THANK YOU FOR SUPPORTING THE
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
WELCOME TO THE ANNUAL INTERNATIONAL CONFERENCE OF THE AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

30 MAY TO 3 JUNE 2011
THE ESPLANADE HOTEL
FREMANTLE, WESTERN AUSTRALIA

PLATINUM SPONSORS
Government of Western Australia Drug and Alcohol Office
Government of Western Australia Mental Health Commission

RURAL & REMOTE WORKER SPONSORSHIP
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PERTH CONVENTION BUREAU
Tourism Western Australia
This year’s conference has been made possible by the generous financial support of the Drug and Alcohol Office, the Department of Mental Health, the Department of Corrective Services, the Department of Health and Ageing (ISI Project), Lotterywest, the WA Tourism Commission and the tremendous efforts of a few people from Cyrenian House, Palmerston Association, Serenity Lodge and ATCA who worked together as a team to bring this conference together.

I want to particularly thank Lynne Magor-Blatch for sharing her wisdom and experience and for her ongoing support and hard work. I would like to thank Sheila McHale, Catherine Wilson and Paula Wood from Palmerston Association, Sharon McNeill and Dave Lonnie from Serenity Lodge and Shonna Grant, Eleanor Baptist and Caroline Henson from Cyrenian House, 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 Today: No Closed Doors” 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.

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.

The ATCA Conference Organising Committee wishes you an informative, inspirational and enjoyable conference!

Carol Daws
ATCA Conference Organising Committee

The information provided within the ATCA Conference 2011 presentations is not independently verified by the Australasian Therapeutic Communities Association (ATCA). The views expressed and materials presented represent the personal views of individual presenters and do not represent the opinion of ATCA. ATCA does not endorse opinions that may be presented and assumes no responsibility for the content of the individual presentations.
Dear Conference Delegates,

Welcome to Fremantle and the 25th Annual ATCA Conference, which this year focuses on the theme “No Closed Doors”.

In 1986 in Melbourne at a meeting of AOD treatment agencies organised by the National Campaign Against Drug Abuse, Therapeutic Communities were not recognised as a viable treatment modality, they were not represented by a Peak Body and were not seen by the Commonwealth as a distinct form of treatment within the sector. In December of that year, leaders of Therapeutic Communities across Australia met at Odyssey House in Victoria and an agreement was reached amongst those present “to develop the TC movement in Australia and grow together as one family” (Joe Lambert). In his introduction to the first edition of the ATCA Magazine Joe Lambert, the then ATCA President said “For too long Australian communities regarded drug users as ‘no hopers’ and even the medical and psychiatric fraternities turned their backs on people who were desperately seeking help for their loved ones, regarding them as incurable and too difficult to deal with. This response left the problem in the hands of law enforcement which allowed our jails and institutions to overflow with directionless addicts who only increased their criminal behaviour, becoming even more alienated from mainstream society, and pushing them further away from those of us in the helping field”.

How things have changed! In the last 25 years, ATCA now includes 33 member TCs in Australia and New Zealand, representing a total of 64 TCs operating across Australasia. These services treat over 10,000 people annually. Today, in Australia, many of them receive significant funding from the Commonwealth as well as the ongoing contributions from State Governments. In addition to the Therapeutic Community treatment modality, TCs provide additional critical services such as detoxification units, family support programs, child care facilities, exit housing and outreach services, methadone to abstinence and methadone stabilisation. As such, TCs work at all points of the treatment spectrum, from primary prevention and early intervention, to treatment and aftercare. TCs work with a significantly more chaotic and complex group of clients than other treatment modalities. They work with prison populations, disaffected young people, Aboriginals, women with children and family groups.

No door is closed, in fact many doors are newly opened for people affected by drugs or alcohol as they regain their lives and take up employment, study, a family or just living in the community with a reduced incidence of drug and alcohol use, improved health and living conditions, a stronger, healthier sense of self and in many cases, a willingness to show other people affected by addiction which path to follow in pursuit of recovery.

Hosting a Conference is never an easy task, however the organising committee made up of representatives from Cyrenian House, Serenity Lodge and Palmerston Association, in true West Australian style have prepared a Conference that will engage and challenge you for the next three days. The diversity of themes, the high quality of presentations and the wealth of experience that the presenters bring to the Conference, will ensure that everyone will go home with renewed enthusiasm for what can be achieved in Therapeutic Communities.

As well as the intellectual stimulation that you will experience during the Conference you will also have the opportunity to witness the innovations of Western Australian Therapeutic Communities, and when the time comes to relax, you can indulge in the attractions of Fremantle and surrounds.

On behalf of the ATCA Board and Secretariat, I would like to thank the Organising Committee for a magnificent job. Also to our guest speakers Chris Cline, Ken Minkoff, Tony Trimingham, Bryan Cousins, Mike Farrell and Barry Abbott. Of course the Conference would not work if we were not sharing your ideas and initiatives in our field and so I would also like to thank all of you who are presenting a paper at this Conference and encourage everyone to keep opening those doors to new ideas and better ways of keeping the ‘doors’ of Therapeutic Communities open to the changing needs of our communities.

Barry Evans
Chairperson
ATCA Board of Management
Dr Ken Minkoff

Kenneth Minkoff, M.D. is a board-certified psychiatrist with a certificate of additional qualifications in addiction psychiatry; a dedicated community psychiatrist, and currently, is a clinical assistant professor of psychiatry at Harvard Medical School and a senior systems consultant for ZiaPartners in San Rafael, CA. He is recognised 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, through the implementation of a national consensus best practice model for systems design: the Comprehensive Continuous Integrated System of Care (CCISC), referenced in SAMHSA’s Report to Congress on Co-occurring Disorders (2002).

In addition, Dr. Minkoff is a member of the Board of Directors of the American Association of Community Psychiatrists (AACP) and is chair of the Health Care Policy Committee. Combining his expertise in dual diagnosis and managed care, Dr. Minkoff was panel chair for CMHS Managed Care Initiative report entitled: Co-occurring Psychiatric and Substance Disorders in Managed Care Systems: Standards of Care, Practice Guidelines, Workforce Competencies and Training Curricula (1998) (See www.med.upenn.edu/cmhpsr).

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. With his consulting partner, Christie A. Cline, MD, MBA (former Medical Director for the Behavioural Health Services Division of the New Mexico Department of Health), Dr. Minkoff has developed a systems change toolkit for CCISC implementation (www.zialogic.org). Dr. Minkoff and/or Dr. Cline are currently providing (or have provided) consultation for CCISC implementation in over 35 states and 4 Canadian provinces, working with every aspect of state level systems, county level systems, tribal entities, and providers of all types.

Dr Christie Cline MD, MBA

Dr Christie Cline is the founder and President of ZiaPartners, Inc. and ZiaLogic. Both corporations provide consultation, products and technical assistance nationally and internationally, to behavioural healthcare systems in the areas of policy, procedure and practices for integrated services development, quality improvement and systems transformation. She has experience with systemic implementation of integrated services in all types of behavioural health settings - adult services, older adult services and child and adolescent services. She has worked with the full continuum (e.g., prevention and early intervention, peer driven support, outreach, crisis, hospitals and institutional care, outpatient, adult and juvenile justice, diversion courts, homeless shelters, child welfare, public health etc). She has assisted hundreds of programs with the development of co-occurring capable practices within a multitude of programming approaches, including ACT, SAMHSA evidence-based practice toolkits including IDDT, gender-specific programming for pregnant and parenting women, family reunification, trauma and domestic violence service, services to adolescent sexual offenders, children’s system of care wraparound, wet-damp-dry housing, adult and juvenile correctional programming, diversion and drug and mental health courts, WRAP, traditional healing, elder support, DD/MR/TBI and homeless services, shelter care and many more. Dr. Cline has provided over 1000 presentations, trainings, and group consultations on system, program, clinical practice and clinician competency development in support of Welcoming, Accessible, Integrated, Continuous and Comprehensive Behavioural Healthcare Systems.

Dr. Cline developed the design and format of the CCISC Change Agent Approach and the CCISC Change Agent Curriculum and has been largely responsible for linking the content of training to the overall quality improvement process for systems development. She has helped thousands of individuals across the country organise themselves into teams and learn to be change agents for their local systems to support one another and to foster the development of co-occurring capable systems. Dr. Cline is a co-author of the CCISC Co-occurring Disorders Capability Toolkit, and has published articles on co-occurring disorder system and services development, and written book chapters on the ethics of co-occurring treatment. Recognised as a national leader in the area of systems integration, she was a member of the SAMHSA consensus panel for development of TIP 42.

Dr. Cline is a board certified psychiatrist who served as the Medical Director of the Behavioural Health Services Division of the New Mexico Department of Health from 1998 - 2003, responsible for the public safety net indigent mental health and substance abuse treatment system in that state. With a Masters in Business Administration from Georgetown University in Washington, DC, Dr Cline graduated with distinction, her focus in organisational quality improvement and strategic development.

**KEYNOTE SPEAKERS**

**Put TUESDAY 31 MAY in your diary**

**Sirius Room**

**Changing The World**

**Developing Welcoming Integrated Systems of Care for Individuals and Families with Co-Occurring Mental Health and Substance Disorders**

Individuals with co-occurring disorders are associated with poor outcomes and high costs throughout the service system, yet have been traditionally defined as “misfits” rather than priorities within all systems of care. This presentation reviews examples of systems difficulties faced by individuals with co-occurring psychiatric and substance disorders in public and private settings, and identifies research based principles of successful treatment intervention for these individuals in the context of a parallel disease and recovery integrated conceptual framework, that uses a common language that makes sense from the perspective of both the addiction field and the mental health field.

The presentation will then illustrate the application of these principles to both successful clinical interventions in any service setting, illustrating how any system, any program and/or any person delivering clinical care, can immediately begin to make progress in improving welcoming, recovery oriented co-occurring treatment for the people they are serving.

**Using Stories of Real People to Inspire Systems to Change**

This presentation focuses on the heart and soul of what system change is about; organising systems at every level to be about the needs, hopes and dreams of people with complex issues coming for help. Using inspiring examples from real life situations, Dr Cline will connect individual experiences to the energy and practical strategies that fuel organisational transformations.
DR MINKOFF & DR CLINE

Since 2001, Drs. Christie Cline and Kenneth 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.

They have also worked both nationally and locally in Australia. Dr. Cline and Dr. Minkoff are the leading experts on the implementation of the Comprehensive Continuous Integrated Systems of Care Model (CCISC) in adult, child and adolescent systems of care. These projects have involved working in all types of systems and service settings with extraordinarily diverse populations, ranging from rural areas with significant Native American populations (e.g., New Mexico, Alaska, and Montana), complex urban areas with severely impoverished inner city populations (e.g., District of Columbia, Miami and San Francisco), as well as areas like Vancouver Island, British Columbia, that have North America’s most highly diverse foreign-born populations.

PROFESSOR MICHAEL FARRELL

Professor Michael Farrell is the Director of the National Drug and Alcohol Research Centre at the University of New South Wales, Sydney, since March 2011. He did his original undergraduate training in Dublin Ireland and he worked in London for over 20 years where he was a Consultant Addiction Psychiatrist in the Maudsley Hospital, and a Professor of Addiction Psychiatry at the Institute of Psychiatry, Kings College London.

His area of interests have been broad based population studies based on the UK National Psychiatric Morbidity Programme, where the issues of substance use and psychiatric morbidity were explored. He is also interested in Evidence Based Practice and Treatment Evaluation and the Translation of new evidence into practice. He has researched aspects of drugs in prison and particularly the risks of overdose on leaving prison, or other closed institutions.

He has published over 200 scientific papers and is a member of the WHO Expert Committee on Drug Dependence. He chaired the Scientific Advisory Committee of the European Monitoring Centre for Drugs and Drug Addiction in Lisbon up until May 2011. He has undertaken a wide range of work for international agencies and for National Governments on aspects of National Drug Policies.

BARRY ABBOTT

Barry Abbott is an Arrente stockman who has had remarkable success rehabilitating at risk boys. Barry, a Wallace Rockhole elder, established the Ilpurla Aboriginal Association in the 70’s. Ilpurla is a Substance Misuse and Youth Diversion Service located 260 km south west of Alice Springs in the Aranda region of Central Australia.

Ilpurla, also known as Ilamarta, is a traditional homeland for the Southern Aranda people. It offers holistic and culturally appropriate care and support to clients ranging from juveniles to adults that are dealing with substance use and related issues. Ilpurla does not distinguish across language groups or race and will (and has) taken non indigenous clients. Barry estimates that he has looked after about 300 boys over the years, some for as long as 12 months at a time. Drug abuse and petrol sniffing, in particular, are the main reasons young men end up at Barry’s station. Barry’s approach is simple but remarkably effective: he gives the boys opportunities to become part of a working cattle station. The boys start work at day break and learn a range of skills, including saddlery, vehicle and stock maintenance and horse breaking. Along the way they absorb the strong work ethic, discipline, pride and self-worth that underpin the station. Whilst the service is specifically targeted to male clients, female clients are welcome and there are female staff and family present at Ilpurla to meet their needs. Barry Abbott won the Prime Minister’s award in 2005 for excellence and outstanding contribution in drug and alcohol endeavours, and the Northern Territory Australian of the year Award in 2011.

PLENARY SESSION

WEDNESDAY 1 JUNE

This presentation will focus on recent trends and developments in the field of alcohol and drug treatment and compare evolving issues in Australia with the issues evolving in the UK and European Treatment field. It will explore the broader context of treatment and the changing policy priorities of different policy environments.

The second part of the talk will explore the issue of risk identification and risk management in an inpatient, residential or other institutional setting. It will look at work done around reducing suicide risk, as well as address the risk of drug related deaths after detoxification and departure from an institutional setting. This presentation will also explore options for addressing and reducing such risks.

PLENARY SESSION

WEDNESDAY 1 JUNE

Sirius Room
10.30am - 11.30am

Ilpurla holds as its core, the belief that application of the Aboriginal ‘extended family model’ of care and inclusion of others as a key to ‘growing’ and supporting strong and resilient members of the community. The Abbott family and staff model positive behaviour that may have been missing from the life experience of clients and environments in which they have been living. The model also relies on the isolated setting of the outstation to remove the clients from influences that exist in their home settings, including substance abuse.

The Service holds the well-being and best interests of clients as a priority, assisting to address clients’ substance and associated behavioural problems and move forward to develop positive futures. ILPURLA focuses on providing a safe place where clients can develop their cultural identity, sense of self and confidence.

The service model links clients with another way of life, in which there is valuable work to do and a group that relies on (and values) their contribution to that work. A central aim being to promote individual and community well being by removing the harm associated with volatile substances (e.g. petrol) as well as alcohol and other drugs.

Applying cultural knowledge and building cultural identity and resilience in clients through known and trusted methods has always been at the centre of ILPURLA’s model of care.

Promotion of self respect and respect for others and the environment and culture is also paramount.

Provision of a balance between cultural education, individual aptitude development, and the need for skills to enhance clients’ ability to exist in an external environment, providing the necessary supports and access to skill development, which enhance clients’ ongoing capacity to live, work and contribute to the wider community in a meaningful way.
FATHER AND SON
Drug Use Has Many Faces
The Personal Experiences of Bryan Cousins, Karl O’Callaghan & Tony Trimingham
Chaired by James Pitts
CEO, Odyssey House

Drugs – licit and illicit, prescribed and non-prescribed, can all have an impact on the lives of those who use them and the people who love those who use.

Three men speak about their experience as fathers with sons impacted by drug use. Join us for the privilege of hearing the personal stories of Bryan Cousins, Karl O’Callaghan & Tony Trimingham.

PHARMACOTHERAPIES
Pride and Prejudice, Sense and Sensibility

Methadone maintenance treatment (MMT) is considered to be an effective form of treatment since it blocks the euphoric and sedating effects of opiates and is secreted slowly into the system, with a half-life of 8 - 59 hours. However, while methadone’s long half-life may make it ideal for maintenance, it is not considered to be a desirable opiate to withdraw from when attempting to become completely opiate-free. Although there are benefits to opioid substitution treatment, eventually many clients who are prescribed pharmacotherapies express a desire to reduce and withdraw. However, while some will manage a reduction within the community to around 20mg/day, the chances of relapse increase from this point, with many returning to illicit substance use before once again increasing pharmacotherapy treatment.

While the philosophies and methods of the TC and methadone treatment programs are different, the strengths of each have been combined in programs both in Australia and overseas since the 1970s, to enable clients to taper off methadone maintenance in a therapeutic community environment and to remain illicit drug-free. For others who wish to maintain a pharmacotherapy regime, but withdraw from other illicit and licit substances, the TC may also play a role in assisting the person to stabilise on a MMT or other pharmacotherapies.

Many factors exist in common, which lay the groundwork for a collaborative effort between the two modalities. The aim of both paradigms is to promote pro-social functioning and to reduce the negative consequences caused by the acquisition and use of illicit drugs. Indeed, as populations within TCs become more complex due to changing drug use and co-occurring disorders of mental health and substance use, TC policies surrounding the use of medications have changed considerably.

Residential programs now accept people with co-occurring disorders who are on prescribed medications, including anti-psychotic drugs. Therefore, the decision to accept others on pharmacotherapies is seen as a natural and important progression. This firmly places pharmacotherapies within the context of treatment.

Do TCs have a role to play in pharmacotherapy treatment and withdrawal, or are we diluting the original concept of abstinence based treatment? This roundtable will discuss the many aspects of this question.
Alcohol and Drug Information Service

ADIS 9442 5000
Country Toll-Free 1800 198 024

Call the Alcohol and Drug Information Service helpline for 24-hour free confidential advice, counselling and referral.

Confidential – 24 hour – Statewide

Parent Drug Information Service

PDIS 9442 5050
Country Toll-Free 1800 653 203

Profesional telephone counselling, Parent to Parent support, information and referal service for parents concerned about their child’s drug use.

Confidential – 24 hour – Statewide

www.drugaware.com.au
- Online Information Source
- Help options
- Confidential Live Chat
- Drug Information
- Videos from the experts

www.alcoholthinkagain.com.au
- Online Information Source
- Help options
- Useful Resources
- Alcohol Information
Palmerston Therapeutic Community (The Farm)

Palmerston Farm is a Therapeutic Community located on a 10 acre property 30 minutes south of the Perth CBD. The Palmerston TC offers a residential rehabilitation program for 32 men and women over 18 years of age that are motivated to address their alcohol and other drug dependence. The core program is 14 weeks but provides the opportunity for residents to stay up to a year.

As well as operating within a TC model, Palmerston’s TC offers programs built around the opportunities that living on a Farm presents.

The Farm Program
All residents work together on the Farm each weekday morning on activities around gardening, planting and growing vegetables for consumption and general farm maintenance. This provides opportunities to:
- Develop and sustain rewarding work habits.
- Help restore general health and a sense of wellbeing.
- Work with others as part of a team.
- Develop new practical outdoor skills.

The Vocational Program
The vocation program, run in conjunction with TAFE, provides clients with the opportunity to gain experience in horticultural skills through accredited training and improve computer skills in basic and advanced training. All residents take part in the TAFE program.

Recovery-orientated drug treatment: the evidence
Friday 8 July, 8.30am to 5.00pm | The University of Western Australia

A seminar on recovery-orientated approaches to helping families with addictions

Speakers:
- Professor Neil McKeganey, Director, Centre for Drug Misuse Research, University of Glasgow
- Professor Jon Currie, Director of Addiction Medicine, St Vincent’s Hospital, Melbourne
- Professor Gary Hulse, Director of Research and Education in Alcohol and Drugs, UWA
- Professor David Clark, Director, Wired In To Recovery
- Dr Colin Brewer, Research Director, The Stapleford Centre, London
- Dr George O’Neil, Medical Director, Fresh Start Recovery Programme

For more information, see the brochure in your satchel or go to www.freshstart.org.au
Serenity Lodge

Serenity Lodge is the newest member of the TC community in Western Australia. Serenity Lodge is a 43 bed adult (18+) Alcohol and other Drug Treatment Service located in Rockingham, 40 minutes south of the Perth CBD.

Serenity has been through a few evolutions over the last 30 or so years. Starting out as a coastal retreat for nuns in the 1960s to the transition into a TC in 2008, Serenity has never lost sight of the need to deliver the very best for the residents.

Serenity Lodge nestles amongst the trees on 2 acres and is situated just 250 metres from the beautiful Indian Ocean. Staff and residents take full advantage of this! It provides the perfect setting for early morning walks, counselling sessions, ‘getting to know you’ chats, graduation ceremonies and fun sporting activities on the weekends. Another great aspect of living so close the beach is that even the hottest summer day is cooled down by the lovely afternoon sea breeze.

One of the most exciting aspects of Serenity Lodge for the staff and the residents is the holistic approach that the TC model encourages and the program is witnessing increasingly positive outcomes as Serenity Lodge continues to embed the Therapeutic Community principles in the daily practice.

Cyrenian House Therapeutic Community

Cyrenian House adopted the Therapeutic Community Model in January 1999 and has been an active participant in the TC sector ever since. Cyrenian House recently volunteered to be one of the first TCs in Australasia to undertake a peer review process utilising the newly developed ATCA TC Standards. Located on over 30 acres of bush land, the TC is 30 minutes north of Perth and offers two programs.

The Mixed Gender Program (MG)
- Open to men and women over eighteen years of age who are motivated to address their alcohol and other drug dependence.
- Accommodates 40 people and is gender balanced.
- A Four Stage program where residents stay for up to a year.
- Six priority beds for Aboriginal people.

The Saranna Women and Children’s Program
- Offers treatment for 14 families - Women motivated to address their alcohol and other drug dependence with young children in their care.
- The service addresses the current inequality of service access for women with young dependents and facilitates family re-unification and strengthening.
- A Four Stage program.
- Women and their children form an integral part of the community, engaging in a daily program of recovery while living in self contained cottages to provide a home environment.

Both the Saranna and Mixed Gender programs utilise a variety of tools and interventions including counselling, therapeutic group work, community responsibilities, art projects and recreation activities.

Unique opportunities exist at the TC for residents to explore and identify issues in depth and develop practical strategies designed to support them in the long term.
### SITE VISITS TO WESTERN AUSTRALIAN THERAPEUTIC COMMUNITIES

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<thead>
<tr>
<th>Time</th>
<th>Tour 1: CYRENIAN HOUSE, SERENITY LODGE, PALMERSTON FARM</th>
<th>Time</th>
<th>Tour 2: PALMERSTON FARM, SERENITY LODGE, CYRENIAN HOUSE</th>
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<tr>
<td>8.45am</td>
<td>Assemble to Board Bus (Park View Room)</td>
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<td>9.00am</td>
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<td>10.00am</td>
<td>Arrive Cyrenian House</td>
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<td>Arrive Palmerston Farm</td>
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<td>10.00am - 11.00am</td>
<td>Tour and Morning Tea</td>
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<td>11.10am</td>
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<td>11.20am - 12.15pm</td>
<td>Tour Serenity Lodge</td>
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<td>12.15pm - 1.15pm</td>
<td>LUNCH AT SERENITY LODGE</td>
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<td>6.30pm - 8.30pm</td>
<td>WELCOME CELEBRATION - Admiralty Gulf</td>
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<td>8.00am - 8.45am</td>
<td>Southern Cross Lobby</td>
<td>REGISTRATIONS &amp; COFFEE</td>
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<td>8.45am - 9.00am</td>
<td>Sirius Room</td>
<td>CONFERENCE OPENING SESSION</td>
<td>Carol Daws</td>
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<td>Cyrenian House Choir</td>
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<td>Southern Cross Lobby</td>
<td>MORNING TEA</td>
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<td>11.00am - 11.30am</td>
<td>Atrium Garden Restaurant</td>
<td>LUNCH</td>
<td>Barry Evans</td>
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<td>During lunch, there will be an open NA meeting in the Admiralty Gulf. Interested delegates are invited to attend. OR Meet with Larry Pierce NADA Consultation for NSW NGO’s - Carnac Room</td>
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<td>11.30am - 1.00pm</td>
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**Venue Details:**

- **Carnac Room 1:** Integrated Longitudinal Strength Based Assessment.
- **Carnac Room 2:** DRUMBEAT for Complex Needs - A Music-Based Intervention for People with Complex Needs.
- **Carnac Room 3:** Assessing & Working With the Possibility of Violence in TCS.
- **Garden Room 1:** Developing a Culturally Secure AOD Sector Accreditation Framework.
- **Garden Room 2:** Changing the Culture.
- **Garden Room 3:** Assessing & Working With the Possibility of Violence in TCS.

**Stream Details:**

- **Stream 1:** Integrated Longitudinal Strength Based Assessment.
- **Stream 2:** DRUMBEAT for Complex Needs - A Music-Based Intervention for People with Complex Needs.
- **Stream 3:** Assessing & Working With the Possibility of Violence in TCS.
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<td>Drumbeat - Cyrenian TC</td>
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<td>Tony Trimingham</td>
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<td>Sirius Room</td>
<td>FATHER AND SON: Drug Use Has Many Faces</td>
<td>James Pitts</td>
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<td>Shonna Grant</td>
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<td>Karen Ward</td>
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<td>1.30pm - 1.50pm</td>
<td>Garth Popple</td>
<td>The Impact of an Inpatient Substance</td>
<td>Phillip May</td>
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<td>Misuse Group Program on Co-morbid Symptoms</td>
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<td>1.50pm - 2.10pm</td>
<td>WhySo Many Security Coded</td>
<td>Training: An Integral Element of a</td>
<td>Wendy Shannon</td>
<td>Ed Craig</td>
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<td>Resident’s Treatment Plan.</td>
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<td>The Palmerston Farm TC Experience.</td>
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<td>Stream 1 Co-morbidity</td>
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<td>Stream 2 Innovations in Treatment in Therapeutic Communities</td>
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<td>Jim Villamor</td>
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<td>Nutrition and Exercise Programs in TCs: Using a Peer Support Model.</td>
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<td>Kim Ziapur</td>
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<td>Genevieve Morrissey</td>
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<td>2.50pm - 3.10pm</td>
<td>Providing Training in Screening, Case Planning and Evaluation – Does It Work?</td>
<td>Peter Kelly Frank Deane Trevor Crowe Gerard Byrne</td>
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<td>Opioid Treatment, Stabilisation, and the TC Model – Profiling the First 18 months of WHOS Residential Treatment of Opioid Dependence.</td>
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<td>Stream 1 Evidence Based Practice</td>
<td>Venue Chair</td>
<td>Garden Room Stream 2 Corrective Services</td>
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<td>Samantha Beeken</td>
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<td>4.00pm - 4.20pm</td>
<td>Steve Ailsop</td>
<td>Round Table Discussion Pharmacotherapy</td>
<td>Gary Hulse Garth Popple Moira Sim Allan Quigley Mike Farrell George O'Neill</td>
<td>Pathways Program and Drug and Alcohol Through-Care Service</td>
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<td>4.20pm - 5.00pm</td>
<td>Lynne Magor-Blatch</td>
<td>Round Table Discussion Drug Treatment in Prison: What Is Effective?</td>
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<td>7.00pm - 12.00am</td>
<td>Island Suite</td>
<td>ATCA AWARDS DINNER DANCE</td>
<td>Guest Speaker: Ted Wilkes Band: Natalie Gillespie and Dave Brewer</td>
<td>ATCA Award Presentations</td>
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## THURSDAY 2 JUNE 2011

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<td>8.00am - 8.45am</td>
<td>Southern Cross Lobby</td>
<td>REGISTRATIONS &amp; COFFEE</td>
<td>Barry Evans</td>
<td>Lynne Magor-Blatch</td>
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<td>8.45am - 9.15am</td>
<td>Sirius Room</td>
<td>Care Packages</td>
<td>Sheila McHale</td>
<td>Ken Minkoff</td>
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<td>9.15am - 10.30am</td>
<td>Sirius Room</td>
<td>Fish Bowl Case Discussion</td>
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<td>Southern Cross Lobby</td>
<td>MORNING TEA</td>
<td>Sharon McNeill</td>
<td>Chris Cline</td>
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<td>Fish Bowl Case Discussion</td>
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<td>12.15pm - 12.45pm</td>
<td>Sirius Room</td>
<td>CONFERENCE CLOSING SESSION</td>
<td>Carol Daws</td>
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<td>Farewell and Thank You</td>
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<td>Serenity Lodge Choir</td>
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### CONFERENCE CLOSE

#### WORKSHOP PROGRAM

**Thursday 2 June 2011**

- **1.45pm - 3.15pm**
  - Rottnest Room
  - Workshop 1: Integrated Recovery Planning
  - Chair: Shonna Grant
  - Speaker: Ken Minkoff

- **3.15pm - 3.45pm**
  - Garden Room
  - AFTERNOON TEA

- **3.45pm - 5.15pm**
  - Rottnest Room
  - Workshop 1: Helping Your Program Become COD Capable
  - Chair: Jackie Long
  - Speaker: Chris Cline

#### WORKSHOP PROGRAM

**Friday 3 June 2011**

- **8.30am - 9.00am**
  - Abrolhos Room
  - REGISTRATIONS & COFFEE

- **9.00am - 10.30am**
  - David Lonnie
  - Peter Duncan & Lynne Magor-Blatch
  - Venue Chair: Eric Allan
  - Garden Room: Ali Marsh & Tania Towers

- **10.30am - 11.00am**
  - Abrolhos Room
  - Peter Duncan & Lynne Magor-Blatch
  - Garden Room: Ali Marsh & Tania Towers

- **11.00am - 12.30pm**
  - Peter Duncan & Lynne Magor-Blatch

- **12.30pm - 1.30pm**
  - Atrium Garden Restaurant
  - Peter Duncan & Lynne Magor-Blatch

- **1.30pm - 3.00pm**
  - Peter Duncan & Lynne Magor-Blatch
  - Garden Room: Ali Marsh & Tania Towers

- **3.00pm - 3.30pm**
  - Abrolhos Room
  - Peter Duncan & Lynne Magor-Blatch

- **3.30pm - 5.00pm**
  - Abrolhos Room
  - Peter Duncan & Lynne Magor-Blatch
  - Garden Room: Ali Marsh & Tania Towers
Co-morbidity - Best Practice for Consumers with Co-occurring AOD and Mental Health Issues

Integrated Longitudinal Strength Based Assessment

Presented by Ken Minkoff

Using the principles of successful treatment intervention in the context of an integrated disease and recovery model for understanding the process of treatment matching for individuals with co-occurring disorders, a systematic process of clinical assessment - the Integrated Longitudinal Strength Based Assessment - is presented. With data from the assessment, the presentation illustrates how to identify recovery oriented goals, stages of change for each primary issue in relation to those goals and strength based, stage-matched, skill based interventions for each issue.

The workshop will offer opportunities for interactive discussion in small groups, to apply this learning to practice cases. Specific techniques for implementation of treatment interventions for each category are discussed in some detail. Finally, there will be an opportunity to learn how to incorporate all of the above material into a treatment plan or recovery plan, training in a simple template for how to do that, and then practice with how to use this approach to create integrated strength based stage matched recovery plans, that are helpful for organizing clinical interventions with the client as a partner in the process of change.

Co-morbidity - Best Practice for Consumers with Co-occurring AOD and Mental Health Issues

Integrated Strength Based Assessment Intervention and Recovery Planning for Individuals with Co-occurring Mental Health and Substance Use Conditions

Family and Children Focus

Presented by Chris Cline

Using the principles of the Integrated Longitudinal Strength Based Assessment model with a specific emphasis on application to youth and families. The workshop will offer opportunities for interactive discussion in small groups to apply this model to practice cases. Specific techniques for implementation of treatment interventions for each category are discussed in some detail. Finally, there will be an opportunity to learn how to incorporate all of the above material into a treatment plan or recovery plan, training in a simple template for how to do that, and then practice with how to use this approach to create integrated strength based stage matched recovery plans, that are helpful for organising clinical interventions with the client as a partner in the process of change.

Family and Children - Family Involvement in Treatment, Interventions for Children Affected by Parental Drug Use and Associated Issues

DRUMBEAT for Complex Needs

A Music Based Intervention for People with Complex Needs

Presented by Simon Faulkner

Presentation Type: A participatory workshop with drums, exploring program theory and exercises.

The Holyoake DRUMBEAT (Discovering Relationships Using Music, Beliefs, Emotions, Attitudes & Thoughts) program was developed in the W.A. Wheatbelt to engage Aboriginal youth resistant to talk based therapies.

DRUMBEAT combines experiential learning with cognitive behavioural therapy. It is a fun and creative program that builds self esteem, social confidence and an understanding of the key issues that impact on relationships. Themes include teamwork, peer pressure, social harmony, social responsibility, dealing with emotions and community connection.

DRUMBEAT is now in use across Australia with both young people and adults in schools, drug and alcohol rehabilitation, mental health services, youth services and prisons. It is particularly prevalent in Aboriginal health and educational settings.

Evaluations of the DRUMBEAT intervention have consistently found that participation in DRUMBEAT leads to improvements in self esteem, reductions in behavioural problems, improvements in school attendance and improved social connection (UWA study, 2010).

In 2010, The Department of Child Protection provided funding to develop an adapted version of the program for the children in its residential facilities; children who present a range of complex needs. This program is being rolled out in each of the state’s 14 residential care units with over 200 DCP staff being trained in the delivery of the program.

“DRUMBEAT for Complex Needs” includes an increased focus on emotional regulation due in part to the prevalence of sensory modulation disorders. There is also an emphasis on primary social skills including sharing and caring (empathy), honesty and trust. The concept of community belonging and connection was also reinforced along with the importance of social responsibility. The roll out of this program, including a longitudinal study, has implications for other service providers dealing with this most challenging population group.
STREAM 3
Garden Room
2pm - 2.20pm

Therapeutic Community Standards and Quality Processes

Developing a Culturally Secure AOD Sector Accreditation Framework

Presented by Rebecca Davey
Accreditation Framework Coordinator, WANADA

Presentation Type: Project Snapshot

The Office of Aboriginal and Torres Strait Islander Health and the WA DAO Office provided project funding to WANADA in 2010 for a one year project to further develop the WA AOD Sector Quality Framework into a nationally recognised, culturally secure Accreditation Framework. The culturally secure Accreditation Framework consists of a Standard based on the Quality Framework, a number of interpretive guides for different service types and support resources to assist agencies to achieve accreditation against the Standard.

The Standard covers all aspects of agency operations including understanding community needs, consumer rights and responsibilities, consumer focused practice, evidence based practice, staffing, development and support, agency management and organisational governance.

Consultation with the sector was undertaken over a three month period across all Australian jurisdictions and involved consultation workshops where possible, as well as written feedback on the draft framework. The consultation process was promoted and supported in each jurisdiction by the relevant AOD peak body, as well as the National Aboriginal Community Controlled Health Organisation, and aimed to ensure the requirements included in the Standard, and the examples used in the interpretive guides were appropriate and rigorous enough to ensure culturally secure practice in the AOD sector.

The project snapshot will provide an overview of the findings of the consultation process for the finalised Accreditation Framework.

STREAM 2
Garden Room
3pm - 3.20pm

Families and Children - Family Involvement in Treatment, Interventions for Children Affected by Parental Drug Use and Associated Issues

Snapshot of the Strengths of Palmerston’s Yarning and Parenting Program for Parents and Children Experiencing Alcohol and Other Drug Problems

Presented by Dr Kate Frances
Research Fellow National Drug Research Institute, Curtin University

Whilst there are significant challenges in engaging families and children who are most vulnerable in support programs, a review of best practice principles of parenting and family support services for parents and children experiencing alcohol and other drug (AOD) problems, revealed that process issues are as important as program content. That is, there is increasing recognition and call for AOD services to incorporate child and family focused, or ‘family sensitive practice’ into service delivery (Dawe et al., 2006, 2008; Trifonoff et al., 2010).

This project snapshot will report on evaluation findings of Palmerston’s Yarning and Parenting (YAP) Program for parents and children experiencing AOD problems. In particular, it will focus on aspects of YAP’s current program model and delivery that are in line with best practice principles of child and family focused early identification and intervention.

The evaluation methodology comprised three main elements: a desktop review of academic and ‘grey’ Australian and international literature relating to current and best practice family-focused and/or AOD service delivery for Indigenous and non-Indigenous people; face-to-face and telephone interviews with key YAP stakeholders including clients, staff and staff at other relevant services and program information gleaned from documentary material.

The findings have implications for services working with parents and children experiencing AOD problems, as they highlight the importance of services developing, implementing and monitoring a comprehensive child and family focused practice framework, and for this framework to be regarded as core business within AOD service delivery.

STREAM 3
Carnac Room
2.20pm - 2.40pm

Therapeutic Community Standards and Quality Processes

ATCA Standards Update

Presented by Rebecca MacBean
Accreditation Framework Coordinator, WANADA

Presentation Type: Project Snapshot

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STREAM 2
Carnac Room
3.20pm - 3.40pm

Families and Children - Family Involvement in Treatment, Interventions for Children Affected by Parental Drug Use and Associated Issues

Kids in Focus WA

Presented by Ingrid Stotesbury
KIFWA Program Coordinator, WHFS

Kids in Focus is a new initiative funded by Department of Health and Ageing, to provide services to children and families impacted by parental substance use, and build capacity for Family Relationship Service Providers and the AOD sector, through information, referral and training,. Womens Health and Family Services (WHFS), Cyrenian House/Saranna and CLAN WA formed the KIF WA Consortium in June 2010, linking WHFS AOD Services to Women and Children, Saranna residential program and CLAN WA training and parenting services.

KIF WA is not only a multi-disciplinary model, but also a multi-service approach providing wrap around care to all family members, whether accessing non-residential, residential AOD services or community parenting programs, alongside providing evidence based information and advice to service providers. The presentation will explore some of the successes and challenges in the early implementation of the program, the service model, the interaction between non-residential and residential care, referral pathways and improved outcomes for children and families impacted by parental AOD use.
Supporting early intervention and recovery

- person centred services and supports
- a connected whole of community and government approach
- a balanced investment in new priorities

“For people to recover and have a decent life, they don’t just need medication or specialist services; they also need support from families and friends, as well as the opportunity to rebuild their lives and contribute to the community.”

Eddie Bartnik, Mental Health Commissioner

www.mentalhealth.wa.gov.au
STREAM 3  Carnac Room  
2.40pm - 3pm

Therapeutic Community Standards and Quality Processes

The View from Under the Microscope

Presented by Capt Vannessa Garven
Manager, Central Coast Recovery Service (Selah)

Gerard Byrne
Clinical Director, Recovery Services Department, Salvation Army

Presentation Type: Oral Presentation

With current requirements for either accreditation or an external continuous quality improvement review, the challenge for AOD services, and in particular Therapeutic Communities, has been to review against standards that are relevant for the type of service provided.

The Salvation Army’s Central Coast Recovery Services – Selah has undergone two accreditation reviews under the Quality Improvement Council of Australia’s standards and one review under the Australian Council for Healthcare Standards survey process.

Whilst both sets of standards provide a robust review of how the TC manages it business and systems, they do not review support, or provide developmental reflections of the service delivery environment of a TC. They are generic standards.

With the development of the Australasian Alcohol and other Drug Therapeutic Communities Standards by the ATCA, reviews can now take a developmental as well as quality driven focus.

This presentation will explore the experiences of Selah preparing for and undergoing a peer review against the Australasian Alcohol and other Drug Therapeutic Communities Standards by the ATCA, reviews have undergone two accreditation reviews under the Quality Improvement Council of Australia’s standards and one review under the Australian Council for Healthcare Standards survey process.

The aim of this brief presentation is to highlight a systemic approach which has been operating at a non-residential AOD clinic in the northern suburbs of Perth, to encourage workers to include family members in the recovery process of their clients. Asking clinicians to change their established and traditional ways of working is a tall order. Many (if not most) of the clients attending the non-residential AOD community drug service in the northern suburbs, present with co-occurring mental health and substance use issues. Traditionally, they have been assessed and managed individually and the partners and/or family members left in the waiting room. Many of the clients on pharmacotherapy programs have children, and almost always, they are not seen with the parents when they come in for new scripts or counselling sessions. Many are also clients of the Department for Child Protection.

3 years ago I started a clinical placement at the clinic, after completing family therapy training. The person managing the agency at this time, wanted to encourage more family inclusive practice.

This presentation will briefly outline the journey over the last 3 years, of how the culture has been firmly established of attending to family/partners needs as routine practice in the recovery process and demonstrates the value of clinical work in workforce development.

STREAM 3  Carnac Room  
3pm - 3.40pm

Therapeutic Community Standards and Quality Processes

Building Better Staff Teams in TCs

Presented by Eleanor Baptist
Co-ordinator, Mixed Gender Cyrenian House TC

Tim Drown
Counsellor, Cyrenian House TC

Karen Finnegan
Counsellor, Cyrenian House TC

Presentation Type: Workshop

Therapeutic Communities are unique and challenging workplaces, where dynamics within the residential TC often impact and affect the staff team. Building and maintaining healthy teams is essential to quality service provision, staff recruitment and retention, and the delivery of treatment that upholds fidelity to the Community as Method approach. This presentation will explore staff dynamics and ways to create sustainable staff teams that can work together effectively, honestly and supportively.

We will address the challenges facing employees in TCs and discuss how transparency, trust, conflict resolution and feedback can be supportive mechanisms for teams to adopt. Further, we will look at how the workforce development tools of supervision, training, EAP, appraisals, debriefing, goal setting and mentoring are an integral part of staff development in TCs.

STREAM 2  Garden Room  
4pm - 4.20pm

Families and Children - Family Involvement in Treatment, Interventions for Children Affected by Parental Drug Use and Associated Issues

Changing the Culture

Presented by Kathryn Kemp
Principal Workforce Development Officer & Family Therapist Drug and Alcohol Office

The aim of this brief presentation is to highlight a systemic approach which has been operating at a non-residential AOD clinic in the northern suburbs of Perth, to encourage workers to include family members in the recovery process of their clients. Asking clinicians to change their established and traditional ways of working is a tall order. Many (if not most) of the clients attending the non-residential AOD community drug service in the northern suburbs, present with co-occurring mental health and substance use issues. Traditionally, they have been assessed and managed individually and the partners and/or family members left in the waiting room. Many of the clients on pharmacotherapy programs have children, and almost always, they are not seen with the parents when they come in for new scripts or counselling sessions. Many are also clients of the Department for Child Protection.

3 years ago I started a clinical placement at the clinic, after completing family therapy training. The person managing the agency at this time, wanted to encourage more family inclusive practice.

This presentation will briefly outline the journey over the last 3 years, of how the culture has been firmly established of attending to family/partners needs as routine practice in the recovery process and demonstrates the value of clinical work in workforce development.

STREAM 2  Garden Room  
4.20pm - 5pm

Families and Children - Family Involvement in Treatment, Interventions for Children Affected by Parental Drug Use and Associated Issues

Do You See What We See?
Community as Method in the Context of a TC Women's and Children’s Program

Presented by Donna Stambulich
Clinical Co-ordinator, Saranna Women & Children’s Program

Shonna Grant
Manager, Cyrenian House TC

Presentation Type: Interactive Forum

- Complexities, Challenges and Opportunities when working with women and their children, utilising the Community as Method approach (CAM).
- What happens when children spontaneously utilise the CAM approach tools that essentially were originally developed for adults? E.g. conflict resolution, flags and bouquets.
- Children in TCs. How does their experience in a TC assist/detract from their experience in their wider communities. E.g. school, extended family?
- How do the recently developed ATCA Standards relate to this issue?
- Drawing on the practice wisdom of workers in TCs, how do we further develop CAM for children that is evidence based and underpinned by research?
Innovations in Treatment in Therapeutic Communities

**Assessing & Working with the Possibility of Violence in TCs**

### Violence - The TC Reality?

**Presented by Gerard Byrne**  
Clinical Director,  
Recovery Services Department, Salvation Army

**Presentation Type: Oral Presentation**

With the issue of violence and in particular, alcohol and other drugs related violence gaining increasing exposure in the media due to increased occurrences, it is not beyond expectations that there could be an increase in violence experienced by TCs, their staff and residents.  

This presentation will explore the issue of violence in the TC setting, looking at the various forms of violence experienced and their impact on the treatment community.  

The impact of violence on the therapeutic relation will be explored, from both the TC and resident perspective, as will the various responses to violence that are available.  

With early identification of potentially violent incidents being critical in the management of violence in a TC, strategies on how to identify and manage violence will be discussed.  

Responses by the TC to staff and residents that have been the perpetrator, victim or witness to violence will be explored.

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### Violence Towards an Intimate Partner: Placing a Magnifying Glass on Abused Women’s Experiences with Support Services

**Presented by Dr Marika Guggisberg**  
Faculty of Health Sciences, Curtin University Perth &  
The University of Western Australia, School of Population Health/Crime Research Centre Perth, Western Australia

**Presentation Type: Oral Presentation**

Female victims of intimate partner violence still face many barriers to seek and obtain appropriate support and services. Often, victimised women experience additional victimisation when they are involved with support services. Female coping behaviour (i.e. self medicating with alcohol and/or other drugs) in the context of an intimate relationship seems to be directly linked to the lack of appropriate service provision and women’s feelings of entrapment, because often, victimised women cannot ‘just leave’ an abusive relationship.  

This presentation will provide insight into abused women’s experiences with government and non-government support services. Responses from 15 adult female participants who have been interviewed as part of a larger study on intimate violence, will be discussed. In order to be eligible, interviewees had to have experienced physical, sexual and/or emotional forms of IPV in the past six months, suffering from mental health problems and substance use issues. The presentation will discuss women’s experiences with government support agencies/non-government services, barriers for not wanting to involve any agency, rationales for using alcohol and/or other substances as a coping mechanism, and unmet needs. The study found that only a few interviewees had positive experiences with support services, and the majority of women would hesitate to contact them again. A number of ideas and wishes were presented by the women as to how services should be provided in a way to allow them to seek assistance in a safe way. The paper concludes that there are many opportunities to provide positive responses to these most vulnerable women. This presentation will give voice to the very clients the ‘open doors’ are created for. Reaching them will allow abused women who experience mental health and substance use problems, support and assistance, so they don’t feel as though there is only option to cope with their complex situations – using psychoactive substances!
**STREAM 1**
**Rottnest Room**
5pm - 5.20pm

*Co-morbidity - Best Practice for Consumers with Co-occurring AOD and Mental Health Issues*

**Stepping Stones to Success (SSS)**
The Findings of a Course in Helping Families to Cope Better and to Survive the Journey Intact

**Presented by Theo Chang**
Stepping Stones to Success

**Tony Trimingham**
CEO, OAM

The needs of families supporting AOD dependents are complex. FDS began in 1997 when Tony Trimingham (CEO) lost his son to a heroin overdose. The major impetus was the lack of services specifically designed to support families. While acknowledging the AOD sector’s move towards family inclusiveness in recent times, it is still largely left to organisations like FDS to address the many diverse needs of families.

Into its 13th year of operation, FDS has sought to provide a balanced portfolio of services to cater for the many short, medium and long term support needs for families. It recognises that families look for help at various stages of their journey, that often spans years if not decades. FDS services from its 24 hour helpline, nationwide network of support groups, Stepping Stones to Success, partnership services with treatment services, and more are underpinned by a reality based and harm minimisation approaches.

Stepping Stones to Success (SSS) is FDS’ flagship support program. It is a closed and time limited group with an experiential and psycho-educational format. The primary focus is at the functional level of how families are coping with their journey and their chance of survival. The desired outcomes are for participants to be more competent and confident in managing AOD issues through increased self-awareness and personal learning.

SSS utilises control, pre/post and follow up questionnaires in measuring various levels of functioning for all participants. The questionnaire was initially intended to motivate participants. It has evolved into a measuring tool of statistical relevance and reliability. FDS is currently moving towards publishing the data. A summary of which will be presented.

**STREAM 2**
**Garden Room**
5pm - 5.20pm

*Families and Children - Family Involvement in Treatment, Interventions for Children Affected by Parental Drug Use and Associated Issues*

**Introduction to Working Therapeutically with Women with Complex Trauma and Alcohol & Other Drug (AOD) Issues**

**Presented by Ali Marsh & Tania Towers**

This is a brief introduction to working therapeutically with women with complex trauma and AOD issues. Participants will be able to supplement their learning by attending the post conference workshop and by referring to a recently produced guide: Marsh, Towers and O’Toole (2011) ‘Trauma-Informed Treatment Guide for Working with Women with Alcohol and Other Drug Issues’.
Co-morbidity - Best Practice for Consumers with Co-occurring AOD and Mental Health Issues

The Impact of an Inpatient Substance Misuse Group Program on Co-morbid Symptoms and Self-Efficacy

Presented by Phillip May
Perth Clinic, Western Australia

Presentation Type: Oral Presentation

Aim: To examine the impact on co-morbid symptoms of a substance misuse program delivered in the context of an inpatient setting.

Method: Data was collected at admission, and discharge from a group-based substance use program over a one year period. The treatment paradigm is a blend of substance use/mental health education, solution focused therapy, relapse prevention and broader cognitive behavioural techniques delivered in a motivational interviewing style, which works with an emphasis on action and managing change in all areas of the participants life. At admission, individual group members completed measures of anxiety, depression, self-esteem, locus of control, mental health, situational confidence and a measure of substance misuse. Comparable measures were administered at discharge. Staff-rated measures were also completed at both time points.

Results: From admission to discharge, there was evidence for significant improvements, which was also found in indices of co-morbid problems. Self-efficacy improved by the end of treatment.

Discussion: The paper will discuss the implications of substance use treatments on co-morbid problems that people may present with.

Why So Many Security Coded Protected Doors?

Presented by Charl Van Wyk
ISI Project Officer,
Perth Metropolitan Residential Consortium

Presentation Type: This presentation would require twenty minutes as a lecture presentation with an additional thirty minutes of Q&A time, coupled with an opportunity to workshop the model.

How easy is it for consumers to access integrated assertive primary health services whilst in residential rehabilitation? In keeping with the theme of the conference, NO CLOSED DOORS - this presentation will seek to identify:

- Some of the issues which work against consumers of AOD residential rehabilitation services accessing primary health care.
- Why primary health services should be considered key in AOD therapeutic interventions.
- The systemic benefits of providing assertive primary health care.
- Problems with the Medicare system that impact this consumer group.
- A model for a Mobile Assertive Primary Health Service (MAPHS) that will better utilise existing resources and help to “join the dots up” when addressing the bio-psychosocial-spiritual needs of consumers.

Innovations in Treatment in Therapeutic Communities

An Innovative Collaboration Integrating Chiropractic Education and Health Care within a Therapeutic Community
The Palmerston-Murdoch Project

Presented by Dr Lyndon Amorin-Woods
Murdock University School of Chiropractic & Sports Science
Other Authors; G. Parkin-Smith, Murdoch University
D Kennedy, Palmerston Association Inc.

Presentation Type: Oral Presentation

Chiropractic is an emerging profession with an evolving role in musculoskeletal health, particularly regarding patient assessment and musculoskeletal care. Concurrently, the WA Department of Health is actively planning future services by exploring innovative ways to provide for the health care needs of the population, using the Health Networks as a vehicle. Of relevance, is the Musculoskeletal Health Network that focuses on various musculoskeletal issues, like spinal pain and chronic disease, with a view to inform future healthcare planning and services.

In line with the Musculoskeletal Health Network’s models of care, the chiropractic profession in WA is actively exploring pioneering roles with a view to contribution to the mainstream health care system and service provision. An example of this is the chiropractic care provided to residents at Palmerston Farm in Perth, a novel service to people affected by substance use, by supervised chiropractic Interns from Murdoch University. Although this type of community outreach is not original, this project represents a fresh, contemporary role for chiropractic to participate in mainstream healthcare services. The drugless approach to health care intrinsic to chiropractic, constitutes an intuitive adjunct to the Palmerston ethos of recovery with empowerment.

This paper examines the effect of experience on chiropractic Interns with respect to perceptions, learning outcomes and attitudes toward those in substance recovery, alongside the measurement of patient outcomes and satisfaction with care. The process of care provision is evaluated and implications for health service provision and impact on the wider community are explored.

Training: An Integral Element of a Resident’s Treatment Plan
The Palmerston Farm TC Experience

Presented by Wendy Shannon
Manager, Farm TC & Perth Support Service
Palmerston

In 2008, Palmerston began a vocational training project at the Farm TC. The project was funded by the Australian Government through the Proceeds of Crime funding program.

This presentation presents the findings of a review conducted at the end of 2010, on the outcomes for participants with recommendations for future planning. While many residents found the training valuable, inter-agency communication between the TAFE provider and the TC presented challenges for future consideration. Valuable lessons were learnt from a partnership with a local job search provider, also conducting a training program for the Farm TC residents, that now inform plans to develop the Farm TC vocational training program.
**STREAM 3**

**Carnac Room**

1:30pm - 1:50pm

*Indigenous Consumers - Best Practice, Cultural Security*

**Developing Culturally Competent Practices for Aboriginal People in the Context of an Established Therapeutic Community**

Presented by Shonna Grant
Manager, Cyrenian House TC

Jenn Hamilton
Senior TC Worker, Cyrenian House

Karen Ward
Aboriginal AOD Support Worker, Cyrenian House TC

*Presentation Type: Oral Presentation*

Cyrenian House Therapeutic Community has been established for a number of years as a TC with, for much of that time, the client base being non-Aboriginal. With the increasing demand from the Aboriginal Community for AOD treatment services that are accessible and culturally secure, Cyrenian began to develop its residential TC (Saranna Women and Children’s Program and Adult Mixed Gender Program) to meet that need.

The presentation will explore strategies implemented by the TC to enable the service to be responsive to the cultural needs and aspirations of Aboriginal people whilst maintaining a strong commitment to the Community as Method treatment approach.

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**STREAM 3**

**Carnac Room**

1:50pm - 2:10pm

*Indigenous Consumers - Best Practice, Cultural Security*

**Does a Bicultural Therapeutic Community Work?**

**Treatment Outcomes in Maori & European Clients**

Presented by Ed Craig
Outreach Team Leader,
Higher Ground Rehabilitation Trust

*Presentation Type: Oral Presentation*

Higher Ground is a Therapeutic Community for individuals who have alcohol or drug dependence. Based in Auckland, it adopts a bicultural approach, founded on the principles in the treaty of Waitangi. The presentation will outline the Maori and non-Maori aspects of the programme.

For the last two years, outcome measures have been monitored for all clients using internationally accepted tools – including Beck depression inventory and Maudsley addiction profile. These can be thought of in four categories, along the Te Whare Tapa Wha model of Maori health - relating to Te Tinana, Te Hinengaro, Te Wairua and Te Whanau (physical, mental, spiritual and family well-being).

An overview of the outcome measures will be given and then comparison will be made between Maori and non-Maori clients. Does the bicultural approach work? Where does it succeed and where is more work required?
Opening Doors Using SMART Recovery

SMART Recovery Australia is a community based, not for profit charity. 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 explain how the SMART Recovery program can be adapted for specific target groups such as Indigenous groups, Youth and Corrections. The focus will be to show how SMART Recovery no longer stands alone but works in partnership with various groups/agencies to ensure adequate through care is established and maintained.

During the presentation we will explain our involvement with the Department of Corrective Services and Juvenile Justice and how we work in collaboration with them. The NSW Department of Corrective Services developed the “Getting SMART” program for incarcerated offenders. It is a 12 session structured program where the participants 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.

The presentation will also give a brief overview of the “Be SMART” program and a new program being devised for youth with the Department of Juvenile Justice. Be SMART is presently being trialled in Sydney. It is an 8 week program for parents/carers needing to learn skills on how to manage themselves and develop better coping strategies around the addictions of someone close to them.

Nutrition and Exercise Programs in Therapeutic Communities Using A Peer Support Model

Presented by Kim Ziapur, WANADA
Bianca Nas, WANADA Health & Wellbeing Project
Genevieve Morrissey, Clinical Administrator, Serenity Lodge

The Western Australian Network of Alcohol and other Drug Agencies (WANADA)’s Health and Wellbeing Project aims to improve the health and wellbeing of alcohol and other drug (AOD) service users. The project is currently working with residential alcohol and other drug rehabilitation centres and Edith Cowan University, to facilitate placement of Dietetics and Sports Science Allied Health students at the centres. The initiative uses a peer support model that involves both AOD workers and residents to ensure sustainability.

Focus groups with AOD services and their users indicated a desire and need for nutrition and exercise programs. The integration of exercise and nutrition into therapeutic communities aligned with the therapeutic communities’ holistic approach to treatment. Student programs have supported improvements in mental and physical health and wellbeing, which aids in recovery.

A research evaluation found that worker attitudes towards the role of nutrition in recovery changed after a nutrition project conducted by students. While depression, anxiety and stress among resident participants improved after an exercise program. Student placements have built the capacity of AOD services to meet an identified need. The transfer of knowledge between the university, its students and the sector has been another significant outcome.

Expansion of the project will soon lead to placements for students from other allied health fields and in rural and remote settings.
**My Story Cards: Image Based Therapy**

**The Ultimate Client Centred Therapy**

Presented by Jude Page

**Presentation Type: Oral Presentation**

Culturally appropriate therapeutic techniques and tools are scarce in the drug and alcohol sector. Therapeutic techniques have historically been based on language - potentially creating a barrier between those with knowledge of language used and different cultural understandings of language. Culture and language are intertwined with a power imbalance in favour of the dominant culture. My Story Cards were developed to reduce communication error and misinterpretation between cultures and subcultures by allowing the client the power to tell their story in their own way.

Visual images have been found to be more powerfully linked to emotions than words alone. My Story Cards reduce therapeutic barriers by assisting: 1. Identification of significant areas to focus therapy; 2. Exploration of areas important to the client, including identification of strengths and gaps; 3. Goal setting and developing emotional intelligence.

My Story Cards are a relatively quick, efficient means of identifying areas of treatment. They can also be used as a creative tool for coaching, group work or as a health promotion resource for people with alcohol, drug, gambling or emotional issues. The 25 interviewer administered cards use an empowering client centred approach to facilitate communication between counsellor and client, identify areas of importance to the client and assist in prioritising issues. The cards are an effective tool for breaking down client clinician barriers, simplifying communication and effectively target treatment.

My Story Cards have been found to be very well accepted among both counsellors and culturally diverse clients in a variety of settings. The cards have shown to improve communication, assist clients in identifying issues and to simplify and prioritise complex, overwhelming and competing needs to develop a path forward.

This presentation will show preliminary research and application of the cards in practice.

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**Reducing Barriers for Indigenous Australians through Open Doors and Imagination**

Presented by Murray Sutton

Therapeutic Community Team Leader

Grant Robin

Program Director, Gold Coast Drug Council

**Presentation Type: The abstract below seeks to utilise an Alternative Presentation that uses film and media forums to outline a parallel stream, outlining a complex needs client’s journey alongside treatment provision that incorporates unique collaboration across a large geographical span with Therapeutic Community central to the treatment outcome.**

The Queensland Drug and Alcohol Council (QDAC) are currently providing Alcohol, Drug and Mental Health services for Aboriginal Torres Strait Islander peoples in the Cairns region. Cairns brings a diverse richness and cultural diversity and offers opportunities for innovation in addressing the social and emotional wellbeing needs of a vast heterogeneous population across a large geographical span that incorporates the far north Queensland and Torres Strait Island.

QDAC is funded through the Department of Health and Ageing in a process of establishing a Therapeutic Community in the Cairns area for the purposes of providing Alcohol and Drug treatment to Aboriginal Torres Strait Islander people within a residential setting. Within the initial project phase, the establishment of a ‘Shopfront’ service providing assessment and referrals has afforded opportunity to develop the necessary relationships through sector engagement and client contact to progress the ideals of Therapeutic Community for the far north. The challenges lie ahead in an area that encompasses diversity in service philosophy and client population, and that is also unfamiliar with the frameworks and concepts of Therapeutic Community.

It is within the work undertaken thus far that QDAC have developed and evolved, assisted through key learning and the respective journeys of our clients. One such journey of a young Aboriginal/Torres Strait Islander woman is inspirational and highlights the challenges young Indigenous Australians with diverse and complex needs are faced with in accessing treatment options that incorporate the type of flexibility that can benefit the needs identified. This journey explores many facets and delivers a story of innovation that brings life to the concepts of service collaboration, cultural competency and appropriateness, client centered focus and most importantly, imagination.

**Service Biography:** The Queensland Drug and Alcohol Council is the trading entity for the Cairns Aboriginal Torres Strait Islander Drug and Alcohol Residential Rehabilitation Project, and is auspice by the Gold Coast Drug Council Inc. (GCDC)

GCDC was established in 1971 as the first alcohol and drug service on the Gold Coast. The GCDC adopted a Therapeutic Community approach to residential treatment services, and was the first residential rehabilitation centre in Australia to become accredited under the Quality Improvement Council in 2001.

Over the years GCDC has developed a wide range of specialist treatment services assisting clients and families including residential and out-patient services.

The GCDC has developed an integrated model of specialist treatment to address the complex requirements of those clients who have co-existing mental health and substance related issues. We strongly believe in consumer and community participation in the development, design and evaluation of all programs and seek to facilitate community participation in the way services are delivered.
Residents of therapeutic communities typically have high rates of co-occurring mental illness. For example, a recent survey of participants attending The Salvation Army Recovery Service Centres indicated that a high percentage of participants have a co-occurring mental illness (Mortlock, Deane & Crowe, in press). In order for TCs to sufficiently meet the needs of people with co-occurring mental illness, there is a need to train staff to appropriately screen for the presence of a mental illness and use this information to develop integrated case plans that address both the person’s substance abuse and mental illness problems.

The Salvation Army Recovery Services, in partnership with the Institute for Mental Health and the University of Wollongong, provided training to 111 AOD Case Workers. The training was aimed at improving identification and treatment of those with a co-morbidity.

From a service delivery system perspective, the new casework processes are supported by a comprehensive electronic client file management system (SAMIS) which assists case workers to analyse screening data and develop a case plan from that data.

The current presentation will present results from an evaluation of the screening and case planning procedures. It will include examining staff attitudes towards the use of evidence based practices prior to the training, and identify staff uptake of the new procedures. The implications of these findings for improving services for those with a co-morbid presentation will be discussed.
The Evidence Framework for Therapeutic Community Treatment

Presented by Lynne Magor-Blatch
Executive Officer, Australasian Therapeutic Communities Association

The roots of the contemporary therapeutic community (TC) lie in the self-help movement and mutual-aid fellowship (Broekaert, Vandervelde, Soyez, Yates & Slater, 2006; DeLeon, 1997; Rawlings & Yates, 2001) and can be seen as a continuation of a long history of recovery groups. In its early years, the TC movement attracted the interest and support of the medical fraternity and academics, and in the UK and other parts of Europe, TC practice was merged with social psychiatry through the innovative practice of Jones, Laing, Clarke, Mandlebrote, Christie and others (Rawlings & Yates; Yates, 2010). However, it is equally true that TCs and other forms of residential treatment have been met with suspicion and rejection by many within mainstream medical addiction treatment. Inevitably, the use of pharmacotherapies has become caught up in this debate, perpetuating an “us or them” mentality, which has polarised the treatment field.

The “recovery” group, at its extreme, argues that methadone treatment involves the substitution of one addiction for another or, at best, should be seen as a short term tool to be used sparingly. The opposing position stresses the large scientific evidence base in support of its use and tends to favour the maintenance method, which, at its strongest, understands methadone as a sort of ‘insulin’ that alleviates the ‘diabetes’ of addiction, metaphorically speaking.

In drug treatment there will never be a “one size fits all intervention” and at the end of the day, it is the client rather than the politician who should make the choice. Have TCs failed to establish evidential credentials in a field increasingly demanding evidence-based treatments, or is there a fundamental misreading of the available evidence?

My Story Cards

Presented by Jude Page

**Outline:** My Story Cards are a new culturally appropriate image based therapeutic tool. The client centred cards empower the client to tell their story in their own way, reducing cross cultural barriers and different cultural understandings of language.

The seminar will demonstrate how to use My Story Cards to simplify communication, develop a shared understanding and effectively target treatment.

In addition to use as a therapeutic tool, My Story Cards can be used creatively for coaching, group work or as a health promotion resource for people with alcohol, drug, gambling or emotional issues.

The seminar will include concepts and philosophies around Aboriginal health and healing, cultural differences and how to work effectively with Aboriginal people.

Practical skills will focus on identifying barriers and solutions, and strengthening skills and knowledge to work in culturally safe ways. A framework to assist services become more culturally safe and relevant, will also be demonstrated.

Corrective Services and Coerced Clients - Working Collaboratively with our Partners in the Justice System

Presented by Samantha Beeken
Senior Clinician, Caraniche, Marrongoneet Correctional Centre

**Presentation Type:** Oral Presentation

Marrongoneet is a 304 bed medium security correctional facility located in Lara, west of Melbourne. The facility is unique in Victoria as it utilises Therapeutic Community principles to provide a positive environment supporting change for the prisoner population. The Station Peak neighbourhood houses 102 men and is a dedicated drug and alcohol treatment neighbourhood, where all therapeutic intervention is provided by Caraniche, a specialist forensic psychology company. Based on our experience of using TC philosophy at Bendigo prison, Caraniche has developed a unique and successful balance of managing therapeutic intervention with mandated clients within a prison setting.

**TC in a Corrective Environment**

This presentation will include:

- An outline of the challenges faced by clinicians providing therapy in a prison environment including; competing priorities, managing risk, working within a prison culture and supporting change in a challenging environment.
- Development of Caraniche TC practices from Bendigo prison to Marrongoneet – what did we learn?
- Implementation of TC principles at Station Peak: managing the challenges and overcoming obstacles – the how of working in a prison TC.
- Building relationships – the strength of joint working with custodial colleagues and our experience in how to overcome problems.

In the coming year, the focus for Caraniche at Marrongoneet will be on moving forward with the TC philosophy by working towards accreditation of the unit with the ATCA. This goal highlights our commitment to the implementation of TC practices within a correctional environment.

Pathways Program and Drug and Alcohol Through-Care Service

Presented by Thomas Hopkins
Cyrenian House
Geoff Parker
Holyoake

**Presentation Type:** Oral Presentation

This presentation will discuss the alcohol and other drug (AOD) treatment services delivered within Western Australian prisons by Cyrenian House, Holyoake and other agencies. Thomas Hopkins will discuss the Pathways program, a group AOD use and offending program delivered across WA prisons. Geoff Parker will discuss the Drug and Alcohol Through-Care Service (DATS), a pre and post parole counselling service that focuses on AOD use issues. They will present the processes involved with each program as well as their own personal experience in delivering each program.
**STREAM 1**

**Roundtable Discussion**

**Pharmacotherapies**

*Pride and Prejudice, Sense and Sensibility*

Gary Hulse (UWA)  
Garth Popple (WHOS)  
Moira Sim (ECU)  
Allan Quigley (Next Step)  
Mike Farrell (NDARC)  
George O’Neill (Fresh Start)

Chaired by Steve Allsop  
NDRI

Methadone maintenance treatment (MMT) is considered to be an effective form of treatment since it blocks the euphoric and sedating effects of opiates and is secreted slowly into the system, with a half-life of 8 - 59 hours. However, while methadone’s long half-life may make it ideal for maintenance, it is not considered to be a desirable opiate to withdraw from when attempting to become completely opiate-free. Although there are benefits to opioid substitution treatment, eventually many clients who are prescribed pharmacotherapies express a desire to reduce and withdraw. However, while some will manage a reduction within the community to around 20mg/day, the chances of relapse increase from this point, with many returning to illicit substance use before once again increasing pharmacotherapy treatment.

While the philosophies and methods of the TC and methadone treatment programs are different, the strengths of each have been combined in programs both in Australia and overseas since the 1970s, to enable clients to taper off methadone maintenance in a therapeutic community environment and to remain illicit drug-free. For others who wish to maintain a pharmacotherapy regime, but withdraw from other illicit and licit substances, the TC may also play a role in assisting the person to stabilise on a MMT or other pharmacotherapies.

Many factors exist in common, which lay the groundwork for a collaborative effort between the two modalities. The aim of both paradigms is to promote pro-social functioning and to reduce the negative consequences caused by the acquisition and use of illicit drugs. Indeed, as populations within TCs become more complex due to changing drug use and co-occurring disorders of mental health and substance use, TC policies surrounding the use of medications have changed considerably.

Residential programs now accept people with co-occurring disorders who are on prescribed medications, including anti-psychotic drugs. Therefore, the decision to accept others on pharmacotherapies is seen as a natural and important progression. This firmly places pharmacotherapies within the context of treatment.

Do TCs have a role to play in pharmacotherapy treatment and withdrawal, or are we diluting the original concept of abstinence based treatment? This roundtable will discuss the many aspects of this question.

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**STREAM 2**

**Roundtable Discussion**

**Drug Treatment in Prison**

*What Is Effective?*

Justin Lee (CARENZ)  
Jackie Long (Odyssey Auckland)  
Dave Fraser (Solaris, ACT)  
Sam Beeken (Marngoneet, VIC)

Chaired by Lynne Magor-Blatch  
Executive Officer, Australasian Therapeutic Communities Association

Incarceration Is The Punishment, Not Lack Of Treatment

In 2009, there were 27,000 prisoners in custody in Australia. 37% reported a mental illness and 71% had used illicit drugs in the 12 months prior to incarceration. 52% were drinking at risky levels. Add to this the health-related concerns of HIV and Hepatitis C infection, together with a myriad of other health problems, and it becomes clear that we need to look to health, rather than corrections alone for some solutions.

Australian prisons are part of the wider community and as such, need to offer the three pillars of harm minimisation to remain consistent with the Australian Drug Strategy. These are Demand, Harm Reduction and Supply Reduction. Treatment within a harm minimisation philosophy encompasses a wide continuum which includes NSPs, supervised injecting places and a range of pharmacotherapy and abstinence-based treatment options, including therapeutic communities.

Therapeutic communities within prison settings have had a high rate of success overseas and are now being established in Australia. In Victoria, the Marngoneet Prison operates as a therapeutic community. The New Zealand Government has found prison-based TCs to be so successful, that they have recently released more tenders to ATCA members CareNZ and Odyssey House Auckland, increasing the number of New Zealand prison-based TCs to nine. In the ACT the Alexander Maconochie Centre (the ACT prison) includes the Solaris TC. ATCA members are now operating 12 TCs in prisons in Australia and New Zealand.

What are the successes of these programs and how can we support the needs of prisoners to seek and undertake drug treatment? This roundtable will discuss the many issues confronting programs, establishing within a prison system the needs of prisoners and the push to establish NSPs within the prison system in the ACT and other jurisdictions.
Clinical Care Packages in a Nationally Agreed Drug and Alcohol Health Services Planning Model

Presented by Lynne Magor-Blatch
Executive Officer, Australasian Therapeutic Communities Association

The Drug and Alcohol Clinical Care and Prevention Model is based on a modeling process developed in NSW for mental health services planning in 2000. The DA-CCP project was commissioned by the Ministerial Council on Drug Strategy (MCDS) through the Intergovernmental Committee on Drugs (IGCD) as a project under the cost shared funding model (CSFM) and is managed by the Mental Health and Drug & Alcohol Office within the NSW Department of Health.

Members of the Expert Reference Group (ERG) were appointed in April 2010 with an ambitious two-year task; to build the first national population based model for alcohol and other drug service planning. The ERG uses epidemiological, clinical and service use information to estimate the need and demand for services, together with clinical evidence and expert consensus to specify the care packages required by individuals and groups. A final part of the project will include the calculation of resources needed to provide these care packages.

The ATCA is represented on the ERG through Executive Officer, Lynne Magor-Blatch. This presentation will provide an overview of the model and discuss the implications for TCs - particularly in relation to resourcing implications.

Fish Bowl Case Discussion (Adults)

Presented by Ken Minkoff

This is an opportunity for you to join in on discussions about adult individuals in services in WA and participate with Dr Minkoff in applying principles of successful intervention in a recovery framework, to identifying next step strategies for helping people with complex co-occurring conditions to make progress toward having a happy life.

Fish Bowl Case Discussion (Children/Families)

Presented by Chris Cline

This is an opportunity for you to join in on discussions about children and families in service in WA and participate with Dr Cline in applying principles of successful intervention in a recovery framework, to identifying next step strategies for helping people with complex co-occurring conditions to make progress toward having a happy life.
WORKSHOP 2
Integrated Recovery Planning
Presented by Ken Minkoff
This workshop demonstrates application of principles of successful integrated intervention to the development of integrated stage matched treatment and recovery plans for individuals with co-occurring conditions. There will be demonstration examples and interactive practice opportunities in this very hands on practical experience.

WORKSHOP 1
Helping Your Program Become COD Capable
Presented by Chris Cline
This workshop will provide hands on practical steps for any type of program (with particular focus on TCs, of course) to make progress in becoming welcoming, recovery oriented, and co-occurring capable to better serve individuals with co-occurring disorders. This is NOT about hiring a psychiatrist; this is about building artful strategic change processes with your own staff inside your own resources - what we call a “recovery process” for agencies and programs.

“Cyrenian Sunrise”
Courtesy of Vanessa S. 2010
Peter Duncan

Most of my experience comes from experience, by that I mean, face to face interaction with staff and residents. It is to these people that I am truly indebted, for they have been my teachers and have guided me to a place at their side. I have been privileged and inspired by their endeavours despite my own faults and failures.

RESPECT *(Peter Duncan)*

Peter Duncan graduated from the Cyrenian House residential program in 1990. He is currently the Manager of Non-residential Services and has previously worked with Cyrenian House as Manager (Acting) of the non government/government integrated service, North Metro Community Drug Service and as Manager of Residential Services.

In his time at residential services, Peter worked his way through as a volunteer, relief overnight and weekend supervisor, counsellor, senior counsellor, program coordinator and eventually manager. During these years he completed a BA in English Studies at Edith Cowan University and became more involved with program content, creating and developing specialised therapeutic groups for residential clients.

In 1998, after attending an ATCA training event and visiting The Buttery Therapeutic Community (TC), Peter returned home with the “essential elements” in hand and the task of implementing the TC model with the residential program staff and residents. He designed, formulated and facilitated strategies and tools for the transition phase that could be developed by the entire community.

In 2010 Peter delivered TC group training to staff working in the Cyrenian House Saranna Women and Children’s Program and Mixed Gender Program. The training was delivered 5 days per week over a 3 month period under normal TC conditions.

Ali Marsh

Ali Marsh M.Psych (Clin) PhD, is a clinical psychologist who has worked for over 20 years in the addiction area in multiple roles; as clinician, educator, consultant and researcher. She currently works as a clinical psychologist at Next Step Drug and Alcohol Service and in private practice. Her work as a clinical psychologist includes working therapeutically with clients, providing supervision for other clinicians, running workshops and writing treatment guidelines.

Tania Towers

Tania Towers M.Psych (Clinical/Health) is a clinical psychologist who has worked in the addictions and trauma field for over 20 years. She has worked as a clinician, educator, consultant and manager. She currently works as the manager of the Sexual Assault Resource Centre (SARC) and works as a clinical psychologist in private practice.

Both Ali and Tania have contributed to the literature on AOD use and trauma issues, and along with another colleague, Stephanie O’Toole, have recently written a guide for clinicians titled ‘Trauma-Informed Treatment Guide for Working with Women with Alcohol and Other Drug Issues’.