken, Senior Clinician, Caraniche, Marngoneet Correctional Centre

Marngoneet Correctional Centre opened in 2006 as a 300-bed medium security prison in Victoria. It operates as an adapted TC model with its design and processes striving to balance prison security and therapy. Caraniche is a specialist in forensic service delivery and has been the major provider of substance use treatment programs within the Victorian Prison System since 1994. Caraniche staff working at Marngoneet have a specific interest in using Therapeutic Community principles in their treatment provision.

The drug and alcohol treatment community at Marngoneet is called Station Peak. It is a 100 bed “neighbourhood” that consists of a central unit housing 40 prisoners and a number of smaller units and cottages. As part of the continuing development of the Therapeutic Community in Station Peak in early 2009, the prisoners were set a challenge by custodial and clinical staff to come up with ideas for a mural that depicted the therapeutic journey and captured the philosophy of the unit. Following consultation between the men in the community a mural which incorporated the ideas of the whole Station Peak community was designed and agreed upon.

Over the following months the mural took shape, with additional assistance from members of the community. The mural became a powerful representation of the challenges of therapy and working in a therapeutic

community environment. Ideas of how the mural could become a living document of each participant's journey have been incorporated into the wall. This presentation will discuss the ideas and journey the men captured and their interpretations on the mural based on interviews conducted with the artist and photographs taken throughout the creation phase.

2. High Risk Partnership – Setting up a Therapeutic Community in the new ACT prison

Presenters: Simon Rosenberg, Deputy CEO, ADFACT and Shelley Cox, Team Leader, Alcohol and Other Drug Unit, Alexander Maconochie Centre, ACT Corrective Services

Solaris is a Custodial Therapeutic Community (TC) being established at the new ACT Prison, the Alexander Maconochie Centre (AMC), as a partnership between Alcohol and Drug Foundation ACT (ADFACT) and ACT Corrective Services ACTCS).

Solaris aims to reduce alcohol and drug-related re-offending through comprehensive programs aimed at encouraging new skills, pro-social behaviours, attitudes and values. It will operate along similar principles to community-based TCs, but with significant modifications to reflect the prison environment, and the background of participants.

Solaris is one of the few such programs in Australia. There is significant overseas experience with prison-based TCs, and Solaris will be drawing on evidence of best practice. It will operate as a separate community within the AMC, where accountability, responsibility, trust, and a sense of belonging can be safely promoted.

This will be enhanced through the participation of specially selected and trained Custodial Officers, who will be dedicated to the TC, and work closely with both ACTCS and ADFACT clinical staff. There will also be joint management between ACTCS and ADFACT. This sort of operational partnership between a govt and non-government agency is unusual, although potentially highly effective.

There will be a strong focus on post-release support, including supported accommodation and relapse prevention.

3. Residential Rehabilitation and the Criminal Justice System: A Culture Clash?

Presenters: Heidi Becker, Senior Project Officer, NADA and Jodie Martin, Manager, Community Restorative Centre (CRC)

The Australian criminal justice system is processing increasing numbers of people charged with drug and drug related offences. High recidivism rates for offenders convicted of these offences have led to a number of diversion and treatment programs aimed at this group. However, restrictions on available places and eligibility criteria mean that not all prisoners can access drug treatment while incarcerated. Short sentences, remand procedures and continuing drug use in prison results in the need for withdrawal and rehabilitation programs post release.

The Community Restorative Centre (CRC) and the Network of Alcohol and Other Drug Agencies (NADA) have established a training program for residential drug and alcohol rehabilitation services following a research project that found a number of barriers preventing those leaving prison entering treatment programs. Conflicts of prison and rehabilitation culture were a significant issue in developing and implementing the training. The implications of the research findings and the process of training are discussed.

3.30pm – 5.00pm

Stream 1: Comorbidity – Same people different settings?

1. Working with co-morbidity: Using the Depression, Anxiety and Stress Scale for individual work and program evaluation

Presenters: Norm Henderson, Joe Warnecke and Julaine Allan

Residents with co-morbid drug and alcohol and mental illness are well supported in the Lyndon Therapeutic Community. However, a reliable way of assessing negative mood that required a specific intervention was instigated to support staff in their work with co-morbid residents. The Depression, Anxiety and Stress Scale (DASS) was developed in Australia to measure negative mood in the seven days prior to the scale being administered. At Lyndon Therapeutic Community the DASS is administered to clients one week after entering the program, at 60 days and at 100 days. The results of the scale are used in two ways. Firstly they offer a concrete representation of mood that can direct a discussion with a resident about their feelings and concerns. If the scores are in the high range additional support for the resident can be called upon to relieve their negative mood. Secondly, the combined scores are used to evaluate the impact of the program stages on the client group and monitor outcomes over time. This presentation reports the results of DASS scores analysis from a three year period and discusses the benefits of using the scale with co morbid clients.

2. When neuroscience and therapeutic community meet: A practical program for treating comorbidity from an evidence-based perspective

Presenter: Stephen Green, Manager of Clinical Services for Goldbridge Rehabilitation Services

In Neuroscience, the biopsychosocial aspects of addiction and comorbidity have been well studied. In Therapeutic Communities the psychosocial aspects of addiction and related comorbidities have been long understood. However, when Neuroscience and Therapeutic Community meet, there is sometimes a concern that we might “overbalance” and lose our focus on “TC essentials”.

Goldbridge Therapeutic Community has constructed a program that takes account of the latest information coming out of neuroscience and has adapted it to Therapeutic Community theory, model, and methods. Understanding addictive processes and some related comorbidities as “maladaptions of learning and skills acquisition involving neurobiological, psychological and social components”, Goldbridge Therapeutic Community has implemented a strong social learning program that nevertheless takes account of neuroscience. This program is based on the *Four Truths of Addiction* and *The Eight Habits of Effective Recovery Living*.

- First Truth: The life of addiction is a life of disorder and suffering – even in its best moments there was disorder and suffering in our lives and those who cared for us
- Second Truth: The disorder and suffering in our lives was created and is now recreated by us
- Third Truth: The disorder and suffering in our lives can be transformed by taking action
- Fourth Truth: The action that transforms the disorder and suffering in our lives is found in the Eight Habits of Effective Recovery Living

The Goldbridge Therapeutic Community program takes note of relevant neuroscience and systematically addresses the biopsychosocial consequences of substance misuse on cognitive processes, affect regulation, learning behaviour, pro-social and life-skills acquisition by individuals adversely affected by alcohol and other.

3. A Few Bad Apples: Working with Antisocial Personality Disorder in a Therapeutic Community.

Presenter: Johnny Dow, Higher Ground

Higher Ground is a Therapeutic Community (TC) in Auckland NZ. Over many years Higher Ground has specialised in working effectively with difficult personality types, in particular those with antisocial personality traits.

This paper will briefly review the antisocial personality disordered and chemically dependent person who are notoriously difficult to treat. The paper will focus primarily on justice clients for whom it is often a legal condition that they complete a residential treatment. It will examine the effect these people can have on other residents in a mainstream TC. The paper will look at interventions and treatment outcomes.

Stream 2: Indigenous, spiritual and cultural issues – what can we learn?

1. The curly question of the spiritual

Presenter: Camille Kersley, Creative Therapies Program Co-ordinator, Karralika

This paper considers the provision of services in Therapeutic Communities which address the spiritual needs of a constantly evolving, complex, and diverse client population. It intends to prompt those of us employed in the industry to reflect upon the existence of these needs, and to consider what responsibility we have, if any, to address them.

The presentation does not take a definitive stand in regard to the topic, but rather intends to prompt the necessary dialogue which is required if we are to address this complex issue. Documentation of a pilot program implemented at Karralika in 2008 will be employed as an example of an avenue taken to address this issue. Processes involved in the creation, implementation and evaluation of this program will be discussed.

2. Gift of Tangaroa

Presenter: Rawiri Pene, Higher Ground Drug Rehabilitation Trust

Higher Ground provides an 18 week residential therapeutic community programme for people with a dependency to alcohol and other drugs. The program is based on 12 Step recovery principles. Higher Ground acknowledges the special position of Maori in New Zealand and continues to develop programmes that assist Maori to achieve their full potential.

The cultural component applied within the programme is open to Maori and Non-Maori, who want to attend.

Overview: Higher Ground will present a paper on the importance of Wairuatanga – Spirituality and Whanaungatanga – Connectivity in working with people with addictions.

Indigenous cultural issues will be explored through Pakiwaitara – Traditional story-telling and waiata – song. The audience will receive a snapshot of the Whanau Groups journey [video clip] during treatment and the opportunity to take a challenge or a gift away with them.

3. On being a father

Presenter: Camille Kersley, Creative Therapies Program Coordinator, Karralika

This presentation consists of six digital stories produced by men currently living in the Karralika Family program and the Karralika Transition program. By employing the contemporary medium of digital technology

together with the ancient art of storytelling the men present a uniquely personal and intimate reflection of their experiences of being a father.

Considering the stories are situated in the context of fatherhood and addiction, the men were required to explore the difficult and challenging feelings arising from this. Each digital story is approximately 2 -3 minutes in length. The project was made possible by the enduring and supportive relationship with Tuggeranong Arts Centre, who provided both the funding and technical support needed to bring the men's stories to fruition.

Note: The men intend to be present at this session and are open to discuss their work with conference attendees on an informal basis after the session.

Stream 3: Corrections & other Partnerships – Getting the mix right for rehabilitation

1. Corrections: An Intensive Psychotherapy Program within an adapted TC – A new way to do treatment

Presenter: Samantha Beeken, Senior Clinician, Caraniche, Marngoneet Correctional Centre

Marngoneet Correctional Centre opened in 2006 as a 300-bed medium security prison in Victoria. It operates as an adapted TC model with its design and processes striving to balance prison security and therapy. Caraniche is a specialist in forensic service delivery and has been the major provider of substance use treatment programs within the Victorian Prison System since 1994. Caraniche staff working at Marngoneet have a specific interest in using Therapeutic Community principles in their treatment provision.

In the Drug and Alcohol neighbourhood at Marngoneet, Caraniche run a range of programs; the 130+ hour Intensive program is a unique and challenging group for individuals to understand their substance use and its relationship to their offending. The program also aims to assist individuals to understand aspects of their life, which impact of their drug use including co-morbid mental health issues, childhood trauma and self-esteem. Participants identify the issues they believe significantly impact on them making change and address these issues through 4 sessions per week of therapy incorporating one skills session, 3 sessions of psychotherapy and individual counselling. All aspects of their behaviour: work, community living, interactions with staff are incorporated into their therapeutic work.

To date sixty-seven men have completed the Intensive program at Marngoneet. This presentation will discuss the experiences and challenges faced by both the men and the therapists of undertaking intensive psychotherapy within a TC environment.

2. How NCPIC can assist TC staff increase options for TC participants with problematic cannabis use.

Authors: John Howard, Jan Copeland, Desiree Boughtwood, Sally Rooke, National Cannabis Prevention and Information Centre, NDARC, UNSW

Presenter: John Howard, BA, MA(Couns), MClInPsych, DipCrim, PhD, MAPS

Over the past year NCPIC has developed a range of packages and interventions that could assist TC staff to better equip themselves to provide interventions for TC participants with problematic cannabis use. These include:

- A training package for workers on 'Young People and Cannabis' which can be delivered face-to-face, but also in a self-directed and web-format. This is a non-clinical package based around reliable information on cannabis, motivational engagement strategies, and how to effectively assist young people self-manage change or make best use of clinician assisted treatments.
- Clinician Guidelines for the Management of Cannabis Use Disorder and Related Issues.

- A mail out treatment package – cannabis treatment to your door! – for those without internet access, especially those in rural and remote area, and those who prefer this treatment modality over face-to-face ones.
- A web-based treatment package, again for those without access to face-to-face interventions or who prefer an intervention delivered via the www.

These four NCPIC products will be introduced and possible strategies for use by TCs suggested.

3. Smart Partnerships

Presenters: Josette Freeman, Lesley Sampson, Program Development Officer, Offender Programs Unit, NSW Corrections, and Jim Villamor

SMART Recovery Australia is a community based, not for profit charity, set up to promote and support the provision of the SMART Recovery Program in the community. The SMART Recovery program focuses on changing irrational thinking and behaviours and achieving a healthy lifestyle balance. It is delivered via self-help groups in which people learn and practice skills derived from Cognitive Behavioural Therapy and Rational Emotive Behaviour Therapy in order to manage and overcome their addictive behaviours.

Our presentation will demonstrate how the SMART Recovery program can be adapted for specific target groups such as Indigenous groups, Youth and Corrections. We will explain the importance of building and maintaining partnerships with other agencies so that the program can be adapted according to the needs of the clients. This session will focus on the partnership between SMART Recovery and the Department of Corrective Services.

SMART Recovery has worked with the NSW Department of Corrective Services since 2005. DCS has developed the “Getting SMART” program which is currently delivered in 27 Correctional Centres and 8 DCS Community facilities. This is a 12 session structured program in which offenders are taught the principles of SMART Recovery. Having completed Getting SMART, offenders can then move into an on-going SMART Recovery group. Having had exposure to the program whilst in custody, offenders are able to access the SMART Recovery community groups with more confidence and knowledge of the group processes and SMART Recovery principles, thereby reducing the potential to re-offend/relapse.

As this has been a successful partnership our aim is now to establish other partnerships. The NSW Department of Juvenile Justice is about to introduce SMART Recovery in to their facilities. Indigenous agencies work in collaboration with SMART Recovery.

Therapeutic Communities in the ACT

The Ted Noffs Foundation PALM (Program for Adolescent Life Management) is a residential program for young people aged between 14 and 18 who need to address issues related to problematic Drug and Alcohol use. The ACT PALM unit is situated at the foot of Mt Majura in the suburb of Watson.

At TNF we have adopted the Therapeutic Communities approach in our work with young people. PALM is a 12 week goal-oriented program that incorporates counselling, AOD education groups, Vocation and Education and physical activities. There is space for 10 young people in the PLAM unit, and both male and female clients are welcome. PALM also runs a comprehensive aftercare program that ensures young people who complete the program feel supported beyond their stay.



ADWU is the Adolescent Drug Withdrawal Unit and this four bed facility is also situated on site at Watson. As the name suggests this unique unit is for young people who need time to withdraw from Drugs or Alcohol away from the social networks and geographic locations of their using. This is a three bed unit and length of stay is limited to two weeks. Young people are educated in harm minimisation concepts and also taught basic first aid. Group work is also carried out on a therapeutic level to support young people to address some of the immediate issues that they might be encountering, i.e. Court appearances, Family issues etc. Following their stay in ADWU, a young person is welcome to continue treatment in PALM or CO-OP.

CO-OP is our client outreach outclient program. The group structure and program framework is similar to that offered to the young people who attend PALM. The young people are encouraged to engage in a therapeutic process that supports them to face issues in a safe and supportive environment. The outreach component to the program sees TNF outreach workers providing counseling and education support to youth services such as Youth Justice and Bimberi and also to youth mental health services such as Headspace. CO-OP is a comprehensive drug treatment program for young people who live in the community but find it difficult to engage with mainstream services.



Karralika Adult and Family Programs:

Established in 1978, the Karralika Program offers a comprehensive program for people with alcohol and other dependencies, using the therapeutic community (TC) approach to treatment. The Program is based on the belief that a person's dependence on alcohol or other drugs is a symptom of underlying personal difficulties. Karralika seeks to provide an environment that not only assists people to overcome their dependency, but also assists in the development of positive life skills.

As part of the ADFACT network of services, the Karralika Therapeutic Community Program offers comprehensive treatment through both the Karralika Adult Program and the Karralika Family Program.

The Adult Program provides comprehensive care for men and women over 18 years of age, focusing on individual personal growth to replace alcohol and other drug dependencies.

The Family Program accepts family groups, including couples with and without children and single parents with children. The program allows young children (usually up to the age of 12 years) to accompany their parent(s) through treatment, and seeks to develop and foster positive parent/child/family relationships.

The Transitional Housing Program is the final stage of Karralika, which provides an environment where clients are encouraged and supported to develop independent living skills and to explore the processes of empowerment, assertiveness and self-esteem in a social and personal context.



Floriade: Mind, Body and Soul: Commonwealth Park: 12 September to 11 October 2009

INTRODUCING THE SESSIONS AND PRESENTERS

WEDNESDAY 16 SEPTEMBER

1.30pm – 3.00pm

Stream 1: Families & innovative therapies in the TC

Workshop: Babies need Love, not Education: What Attachment, Neurology and Research tell us about Non-Parental Early Care

Presenter: Lauren Porter

This workshop will explore and challenge the idea of non-parental care (daycare) in the early years of life. This is an essential discussion for programs setting up services for already vulnerable families.

Stream 2: Youth – More understanding and less pathologising

Workshop: "Psychiatric Diagnoses of Children: Who Benefits and Who Suffers"

Presenter: Bob Jacobs

The DSM is the "Bible" for clinical practitioners. But is this even a clinical/scientific book? This workshop will look at the DSM as a social, political and economic construction and identify all the groups who benefit from maintaining its use as well as the many ways it is destructive to children, young people and our society in general.

Stream 3: The changing face of the TC: Innovations & interventions

1. Workshop: TC Quality Processes: Achievable, useful, fun

Presenter: Jill Rundle

TC sector staff, residents, managers, CEOs, and board members contributed to informing the development of the Australasian AOD TC Standards. The TC Standards are ready to be piloted. A brief discussion on the TC Standards, why they were developed, what they are, what they intend to achieve, and what happens during and after the pilot will provide the background to the workshop offered at the 2009 ATCA Conference.

Together with the TC Standards a Support Package was also developed. The workshop will be exploring how this Package works and how it can support your TC.

- Quality processes are not rocket science – let's demystify them
- Every service improves and has been improving since they were established – long before standards and accreditation
- Small changes are often the best - or the worst if they contribute to "cultural slippage"
- Measuring change doesn't require a masters degree in statistics
- Undertaking a quality process doesn't have to take away from service time
- A quality process should fit into the service – not the other way around
- Individual staff can gain a lot from participating in a quality process. Let's face it - staff ultimately put it into practice
- Better/improved outcomes is the objective of any quality process – let's keep that the focus

2. Project snapshot - The changing face of Co-existing Disorders

Presenters: Kerry Brezina (Clinical Leader) - CED Services Auckland, Ian Telford (Services Manager) – CED Services, Odyssey House

10 years ago, Dual Diagnosis treatment was a cutting edge concept. Today, ever increasing complexity in this client group has led to evolution, not only in our language (Co-Existing Disorders - CED), but in every facet of our practice. In the context of Odyssey House NZ's intensive residential treatment programs for this client group, we will explore some of the current challenges facing CED service providers, as well as directions for service development and reconfiguration in the future.

Particular attention will be paid to:

- The changing nature of the CED population (particularly the higher representation of clients with Personality Disorder)
- Consistency vs. flexibility in application of the TC model in order to meet a broad range of client needs
- The need for increased collaboration with physical health specialists to ensure a holistic experience of wellness and
- Resourcing staff development and innovative clinical practice

In the face of these complex realities, we believe it is essential for TC service providers to renew their commitment to "community as method" by developing approaches to clinical practice which share knowledge, validate clients' wisdom and experience, and enable those we serve to effectively understand, support and care for one another.

Translating this commitment into action is perhaps our greatest challenge and we look forward to sharing our experience, and hearing the views of others on how this can be achieved.

3.45pm – 5.15pm

Stream 1: Families & innovative therapies in the TC

1. Experiential Workshop: Expressive Therapies within a Therapeutic Community

Presenters: Kerriane Abbott & Vickie Walmsley, Child & Family Psychologists, Karralika Family Program

The Expressive Therapies approach to counselling and psychotherapy is one utilised by the Psychologists at the Karralika Therapeutic Community (ADFACT) – with good outcomes.

The approach used is based upon 'emotional release' work with the modalities being; sandplay therapy, tray work, symbol work, drawing, writing etc. The activities are designed to explore the underlying causes behind many of the dramas in life in a safe environment.

Using sandplay or symbol work, clients can access a wider range of interpersonal skills, intrapersonal resources and develop resilience. This approach assists the client's subconscious desire to achieve wellness. Emotional release work will support the client to become less emotionally charged, so they can more easily recognize and use strategies for managing more productively.

This will be a practical workshop where participants can experience and engage in one of the Emotional Release activities used by clients with symbols. Participants will gain some insight into how this approach works and will be able to access more information on what other emotional release activities are available and how to train further in this area.

2. Working towards family inclusive practice

Presenter: Larry Pierce, CEO, NADA

Co-existing mental health and drug and alcohol problems are associated with a range of social and health problems affecting not only the individual but the family and social network of the individual as well. Yet despite the well-documented negative impact that these problems have on the family unit, treatment services tend to be client focused, with families receiving little attention (Copello, Templeton & Velleman 2006).

NADA has been funded to increase the capacity of services to respond to the needs of families and this paper will provide the background and rationale for the project, as well as outline the key findings of the consultation with non government drug and alcohol services in NSW. Historically services have been reluctant to engage with families and the paper will explore some of these attitudes and look at the challenges that services face in working with families.

While there is no single model that can be adopted by services to meet the needs of families, the paper will look at the strategies NADA has put in place to building the capacity of services in working towards more family inclusive service delivery.

The outcome of this project will look differently for each service, though there are some common outcomes that will be explored. An intended outcome of the project will be to provide Government with more evidence to support the need for future funding to assist services in engaging and supporting families.

Stream 2: Youth – More understanding and less pathologising

1. “Football – It’s not ‘just a game’, it’s therapy.”

Presenter: Ian Lewis, Odyssey House, Victoria

Odyssey House has fielded a team in the ReLink Competition for twelve seasons and apart from it being fun for residents and staff alike, it has numerous therapeutic benefits. During the season, football becomes a common rallying point for the community and something to look forward to each fortnight. Perhaps not surprisingly, the therapeutic benefits from fielding a football team include:

- a sense of affiliation in that residents who have been socially isolated can become part of a team and identify with a positive entity ,
- a means through which many residents’ ideas about winning and losing are tempered, and develop a sense of “fair play”,
- a way of creating “vertical slices” of the community in addition to engaging in activities within their own peer groups thereby creating a greater sense of community and breaking down anti-authoritarian attitudes,
- an incentive to become fitter physically and an opportunity to exercise some responsibility and self care around any injuries,
- an opportunity to model the “right living” principles in the context of a sporting team, and
- leadership opportunities and an ‘ambassadorial’ role which goes with the responsibility of representing the agency.

(This paper would utilise some of the anecdotal history of the Odyssey Blues as well as a more recent view from season 2009 [concluding in late August], including some of the residents’ responses to questions before and after the season.)

2. Workshop: Guidelines on the management of cannabis use disorder

Presenter: Ety Matalon - NCPIC Clinical Training Manager & Clinical Psychologist
(Authors: Jan Copeland, Amie Frewen & Kathryn Elkins)

As the demand for cannabis interventions increases internationally, and specialist cannabis clinics are being made available in Europe and Australia, there is a need for evidence-based guidelines to inform best practice.

This workshop will introduce participants to the recently developed guidelines for the management of cannabis related problems (Copeland, Frewen & Elkins). These aim to provide a range of clinicians with a reference point for the range of skills required to intervene with cannabis related problems. Healthcare practitioners may be confronted with a range of presentations of cannabis use disorder including sometimes complex clinical profiles which include mental health symptoms and acute behavioural disturbances such as psychosis and aggression. This workshop is suitable for health care practitioners who work in a variety of settings where clients present with cannabis use disorders. Participants will be made familiar with the various aspects of the guidelines including assessment, withdrawal, psycho-education and interventions.

Stream 3: The changing face of the TC: Innovations & interventions

1. Residential Treatment for Opioid Dependence (WHOS -RTOD) stabilisation program.

Presenter: Carolyn Stubley, Nurse Manager WHOS-RTOD

In January 2009 WHOS opened and continues to develop a residential stabilisation program for individuals on opioid pharmacotherapy treatment using a modified Therapeutic Community Model.

Acknowledging the limited options of residential treatment for individuals on opioid pharmacotherapy treatment, WHOS has introduced a new initiative, i.e. modified therapeutic community pharmacotherapy T.C. which incorporates harm reduction initiatives.

The WHOS RTOD service is funded by the Federal Government offering a residential stabilisation service for clients of opioid treatment programs (OTP) with complex needs. Defining complex needs in relation to suitability for the program encompasses co-morbidities both in mental health and/or physical health; poly drug use and/or chaotic lifestyles preventing stability whilst in the community.

In the development of the RTOD stabilisation program consideration was given to the appropriateness of the therapeutic community model for this service. A review of TC literature e.g. Dr George Deleon – Community as Method and “Towards Better Practice in TCs, in particular the essential elements of the TC model (NIDS Funded research, Linda Gowing, Richard Cooke, Andrew Biven, and David Watts) indicated that WHOD RTOD fits within the modified TC model . Some modifications were needed to ensure that goals of clients could be achieved during the length of stay.

Traditional TC stages/phases in relation to a clients length of stay at RTOD does not fit neatly into the usual TC model due to the clients mental health and complex needs requirements. While the RTOD TC community operates as one community and supporting each other, utilising the client-community for decision making and peer support has needed to be modified to meet the needs for the clients in particular for their mental health and medical issues.

One element of modification to the TC model has been an increased case management system. An overview of the RTOD stabilisation program as a modified TC will be presented with early outcomes identified and adherence to the essential elements of the TC model outlined.

2. Workshop - Treatment of ATS dependencies within the TC: Introduction of a new treatment intervention.

Presenter: Lynne Magor-Blatch

In 2008, the Australian Government committed \$22.9 million to enhance the capacity of non-government services to respond to the rising demand of users of Amphetamine-type Stimulants (ATS). Odyssey House McGrath Foundation (New South Wales) was successful in gaining funds to develop a treatment protocol for use by therapeutic communities (TCs) in Australia and New Zealand that are working with people presenting with a range of complex behaviours as a result of their ATS and other drug use.

The project was developed through wide consultation with more than 40 TCs, research institutes and others working in the field in Australia and New Zealand. The consultation process revealed a range of issues for staff and residents within TCs in dealing with the sometimes difficult and complex behaviours of those who are affected by ATS use. The resulting treatment protocol is divided into four sections and includes (1) Tip Sheets covering clinical information, withdrawal, motivation for change, coping with cravings, recovery metaphors, managing feelings, coping with anxiety & relapse dangers; (2) information to assist clinical assessment; (3) the treatment intervention, which addresses motivation for change; coping with cravings; understanding how thoughts influence behaviour and the mind/body connection; learning to deal with anxious thoughts and feelings; core beliefs and values; and relapse prevention; and (4) worksheets to support the sessions.

This workshop will provide an overview of the treatment protocol, feedback from the initial evaluation trial, information about the continuing research project and introduce TCs to the use of the intervention within their services.



Floriade: Mind, Body and Soul: Commonwealth Park: 12 September to 11 October 2009

This year Floriade is set to rejuvenate visitors with a stunning festival that will feature more than one million blooms and fantastic entertainment depicting a *Mind, Body and Soul* theme.

Music for the soul A song can evoke a million memories, and the mind can remember lyrics from favourite songs for a lifetime. Look out for the music notes depicted in this garden bed. The red flowers represent the emotion, love and passion evoked by music.

Love The heart represents our emotional core and is recognised as a symbol for love. Love takes many forms and enriches the mind, body and soul. Deep shades of pink and red depict a beating heart.

Friends and family Moments of friendship, intimacy, bonding and laughter define our lives. Friends and family make us who we are, and can transform our mood in a second.

INTRODUCING THE SESSIONS AND PRESENTERS

THURSDAY 17 SEPTEMBER

8.45am – 10.15am

Stream 1: Getting Better All the Time – Working with families

Stories from the Front Line- Connecting Families and Bridging the Divide

A Family Drug Support Project

Presenters: Lindsay Langlands, Antonia Ravesi & Lesley Edwards

Bridging the Divide is a national program that provides services to families with members accessing treatment services and builds the awareness and capacity of treatment services to embrace Family Inclusive Practice.

This project offers:-

- ❖ In service training on effectively work with families
- ❖ In service sessions to discuss and align treatment with Family Inclusive Practice
- ❖ 1300 support number for both treatment staff and families
- ❖ Assistance with developing support groups
- ❖ Stepping Stones to Success courses
- ❖ Provide ways to enable clients to re-connect with family.

As a part of the Bridging the Divide capacity building project, a series of workshops have been held throughout New South Wales, Victoria, Tasmania and South Australia. All of the participants were workers currently working in the drug and alcohol sector, a number of whom are working within a Therapeutic Community.

These workshops have largely been focused on building the awareness of treatment services to the importance of family inclusive practice and presenting practical ways to encourage family engagement. This presentation will present an overview of the project to date and the findings gathered from these workshops.

Part 1

Lindsay - Connecting Families through Communication- History of the organisation, Family Drug Support, and give a brief introduction to the project, Bridging the Divide and the northern region - and a story from the front line.

Part 2

Antonia - Connecting Families through Creating Communities. Brief outline of western region projects - and a story from the front line.

Part 3

Lesley - Connecting Families through Consultation-Brief outline of southern region projects - and a story from the front line.

Stream 2: Getting Better All the Time – A Culture of Change

“Getting Better All The Time” – Maintaining Cohesion When Everything Changes: An Organisational Approach by The Buttery

Presenters: Barry Evans, B.A.(Hons), Grad Dip of Education, Masters Degree in Organisational Development & Training, Executive Director; Amos Hee, Project Consultant; Linda Beltrame, Team Leader and Jenny McGee, Senior Case Worker

CHANGE: In 2008 The Buttery received a grant to support Mental Health Capacity Building. It was evident from the commencement of this project that it would involve a thorough review of the program provided within the Therapeutic Community – including the Organisational philosophy, relevant Policies and Procedures, the Residents’ Rules and Guidelines etc.

In the midst of discussing the challenges associated with this three year project, the Counselling Team conceived of an idea which would provide staff with a more comprehensive exposure to “the Residents’ experience of being in a treatment program”. By gaining a resident’s perspective the Team would be more directly informed about the application and efficacy of the range of current therapeutic interventions, apply consistency of approach when working with Residents, and also increase the Team’s ability to work alongside Management in the organisational review.

The presentation will include:

- An introduction by Barry Evans, the Executive Director, focusing on an historical overview of the service, highlighting key periods of change.
- A presentation by Amos Hee, Project Manager for the Mental Health Capacity Building grant, identifying the primary issues to be addressed over a three year period and the change management process employed for the project e.g. Rules and Guidelines review with a focus on clarity, functionality and congruence – with input from Management, Residents and Staff and including supervision on complex issues such as philosophical differences.
- “Trying it on” – A presentation by members of The Buttery Team, Jenny McGee and Linda Beltrame – describing the Team’s experience of:
 - living together for a week
 - duplicating the program schedule used by the Residents’ on a daily basis
 - speaking about their experience of “hard and soft support”
 - sharing results of the educational/training component of the week i.e. co-facilitation within a large group setting
 - outlining the Residents’ program for the days that Counselling staff were not on site

Stream 3: Getting Better All the Time – Research in the TC

1. Effects of ATS use on psychopathology, aggression and cognitive function among clients within the TC

Presenters: Ally Gunn and Debra Rickwood, Head, Psychology; Chair, Committee for Ethics in Human Research, University of Canberra; APS Public Interest Advisory Group

Increasingly, the use of amphetamine type stimulants (ATS) has been associated with psychopathology, cognitive deficits and aggression. These are important co-morbidities that need to be considered, particularly in residential drug treatments.

This study compared levels of aggression, psychopathology and executive function between participants who identified as being ATS or non-ATS users who were residents within Drug Therapeutic Communities (DTCs). A sample of 67 males and 37 females, aged 19-60 years, undertaking residential treatment at one of four DTCs, completed a self-report questionnaire. Participants were grouped as sustained and recent ATS use ($n=51$) or prior and no ATS use ($n=53$).

Results showed psychopathology and executive dysfunction were high among all participants. ATS users exhibited significantly higher levels of depression, executive dysfunction and aggression compared to non-ATS users, and these measures were highly intercorrelated. Younger age was weakly associated with ATS use.

The findings suggest that co-occurring problems are common among all drug users in residential treatment, however, ATS users who represent the younger generation of drug users are presenting for treatment with significantly elevated levels of cognitive dysfunction, depression and aggression, which need to be considered in treatment protocols.

2. The Assessment of Therapeutic Change within the Therapeutic Community

Authors: Peter J. Kelly¹, Gerard Byrne², Frank P. Deane¹ & Trevor P. Crowe¹

Presenters: Peter J. Kelly¹ & Gerard Byrne²

¹Illawarra Institute for Mental Health, University of Wollongong

²The Salvation Army

A challenge for residential services is to measure the unique characteristics of client change promoted within the therapeutic communities (TC) model. The Client Assessment Summary (CAS) is a standardised measure specifically developed for this purpose (Kressel, De Leon, Palij & Rubin, 1999). It is 14-items in length and assesses the developmental, behavioural and social aspects of change promoted within the TC philosophy. Whilst the CAS appears to be an extremely valuable measure, to date there has been very limited evaluation of it. In particular, it has not previously been evaluated with an Australian setting or within a co-morbid population.

The presentation will examine the application of the CAS within The Salvation Army Recovery Service Centres (NSW, QLD, ACT). These long-term programs provide treatment of both substance abuse disorders and co-occurring mental health problems.

Analysis will focus on the ability of the CAS to track client change (N = 290). It will involve comparison with more traditional measures of client outcome (i.e. mental health, cravings and self efficacy), and with the persons length of stay. We will also examine the usefulness of the CAS to track client change for individuals diagnosed with co-occurring mental health and substance abuse problems.

3. Cost Benefits of Therapeutic Community Programming: Results of an Updated Survey

Presenter: James A. Pitts, M.A, Chief Executive Officer, Odyssey House McGrath Foundation

Therapeutic communities for the treatment of alcohol and other drugs misuse have been in operation throughout Australia since 1972. The therapeutic community movement was formalised in Australia in 1985 during the Premiers Conference, held in Melbourne Victoria, which was the forerunner of the National Campaign Against Drug Abuse. The Australasian Therapeutic Communities Association (ATCA) was established at this time to represent and promote the interests of its members.

Under the ATCA umbrella members have benefited from processes of accountability, information sharing, and more recently attempts to establish what are standards of best practice in therapeutic community treatment. The extent to which the therapeutic communities contribute to the attainment of desired outcomes in alcohol and other drugs treatment has been questioned at times. In order to determine the extent to which therapeutic communities contribute to the alcohol and other drugs sector a survey was conducted of its membership. The survey was conducted at Odyssey House.

Cost benefits were determined by calculating the costs to society as a result of each person's drug misuse in the year prior to entry to therapeutic community treatment. Determining indices included: criminal activity, drug misuse, costs of court, costs of solicitors, and time missed from work as a result of drug misuse. These costs were measured against the amount of time spent in the therapeutic community indicated by drug free, crime free days and the monetary value apportioned to them.

PROFESSIONAL DEVELOPMENT WORKSHOPS



APS Endorsed Activity
Points: 3 (Generalist)
Code: 09-428
Valid To: 19 August 2010

**SIMON CROWE: Professor of Neuroscience and
Clinical Neuropsychology,
School of Psychological Science,
La Trobe University
THURSDAY 17 SEPTEMBER: 2pm-5pm
Forrest Suite**



Sex and drugs and Rock'n Roll: Teenage heaven or teenage hell?" Implications for treatment"

Two decades ago, when the first longitudinal studies of brain function with magnetic resonance imaging took place, it was thought that the initial postnatal growth in brain structure was followed by a protracted period of stability across the next several decades until finally the degenerative changes associated with old age set in. Systematic studies of healthy individuals across the life span clearly indicate that nothing could be further from the truth. Magnetic resonance imaging has revealed an unsuspected degree of dynamic change in the brain throughout the various stages of adult life, but particularly associated with the adolescent growth spurt. This workshop will focus on an integrative review of the nature of the neuroanatomical resculpting of the adolescent brain and the implications of this upheaval to neuropsychological and emotional functioning. The implications of these changes to risk taking, drug use and promiscuity will also be explored. This information may be used as a basis on which possible therapeutic approaches might be attempted. **An important workshop for those working with young people.**

Simon Crowe is Professor of Neuroscience and Clinical Neuropsychology in the School of Psychological Science at La Trobe University in Bundoora. He has a PhD in the neurobiological basis of memory formation and has also completed a training program in Clinical Neuropsychology at the University of Melbourne. Professor Crowe maintains a strong research program in the biological basis of memory formation as well as conducting studies into the neuropsychology of neuropsychiatric disorders and a variety of neuropsychological assessment issues. He has published two monographs, and has authored more than 90 refereed journal articles and numerous book chapters, conference presentations, notes and commentaries. He has supervised 40 doctoral degree candidates (PhD and DPsych) as well as numerous Masters and fourth year theses. He is a member of the Expert Reference Group of *beyondblue* and a grant evaluator for the ARC, NH&MRC and *beyondblue*.

**BOB JACOBS
FRIDAY 18 SEPTEMBER: 9am – 5pm
Forrest Room 2**

"The Parenting Centre: A New Model for Clinical Work with Young People".



APS Endorsed Activity
Points: 7 (Generalist)
Code: 09-424
Valid To: 19 August 2010

This workshop will present an innovative approach for clinicians who work with young people. "Dr. Bob" Jacobs developed this model in clinical practice in the U.S. and currently utilises it at **The Parenting Centre** in Queensland. Bob will present the conceptual framework of this brief intervention model (typically 3-4 visits) and then work through "real life" case studies to demonstrate the model in action. **This is particularly relevant for programs working with young people, providing an opportunity to explore the way in which this intervention can be transferred into the TC and other AOD, Mental Health, Youth and Family work settings.**

LAUREN PORTER
FRIDAY 18 SEPTEMBER: 9am – 5pm
Event Room 1

When Love is Not Enough: Vulnerable Families, Intergenerational Patterns, Addiction and Healing



APS Endorsed Activity
Points: 7 (Generalist)
Code: 09-426
Valid To: 19 August 2010

We all know that early experience creates the lens through which future experience is viewed. An adult's neurological, psychological, emotional and spiritual outlook is intimately and intricately connected to those first foundational childhood relationships, most especially those with mother and father. This workshop will seek to define the key concepts in relational life – attachment, attunement, regulation, theory of mind, rupture/repair, empathy and shame – and explore how they get developed from infancy onward, how they become our minds and personalities, and how they are transmitted from one generation to the next. Links to addiction and other mental illness will be discussed. Finally, we will look at how healing occurs, what support or key experiences may be necessary, and how to support parents trying to move beyond their childhood traumas as they parent their own children. **This is an important workshop for family-focused programs working with parents and children.**



APS Endorsed Activity
Points: 7 (Generalist)
Code: 09-425
Valid To: 19 August 2010

JOEL PORTER
SATURDAY 19 SEPTEMBER: 9am – 5pm
Forrest Room 2

Addiction and Change: Motivational Interviewing and Beyond

Addiction treatment has a dynamic history. For those of us who have been around for a while, we have seen therapies and treatment programs come and go like fashion trends. Interestingly, *Stages of Change and Motivational Interviewing* have remained as fixtures in the addiction field for decades, and **both are important tools within the TC and other AOD settings.** Is this because we are running out of clever ideas or that these approaches are actually helpful in bringing about change? This workshop is for people who have a basic understanding of both MI and the Stages of Change. The workshop will be both didactic and experiential with the aim to advance our skills and knowledge in applying both the theory and skills in the real world.



Floriade: Window to the soul

This garden bed depicts the first of the five senses — sight. The eyes are said to be the windows to the soul. Peer into this deep blue eye with its long, dark lashes as you wonder what your eyes say about you.

The senses After taking time to reflect on the wonder of sight, consider the remaining four senses in these three-dimensional garden beds. These garden beds depict each of the senses which allow us to experience life — touch, taste, smell and sound.

Yin and yang In Chinese philosophy, yin and yang represent how everything in life must be balanced — you can't have good without bad and opposites can only exist with one another. These opposites complement, interact and balance one another.



LYNNE MAGOR-BLATCH: Registered Psychologist in ACT and NSW, National Convener of the Australian Psychological Society's Psychology and Substance Use Interest Group and Adjunct Professional Associate – AOD Work, Mental Health & Forensic Psychology, University of Canberra

**FRIDAY 18 & SATURDAY 19 SEPTEMBER: 9am – 5pm
Forrest Room 1**



APS Endorsed Activity
Points: 12 (Generalist)
Code: 09-427
Valid To: 19 August 2010

Working in the Therapeutic Community: What makes the community therapeutic?

This comprehensive “hands-on” workshop is particularly geared to new staff working in TCs, to newly developed TCs and programs that are working towards registration as a TC. It is particularly important with the upcoming release of the ATCA *National Standards for Therapeutic Communities (Alcohol and other Drug) and Therapeutic Communities Training Package*.

This workshop will explore the **history of TCs; treatment and recovery utilising the TC approach, Community-as-Method, structure and stages within the TC, the concepts of self- and mutual-help, how residents change in the TC and staff roles.**

Lynne is a clinical and forensic psychologist, who commenced her training in TCs in the United Kingdom in 1974, working at both Alpha House in Portsmouth and the Ley Community in Oxford, before returning to Australia to take up a position with the Victorian Government in Community Education and later, with the Victorian Health Department, working in drug education and prevention at school and community level.

She has more than 30 years experience within the Alcohol and Other Drug field, in both the non-government and Government sectors, as a program and clinical director, policy officer, lecturer, researcher and consultant. She has worked within Mental Health as Secretariat Manager to the National Mental Health Working Group and the National Comorbidity Taskforce, in crisis counselling and forensic services. Lynne has extensive experience in program planning and development, particularly in the area of diversion initiatives for offenders and in the establishment of therapeutic community programs for women and families.

Lynne is currently working as a specialist consultant to the AOD field and in private practice, and is also working with the ATCA as Acting Executive Officer.

