

# **ATCA – Raising the Standards**



**Training & Research  
Symposium 2010**



# **Welcome to the ATCA 2010 Training and Research Symposium**

This year we are doing something a little different.

We became aware that September to November had become something of the “Conference Season” with many conferences being offered in the AOD and wider Health sector. These all provide wonderful opportunities for professional development, so rather than compete with so many and risk the chance of either exhausting attendees or forcing people to decide between events, we thought we would look at other options .

We have therefore taken another path – providing a Training and Research Symposium to coincide with the Annual General Meeting of the ATCA in October, and “rolling” the Conference to a later date in May/June 2011, with the invitation to “kick start” the year in Perth at a conference which promises to stimulate and invigorate.

Thank you to the Symposium Organising Committee of Garth Pople, Gerard Byrne and James Pitts for developing the themes and bringing together an interesting and thought-provoking program which we will enjoy over the next two days.

This is an exciting time for ATCA. The membership is continuing to expand, and we now have 37 Full, Provisional, Affiliate and Individual Members that are operating between them 67 TCs in Australia and New Zealand! This is indeed fantastic news.

We are also beginning to build groups within the membership that are able to support and mentor each other – included in this are 12 TCs within prison settings – with the majority (9) in New Zealand. I would really encourage our members to contact each other, to arrange visits and staff exchanges and to develop collegial links to support each other’s growth.

The other growing area for us is TCs which have been developed for Aboriginal and Torres Strait Islander peoples. In some cases members are developing programs within an existing TC, but we are also working increasingly with Aboriginal TC programs, and we welcome these programs to the ATCA.

We are doing some wonderful things, but we are not always so good in letting others know about them, and with the continuing emphasis on evidence-based practice, it is important that we get this information out – both within our own ranks, and to the wider sector and community.

The next two days will provide us with the opportunity to hear from keynote speakers and presenters about the range of issues and developments that are of concern to TCs. Issues of workforce development and training will be explored by Ann Roche and through a panel discussion; Shane Darke will address research and TC treatment outcomes; and Maggie Brady will focus on strengthening and supporting Indigenous residential treatment programs. Other speakers will report on research within their TCs, treatment outcomes and new programs for special populations.

Welcome to the ATCA 2010 Training and Research Symposium.

Lynne Magor-Blatch  
ATCA Executive Officer on behalf of the Organising Committee

## INTRODUCING THE KEYNOTE SPEAKERS

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**MONDAY** – Keynote speaker, Professor Ann Roche, will present: *Current and Future Workforce Development Challenges*.

The challenges confronting the alcohol and other drugs field have become more complex and varied in recent years. These challenges include an array of factors that require appropriate workforce development responses. This presentation will map out some of the key challenges and potential responses of relevance to therapeutic communities. Of particular importance is the need to invest in more effective capacity building strategies: a recognition that appears to have gained traction recently and is reflected in the new (draft) National Drug Strategy.



Also important are strategies such as the shift towards a national minimum qualification and the way that this may be operationalised to best suit the current and future needs of the field in general and specific jurisdictions. Broader developments, including the TC standards and care packages, also represent important progress. These trends and developments will be examined in the context of national and international demographic trends such as ageing populations and workforces, and acute shortages of key workforce groups. A series of questions will be posed that hopefully will serve to stimulate discussion and debate throughout the meeting.

Ann Roche is Professor and Director of the National Centre for Education and Training on Addiction (NCETA) at Flinders University, a position she has held since 2000. She has a Masters in Education and a PhD, and has over 30 years experience as a researcher, educator, policy analyst, and as a consultant for government and non-government bodies, including the World Health Organization. She has published widely in the alcohol and drugs field, including over 100 peer-reviewed papers, and several books and book chapters. She is regularly invited to give conference presentations and is a member of several national and international advisory bodies in the alcohol and drugs field.

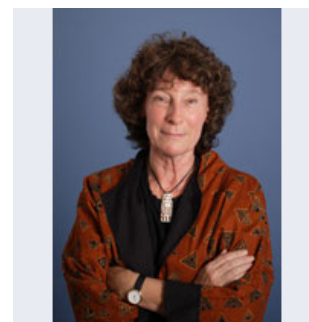
**Professor Shane Darke will focus his attention on TC resident profiles, drawing on data from various research projects from Australia and overseas. His presentation: *Who goes to TCs? Characteristics and outcomes*, will provide data on who goes to TCs, trends over time, and treatment outcomes.**



Shane has worked in the field of illicit drug research at the National Drug and Alcohol Research Centre since 1988. His area of research is the harm associated with illicit drug use, with a particular focus on mortality. He has published widely in the area of illicit drug use, including work on opioid overdose, psychostimulant overdose, psychopathology, suicide, trauma, treatment outcome and toxicology. He was a senior investigator for the Australian Treatment Outcome Study, the first longitudinal study of outcome for the treatment of heroin dependence among different treatment modalities to be conducted in Australia. He is currently writing a book for Cambridge University Press on the natural history of heroin use.

**TUESDAY** – Dr Maggie Brady, Fellow at the Centre for Aboriginal Economic Policy Research, Australian National University, will present: *Strengthening and supporting Indigenous residential treatment programs*.

Indigenous residential treatment programs developed from the mid 1970s and have been funded largely by the Commonwealth. Because of their special status and needs, the Indigenous sector has, however, often been cut off from developments in the broader community. Poor or no training, geographical isolation, and a degree of separatism have all, however, have been contributing factors. Major influences



on programming have derived from AA, and from Indigenous Canadian treatment entrepreneurs. Broadening the approaches taken in these programs requires more vigorous networking and interchange with similar therapeutic communities in the wider community.

Maggie is an experienced social anthropologist and has undertaken long-term fieldwork on health and land issues in the Northern Territory, South Australia and Western Australia. She researched the diet and lifestyle of Aboriginal people in the vicinity of the Maralinga atomic test sites in preparation for, and following, the Royal Commission into British Nuclear Tests in Australia (1985). She has worked primarily on alcohol misuse and other substance abuse such as petrol sniffing since the late 1970s and undertaken studies of drinking in Aboriginal communities, in Tennant Creek (1984) and Alice Springs (1999), and participated in a study of licensing restrictions in South Australia (2001).

In 1998 Maggie published the first edition of a book of community development strategies for managing alcohol problems - *The Grog Book* - winning an Australian Award for Excellence in Educational Publishing. A revised edition was published in 2005. Her interests include health and alcohol policies for indigenous peoples in Australia and internationally, the role of primary health care in alcohol interventions, and more recently, Aboriginal social enterprises and the liquor industry.

## Monday 11<sup>th</sup> October 2010

Time	Venue	Session or Function	Chair	Speaker
8.30am-9.00am		Registrations & coffee		
9.00am-10.00am	<b>OPENING SESSION</b>			
		Welcome & Introduction of Organising Cttee	<b>Barry Evans</b>	
		Welcome to Country	<b>Barry Evans</b>	<b>Mr Allen Madden – Gadigal Elder</b>
		Odyssey Choir presentation	<b>Barry Evans</b>	<b>Brendan Flynn – Odyssey House Choir</b>
		Conference opening and Introduction of Guest	<b>Garth Popple</b>	<b>Mr David McGrath, Director Mental Health and Drug and Alcohol Programs</b>
10.15am – 11.00am		<b>PLENARY SESSION</b>	<b>Garth Popple</b>	<b>Prof Ann Roche</b> Current and Future Workforce Development Challenges
11.00am-11.30am	<b>MORNING TEA</b>			
Time	Venue Chair	Stream 1	Venue Chair	Stream 2
11.30am – 12.15pm (45mins)	<b>Barry Evans</b> <b>Rebecca Davey</b>	<b>Workshop for Members on Standards Part A</b>	<b>Eric Allan</b>	<b>Presentation:</b> Changes in staff attitudes toward working with people with co-existing mental health and substance use problems following training – Gerard Byrne, Salvation Army Recovery Services. <b>Presentation:</b> Implementation of Amphetamines Type Stimulant Treatment Protocol in WHOS-Hunter Valley – David Kelly, WHOS
12.15pm – 1.00pm	<b>AGM &amp; election of ATCA Board</b>			
1.00pm – 2.00pm	<b>LUNCH</b>			
Time	Venue	Session or Function	Chair	Speaker
2.00pm – 2.45pm		<b>PLENARY SESSION</b>	<b>Gerard Byrne</b>	<b>Prof Shane Darke</b> Who goes to TCs? Characteristics and outcomes
Time	Venue Chair	Stream 1	Venue Chair	Stream 2
2.45pm – 3.30pm (45mins)	<b>Rebecca Davey</b>	<b>Workshop for Members on Standards Part B</b>	<b>Stuart Anderson</b>	<b>Presentation: Addressing</b> barriers to integrating smoking cessation alongside AOD treatment – Carol Daws, Cyrenian House <b>Presentation:</b> Higher Ground Therapeutic Community: Measuring Success – Melissa Girling, Higher Ground
3.45pm – 4.15pm	<b>AFTERNOON TEA</b>			
4.15pm – 5.00pm (45mins)	<b>Rebecca Davey</b>	<b>Workshop for Members on Standards Part C</b>	<b>Carol Daws</b>	<b>Presentation:</b> Response to co-morbid clients within Odyssey House Residential Care and Odyssey After Care Services- 2010 – Trupti Dave – Janus Program, Odyssey House NSW <b>Presentation:</b> High Risk Partnership: Therapeutic Community in – and outside - the new ACT Prison – Peter Townsend, Solaris Program, ADFACT

## Tuesday 12<sup>th</sup> October 2010

Time	Venue	Session or Function	Chair	Speaker
8.30am-9.00am		Registrations & coffee		
9.00am – 9.45am		<b>PLENARY SESSION</b>	<b>ATCA Chair</b>	<b>Maggie Brady</b> Strengthening and supporting Indigenous residential treatment programs
Time	Venue Chair	Stream 1	Venue Chair	Stream 2
9.45am – 10.30am (45mins)	<b>Rebecca Davey</b>	<b>Workshop Members on Standards Part D</b>	<b>Mitchell Giles</b>	<b>Presentation:</b> Building Tomorrow's Services on Today's Information – Barry Evans, The Buttery <b>Project Snapshot:</b> Back to the Future - Dave Warby, Logan House
10.30am – 10.45am		<b>MORNING TEA</b>		
10.45am- 12noon (75mins)	<b>Rebecca Davey</b>	<b>Workshop for Members on Standards Part E</b>	<b>Garth Popple</b>	<b>Presentation and Workshop</b> - Responding to clients' suicidal ideation: outlining a whole organization approach – Jo Lunn, WHOS
Time	Venue	Session or Function	Chair	Speaker
12noon – 1.00pm		<b>PRESENTATION AND DISCUSSION</b>	<b>Barry Evans</b>	<b>Cyrenian House and Karralika feedback on self-review process</b> Carol Daws (Cyrenian House) and Kim Fleming (Karralika)
1.00pm – 2.00pm		<b>LUNCH</b>		
Time	Venue	Session or Function	Chair	Speaker
2.00pm – 2.30pm		<b>PLENARY SESSION</b>	<b>ATCA Chair</b>	<b>Lynne Magor-Blatch</b> – Developing the TC training curriculum: what do we need in a TC worker?
2.30pm – 3.30pm		<b>PANEL SESSION</b>	<b>Gino Vumbaca</b>	<b>Panel discussion - Training needs for TCs – training the TC worker:</b> Gerard Byrne, The Salvation Army Recovery Services; Eric Allan, Odyssey Vic; Jill Rundle, WANADA; Larry Pierce, NADA; Sally Dumbrell, TaFE NSW; Justin Lee, CareNZ
3.30pm – 3.45pm		<b>AFTERNOON TEA</b>		
3.45pm – 4.30pm		<b>PLENARY SESSION</b>	<b>ATCA Chair</b>	<b>Final wrap-up</b> <b>Future directions for ATCA</b> <b>Carol Daws - Presentation on Perth Conference</b>

# INTRODUCING THE SESSIONS AND PRESENTERS

## MONDAY 11 OCTOBER

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### 1. Changes in staff attitudes toward working with people with co-existing mental health and substance use problems following training.

**Gerard Byrne, The Salvation Army Recovery Services, Trevor Crowe, Frank P. Deane & Peter Kelly**

There are high rates of co-occurring mental health disorders amongst individuals seeking treatment for substance abuse. In order to better improve the outcomes for those with comorbidity there is a need to train staff working in drug and alcohol (D&A) treatment settings to better screen, assess and treat individuals with co-existing mental disorders.

111 AOD workers from The Salvation Army Recovery Services received a 3-day training program aimed at improving identification and treatment of those with comorbidity. Of these 93 (84%) completed pre-training measures and 73 (66%) provided both pre and post-training measures.

Measures comprised attitudes and self-rated competencies in working with people who have comorbidity, beliefs about abstinence, recovery attitudes, and propensity to innovate. There were significant changes over training on all measures except competency which was only administered before training.

Attitudes toward working with people with comorbidity and propensity to innovate were both positively significantly correlated with competency ratings. The implications of these findings for improving services for those with mental illness who attend abstinence-based treatment programs are discussed.

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### 2. Implementation of Amphetamines Type Stimulant Treatment Protocol in WHOS-Hunter Valley.

**David Kelly, Manager- WHOS Hunter Valley**

From 1993 to 2007, Australia saw a dramatic and significant increase in the use of Amphetamine-type Stimulants (ATS), rising from 5.4% in 1993 to 9.1% of the Australian population in 2004. While the figure had decreased to 6.3% in 2007, this still represents 1.1 million Australians, or 7.7% of males (0.7 million) and 4.9% of females (0.4 million) over 14 years of age. Use of Ecstasy continued to increase over the whole reporting period, from 3.1% in 1993 to 8.9% in 2007.

Increased use of ATS, and especially methamphetamine, is especially worrying since the use of ATS has been shown to have serious consequences for both physical and mental health, including increased heart rate, blood pressure, sleeplessness and reduced appetite. Mental health issues include: aggression, violence and accident resulting from unsafe behaviours, such as unsafe driving. In view of the high dependency properties of ATS and the physical and mental health effects which may result from its use, early intervention is suggested to prevent an escalation of use or relapse following a period of treatment.

The WHOS Hunter Valley service is located in Cessnock NSW. ATS use among the clients accessing this service is high, and in contrast to trends in some other areas, rising. Methamphetamine use rose from 45% to 56% from 08/09 to 09/10 and levels of Cocaine and MDMA use also increased.

This year WHOS Hunter Valley staff underwent training to implement the Amphetamines Type Stimulant Treatment Protocol developed by Lynne Magor-Blatch in conjunction with Odyssey House (Magor-Blatch & Pitts, 2009) and implemented the protocol as part of the initial six month outcome research.

The Treatment Protocol is a combination of Mindfulness Based Cognitive Training (MBCT), Acceptance and Commitment Therapy (ACT), and CBT (Cognitive Behaviour Therapy). It combines group work with homework and worksheets, is easy to present and is written simply enough that it should be accessible to any resident in a Therapeutic Community.

In the WHOS Hunter Valley service the protocol was given to all residents, despite their stated primary drug of concern. The material was applicable to all and most residents of the service use ATS in any event. This presentation will provide information from client evaluation of the intervention, including perceived outcomes in relation to mental health and wellbeing.

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### **3. Addressing barriers to integrating smoking cessation alongside AOD treatment**

#### **Carol Daws, CEO, Cyrenian House**

During the 20<sup>th</sup> century, tobacco smoking has been responsible for the deaths of more than 100 million people. Despite reductions in smoking in the past few years, tobacco use remains the leading cause of ill health and preventable death in Australia (Collins & Lapsley, 2008; Ridolfo & Stevenson, 1998). While the rates of smoking in the general population have declined by more than 30% (Australian Institute of Health and Welfare, 2008), the rate of smoking amongst the alcohol and other drug (AOD) dependent population continues to be between 74% to 88% (Kalman, 1998; Zullino et al., 2003).

This literature review looks at the harm associated with tobacco use, the costs to the community and gives an overview of a number of current interventions including Nicotine Replacement Therapy (NRT), pharmacotherapies, psychotherapy and brief interventions. In addition it sheds some light on some of the individual and systemic barriers to integrating smoking cessation interventions with the treatment of alcohol and other drug (AOD) treatment. It was concluded that while staff attitudes, organisational policies, and supervision and support impacted on the willingness of staff to provide smoking cessation interventions, lack of training and education was the major barrier.

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### **4. Higher Ground Therapeutic Community: Measuring Success**

#### **Melissa Girling (Research Analyst)**

Higher Ground provides intensive residential therapeutic community based alcohol and other drug (AOD) treatment. In early 2009 Higher Ground Drug Rehabilitation Trust sought to implement a routine outcomes monitoring system to measure the effectiveness of the program in enhancing the well-being of clients across the following dimensions: Te tinana (physical well-being), Te hinengaro (mental well-being), Te wairua (spiritual well-being), and Te whanau (family well-being).

**Objectives** - The objectives of outcomes monitoring at Higher Ground include:

- To provide evidence of program effectiveness to the Higher Ground community and stakeholders
- To identify the client groups for which the programme is most effective and least effective
- To determine the extent to which the program is effective for families and whanau
- To support programme improvements
- To benchmark programme effectiveness with other programs, nationally and internationally

**Methods** - A battery of standardised tools was selected to ensure as far as possible reliability, validity, and sensitivity to client change over time. This section will discuss in detail the rationale and the issue of 'best fit' in selecting these tools and the methodological approach to implementing the project.

**Findings** - The first annual outcome measures will be presented along with a discussion around the application of an AOD web-based clinical record program to better support the organisations work and service planning.

**Discussion** - Significant challenges in developing and implementing an outcomes measures project, along with some of the key recommendations will be discussed.

## **5. Response to co-morbid clients within Odyssey House Residential Care and Odyssey After Care Services- 2010**

### **Trupti Dave - Janus Program - After Care Psychologist**

The Odyssey House Janus Program is a part of the **Improved Services Initiative (ISI)**. The national project aims to build the capacity of non-government drug and alcohol organisations to effectively identify and treat co-morbid substance misuse and mental illness.

Under the ISI program there are two key components of the Janus Program:

- To undertake a range of service improvement activities to enhance the organisation's capacity to respond to co-morbid clients; and
- The Cross Sectoral Support and Strategic Partnership project.

The initial step was to identify clients with a co-morbid condition, equip Odyssey House services with a range of treatment options and skills to allow staff to respond to mental health illnesses or mental health issues along with the primary treatment of drug and alcohol issues. The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index Toolkit has been utilised to measure the impact of the Janus Program within Odyssey House services. Odyssey House uses the Personality Assessment Inventory as a screening tool and general health questions (GHQ) as a repeat measure. Odyssey House services identified 46% of clients in the residential program and 25% of clients at After Care with mental health issues. Clients with co-morbid mental health conditions often have a range of issues which requires extended support from external services such as housing, medical and psychiatric services, welfare and legal support. In response to this need Odyssey House has formed successful partnerships with other support organisations.

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## **6. High Risk Partnership: Therapeutic Community in – and outside - the new ACT Prison**

### **Peter Townsend, ADFACT Manager, Solaris Therapeutic Community**

Solaris is a Custodial Therapeutic Community (TC) established at the new ACT Prison, the Alexander Maconochie Centre (AMC), operational since July 2009. It is 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, and pro-social behaviours and attitudes. The program operates 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 draws on evidence of best practice. It operates as a separate community within the prison, where accountability, responsibility, trust, and a sense of belonging can be safely promoted. This is enhanced through the participation of specially selected and trained Therapeutic Custodial Officers, who are dedicated to the TC, and work closely with both ACTCS and ADFACT clinical staff.

There is joint management between ACTCS and ADFACT. This sort of operational partnership between a Government and non-government agency is unusual, although potentially highly effective.

Solaris includes a strong focus on post-release support, including links with supported accommodation and relapse prevention. ADFACT also has a dedicated "Transitional Worker" to assist Solaris participants in that high risk period as they leave prison.

**1. Building Tomorrow's Services on Today's Information**

**Barry Evans, Executive Director, The Buttery & Chair, ATCA Board**

Over the last ten years NGOs have increasingly been expected to be accountable for the service they provide, the resources they expend and the outcomes they achieve. Service accreditation and evidence based practice are requirements for funding which are unaccompanied by additional resourcing.

While evaluation research is seen as a necessity in our climate of increasing accountability, few individual agencies have the resources to carry gold standard treatment outcome follow-up post treatment. As well the notion of 'success' in drug and alcohol treatment is often associated with abstinence as a life style, an absolute outcome measure which leaves little room for interpretation.

This paper will discuss three outcome studies conducted by The Buttery over three years. It will review the method and the health outcomes achieved beyond the notion of abstinence which reflect on the efficacy of the therapeutic community model of treatment for drug/alcohol dependence. It will also highlight some of the challenges associated with 'in house' research on health outcomes.

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**2. Back to the Future**

**Dave Warby, Manager, Logan House**

In 1985 ADFQ received funding through the National Campaign Against Drug Abuse to establish Logan House, which would provide a Therapeutic Community model of treatment to men and women, aged 18 years and over, who were dependent on alcohol and other drugs.

Logan House opened its doors in 1987 and operated successfully as a Therapeutic Community for many years until 2000 when the structure shifted to a shorter and more didactic/CBT approach to treatment. By 2005 the program had been reduced to twelve weeks and was based solely on the Milkman/Wanberg model of relapse prevention.

In 2007, ADFQ's Board made a decision that Logan House should revert back to the Therapeutic Community model and noted that "effective Therapeutic Communities will play a significant role in the future of AOD treatment."

The project snapshot will provide a brief overview of the processes involved in reimplementing the Therapeutic Community model of treatment at Logan House and demonstrate how the ATCA standards are being used to evaluate the changes that have been made.

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**Presentation and Workshop**

**3. Responding to clients' suicidal ideation: outlining a whole organization approach**

**Jo Lunn, WHOS**

This presentation and workshop will provide an outline for a comprehensive approach to the management of clients experiencing suicidal ideation. This sustainable approach has been designed to help address issues of staff turnover through investment in staff development, which includes a train the trainer aspect. The presentation will outline the necessary policy, procedure and associated paperwork required as well as quality improvement implications, sustainable training program designed for staff and a program designed for clients. A practical example of the staff training will also be provided.

Historically many AOD residential treatment services have not felt confident meeting the needs of clients experiencing suicidal ideation or who have engaged in recent suicide attempts. This has occurred for various reasons including a lack of information, limited policies and perceived risks in relation to duty of care. As a

result a lot of services developed exclusion criteria relating to clients applying for treatment with these issues. This is an issue as many clients attempting to access AOD treatment services will have had recent suicide attempts and current suicidal ideation (Darke et al 2004).

Often if clients accessed the AOD service attempts were made by AOD services to discharge clients experiencing current suicidal ideation into the care of mental health services. This approach is potentially problematic for a number of reasons. It can result in a strained relationship between AOD and local mental health services due to disagreement regarding what the client requires and which service should meet that need. It creates access issues for many clients trying to recover from AOD issues wanting AOD treatment. It also has the potential to provide incentive for clients *not to disclose* their suicidal ideation for fear of not being admitted or discharged from an AOD program.

Of note research has indicated that attempting to 'screen out' is often unsuccessful as clients who experienced suicidal ideation or engaged in recent suicide attempts were still managing to access residential AOD services (Ross, et al 2004, Kelly, 2010-unpublished). WHOS (We Help Ourselves) operates residential AOD therapeutic community treatment programs in NSW and Qld. WHOS, like many services, used to restrict clients who had current suicidal ideation or had made a suicide attempt within the previous six months. The approach taken to review the existing suicide management policy and the different aspects of the comprehensive approach will be presented. It is hoped that participants attending will be able to follow a similar process to assess their organisational management of clients' suicidal ideation and assist with ideas in improving their management of clients with suicidal ideation.

Jo Lunn is a registered Psychologist who has been working in the AOD field since 1996. Jo has worked in or acted as a consultant for a number of different AOD agencies. She is a qualified trainer who has developed and evaluated specialized training programs for various organizations in the NGO and government sector, lecturing at both university and TAFE. Jo is an experienced supervisor specializing in clients with both AOD and mental illness and has also worked in an advisory capacity on both a state and federal level. Jo's current position is with WHOS as the ISI Project Officer managing the Improved Services for People with Drug and Alcohol Problems and Mental Illness project. The project aims to build the capacity of WHOS to work more effectively with clients with complex needs.

#### **4. Developing the TC training curriculum: what do we need in a TC worker?**

##### **Lynne Magor-Blatch, Executive Officer, ATCA**

Training in TCs has traditionally been "on the job", with staffing a blend of academically and life-trained professionals. In the early days, training for those who had not themselves come through a TC was a period of time as a resident within a TC. As our populations have changed and TCs have increasingly adopted evidence based practices in the treatment of diverse and complex populations, there has been an increasing need to consider staff training and employment of multidisciplinary teams, including psychologists, social workers and AOD workers. Added to this is the move by most jurisdictions to a minimum qualification requirement for all staff employed within AOD services.

This session will pick up on the themes and issues raised by Prof Ann Roche, and particularly the move to a minimum qualification requirement across the sector and ask, is this the best option for training of TC professionals?

The issues and training concerns will then be discussed and explored by a panel of speakers, facilitated by **ANCD Executive Officer, Gino Vumbaca**, and including: Gerard Byrne, The Salvation Army Recovery Services; Eric Allan, Odyssey Vic; Jill Rundle, WANADA; Larry Pierce, NADA; Sally Dumbrell, TaFE NSW; and Justin Lee, CareNZ.

## ADVANCE NOTICE & CALL FOR ABSTRACTS

**Annual International Conference 2011**  
**30 May to 3 June**  
**The Esplanade Hotel Fremantle, Western**  
**Australia**



**Mark this in your diary**  
**NOW**  
**and book early!**



Fremantle sustains a rich mixture of cultures and nationalities and provides a unique opportunity for the visitor to experience and enjoy a range of cultural activities in a relaxed atmosphere. Along with maritime history and beautiful architecture, visitors to the port city can experience fine crafts, original music and theatre, exciting galleries, museums, bookshops and buskers.

The theme of the conference is **TCs Today – No Closed Doors** with the broad topic area being alcohol and other drug (AOD) best practice treatment and referral options for all consumers.

The No Closed Doors theme of this year's conference explores the vision of integrated shared care and the goal that each individual presenting for assistance will receive a positive response, either directly through treatment or through appropriate referral regardless of cultural, social, mental health or justice issues.

### **Conference Topics:**

- Co-morbidity: best practice for consumers with co-occurring AOD and mental health issues.
- Aboriginal Consumers: best practice, cultural security.
- Corrective services and coerced clients: working collaboratively with our partners in the justice system.
- Families and Children: family involvement in treatment, interventions for children affected by parental drug use and associated issues.
- Innovations in treatment in Therapeutic Communities.

### **Other topics discussed will include:**

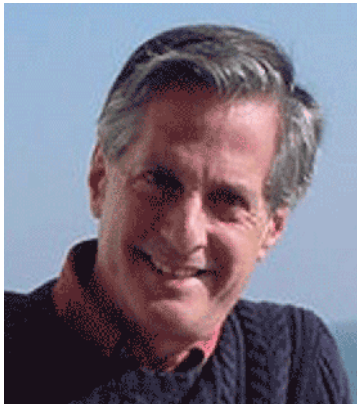
- TC Standards and Quality Processes
- Assessing and working with the possibility of violence in TCs.

The conference program features:

**Monday 30 May – Visits to Western Australian TCs** and an evening **Welcome Celebration**.

**Tuesday 31 May – Thursday am 2 June** - An exciting conference programme featuring keynote speakers **Dr Ken Minkoff, Dr Chris Cline, Rev. Tim Costello and Prof Michael Farrell**.

**Thursday pm 2 June and Friday 3 June – Workshop Program** including workshops with **Dr Ken Minkoff and Dr Chris Cline** and others to be announced.



**Dr Ken Minkoff M.D.** is a board-certified psychiatrist with a certificate of additional qualifications in addiction psychiatry; a dedicated community psychiatrist and is currently a clinical assistant professor of psychiatry at Harvard Medical School and a senior systems consultant for ZiaPartners in San Rafael, CA. He is recognized as one of the nation's leading experts on integrated treatment of individuals with co-occurring psychiatric and substance disorders, and on the development of integrated systems of care for such individuals. Dr. Minkoff's major professional activity is the provision of training and consultation on clinical services and systems design for individuals and families with mental health and substance use disorders.

**Dr Christie Cline M.D., MBA** is a board certified psychiatrist. Dr Cline is the founder and President of ZiaPartners, Inc. and ZiaLogic Both corporations provide consultation, products and technical assistance nationally and internationally to behavioral healthcare systems in the areas of policy, procedure and practices for integrated services development, quality improvement and systems transformation. Dr. Cline developed the design and format of the CCISC Change Agent Approach and the CCISC Change Agent Curriculum and is a co-author of the CCISC Co-occurring Disorders Capability Toolkit, has published articles on co-occurring disorder system and services development and written book chapters on the ethics of co-occurring treatment.



Dr Cline and Dr Minkoff are the leading experts on the implementation of the Comprehensive Continuous Integrated Systems of Care Model (CCISC) in adult and child and adolescent systems of care. These projects have involved working in all types of systems and service settings with extraordinarily diverse populations. Since 2001, Dr Cline and Dr Minkoff have worked as a team in the process of system transformation for individuals and families with co-occurring issues in over 30 states and 4 Canadian provinces, and both nationally and locally in Australia.



**Rev. Tim Costello** is recognised as one of Australia's leading voices on social justice issues, having spearheaded public debates on gambling, urban poverty, homelessness, reconciliation and substance abuse. Since February 2004, as Chief Executive of World Vision Australia, Tim has also been instrumental in ensuring that the issues surrounding global poverty are placed on the national agenda.

His passion for justice and for helping to alleviate the suffering of poor communities in the developing world quickly became evident when the devastating Asia tsunami struck on Boxing Day, 2004. The leadership he showed at the time helped to inspire an unprecedented outpouring of generosity from the Australian public, with World Vision Australia raising more than \$100 million for tsunami relief.

Tim has also played a prominent role in the Make Poverty History campaign. And in April 2008, he chaired the Strengthening Communities, Supporting Families and Social Inclusion Committee of the Australian Government's 2020 Summit in Canberra. In 2004, Tim was named Victorian of the Year; in June 2005 he was made an Officer of the Order of Australia (AO); and in 2006 was named Victorian Australian of the Year. He has written several books, including *Streets of Hope: Finding God in St Kilda*; *Tips from a Travelling Soul Searcher* and *Wanna Bet? Winners and Losers in Gambling's Luck Myth* (co-written with Royce Millar).



**Professor Michael Farrell** is a Professor of Addiction Psychiatry at the National Addiction Centre, Institute of Psychiatry, Kings College London and is also Director of Post Graduate Medical Education at the Kings Health Partnership Group and The South London and Maudsley NHS Trust. He trained as a physician in General Medicine in London, before he trained as a General Adult and Addiction Psychiatrist and researcher in the Addiction Research Unit of the Institute of Psychiatry. He worked as a National Drug and Alcohol Policy Advisor in the Department of Health before taking on the role of running a large community drug and alcohol service for nearly twenty years, combining clinical practice with research and evaluation and large population studies.

Michael has worked closely with the voluntary sector promoting collaboration across a wide range of treatment models. He is Chair of the Scientific Advisory Committee of the European Monitoring Centre on Drugs and Drug Addiction. He is a co-founder and editor of the Cochrane Collaboration Drug and Alcohol Group and an assistant editor of the Journal of Addiction. He is a member of The Expert Committee on Drug Dependence at the World Health Organisation and has been a consultant to the United Nations, European Commission and World Health Organisation and a range of National Governments. He was Chair of the Addictions Faculty of The Royal College of Psychiatrists and a member of the Executive of the Society for the Study of Addictions. He is particularly interested in the integration of policy, research, training and clinical practice with a particular focus on national policies. He is director designate of NDARC, in UNSW in Sydney and due to take up the post in early 2011.

**ATCA invites applications for presentation of papers, project snapshots, agency displays, seminars and/or workshops which address the Conference themes.**

We particularly invite presentations on Cultural Indigenous Issues from Australian and New Zealand delegates.

Applications will be assessed on the following criteria:

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

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

### **Presentation Types**

Abstracts may be submitted for presentation in one of the following presentation formats:

**Oral Presentation:** oral presentations take place in chaired sessions and are 15 minutes in length plus 5 minutes question

**Poster display:** poster presentations are visual displays used to communicate a message i.e. research findings, program highlights, etc. The Training & Research Symposium program will allow poster presenters maximum coverage through dedicated poster sessions during which time presenters are required to stand by their posters. This provides an intimate forum for the exchange of information by allowing more personal discussion between presenter and audience.

**Participatory workshop:** encourage the interactive transfer of skills and practical solutions to common problems or specific themes.

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

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

**Alternative Presentation:** include, though are not limited to, yarning circles, film (educational, fictional, teaching etc), artwork (including artwork from residents and other program clients). The ATCA Training & Research Symposium Committee may reallocate a presentation type on the basis of time, space available and applicability.

Please ensure the file you send is named the same as your presentation. Abstracts should be submitted in Microsoft Word Format (not Vista) in accordance with the following guidelines:

- Name of the presentation and the name of the presenter.
- Abstract submission document must have the same name as the presentation topic.
- Maximum of 250 words.
- Biographies maximum of 100 words.

**Closing date for the submission of abstracts is 31 January 2011.**

Clearly indicate the contact person for all correspondence and include their full name, organisation, telephone number and email address. Abstracts submitted will be published as submitted. Copy should be checked for accuracy and misspelling prior to submission. Abstract acceptance and program scheduling will be communicated via email only to the main contact person. Abstracts submitted with your application must be able to demonstrate the practical application of evidence available. Innovative programs should be supported by evaluation evidence. This evidence may range from impact evaluation and action research, to independent research.

**Confirmation of submission**

Immediately following successful submission, confirmation will be sent via email.

**Abstract review notification**

Abstract review notification, program scheduling and allocated presentation format will be communicated to the corresponding authors email address by Friday 1 April 2011. Please note, the details provided as the author contact should be for the nominated main contact for your abstract. All correspondence relating to the submission will be directed to this person, and they should in turn distribute to any/all co-presenters.

**Abstracts should be sent to [abstracts@atca.com.au](mailto:abstracts@atca.com.au).**

**Any correspondence should be sent to [conference@atca.com.au](mailto:conference@atca.com.au).**

**For further information, conference updates, registration and hotel booking information please refer to the ATCA website [www.atca.com.au](http://www.atca.com.au).**

**ATCA 2011 CONFERENCE: 30<sup>th</sup> MAY to 2<sup>nd</sup> JUNE 2011**  
**TCs Today - NO CLOSED DOORS**

**PROFESSIONAL WORKSHOPS: 2<sup>ND</sup> & 3<sup>RD</sup> JUNE 2011**  
**ESPLANADE HOTEL, FREMANTLE, WESTERN AUSTRALIA**



## REGISTRATION FORM & TAX INVOICE

Australasian Therapeutic Communities Association ABN: 41 893 350 365

### REGISTRATION DETAILS - please use one registration per delegate

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Organisation: \_\_\_\_\_ State/Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Please ensure this is the email address of the delegate

### CONFERENCE FEES - Australian dollars (including GST)

Registration Type (Please tick)	Early Bird Book before 31.01.11	Normal AUD\$	Total AUD\$
<input type="checkbox"/> Full Registration (ATCA Member)	\$450	\$500	_____
<input type="checkbox"/> Day Registration (ATCA Member)	\$180	\$200	_____
<input type="checkbox"/> Full Registration	\$500	\$550	_____
<input type="checkbox"/> Day Registration	\$200	\$220	_____
<input type="checkbox"/> Thursday half day (am) Conference Registration	\$110	\$120	_____
<input type="checkbox"/> Conference Dinner & ATCA Award Presentation	\$100	\$100	_____

### Day/s attending (Please tick)

Monday (site visits, welcome)  Tuesday  Wednesday  Thursday (half day)

### WORKSHOP FEES

Thursday 2 June (half day - pm)

Dr Ken Minkoff & Dr Christie Cline \$85 \_\_\_\_\_

Friday 3 June (full day workshop program)

TC Group Work Training with Peter Duncan \$165 \_\_\_\_\_

Other workshops to be announced soon, details to be released on the ATCA website [www.atca.com.au](http://www.atca.com.au)

### PAYMENT DETAILS

Name of Cardholder: \_\_\_\_\_

TOTAL PAYMENT AUD\$ \_\_\_\_\_

Card No: \_\_\_\_\_

Mastercard  Bankcard  Visa

Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Post registration with cheque to:  
ATCA Conference Account  
PO Box 3075, Sangster Place,  
Wanniassa, ACT Australia 2903

Fax registration with  
credit card details to:  
+61 (0) 2 62311101

For more information  
please email:  
[conference@atca.com.au](mailto:conference@atca.com.au)