“Standard practice creates a replicable pattern for learning and teaching or practicing the TC concept. It allows us to measure and compare treatment outcomes and it lends fidelity to the practice of the TC.”

Dr Fernando Perfas  Therapeutic Community Past, Present and moving forward to get over the addiction to drugs. P33.

“The absence of standard guidelines in the practice of the TC has led to the gradual drift away from the original TC concepts and practice principles. There was no quality control so to speak. Trainees went back to their home countries and implemented the TC according to how they understood the concepts. Cultural, social and professional biases of the person implementing the TC often come into play when setting up a TC.

Dr Fernando Perfas  Therapeutic Community Past, Present and moving forward to get over the addiction to drugs. P35.

In the process of the TC’s global dispersion, hybridisation of the TC model is inevitable.

Dr Fernando Perfas  Therapeutic Community Past, Present and moving forward to get over the addiction to drugs. P40.
In the year 2000 ATCA received a grant from the Commonwealth to;

Identify and define the essential elements of a therapeutic community model for the treatment of illicit drug abuse;
Evaluate the contribution of these elements to the efficacy of the model; and
Establish the minimal standards which serve as a benchmark for the delivery of a Therapeutic Community (TC) treatment.
On 30 June 2008, the Department of Health and Ageing provided funding to the Australasian Therapeutic Communities Association (ATCA) to develop National Standards for Therapeutic Communities (AOD) in Australia. The project was seen as part of an overall development of national standards for alcohol and other drug agencies, and as such it was intended to fit within a future National Framework. In its submission to the Commonwealth, ATCA had outlined its intent to assist members to achieve best practice in therapeutic communities.

“The Australasian Therapeutic Communities Association’s objective is to ensure the integrity of the “Therapeutic Community” principle is maintained and will continue to stand as a model of best practice in the treatment of substance misuse and co-occurring disorders.’ (Lynne Magor-Blatch ATCA Chairperson 2008)
In 2009 Jill Rundle (CEO of WANADA) took leave from her position and was contracted by ATCA to undertake the project to develop the TC Standards and the Support Package. A subcommittee of the ATCA Board oversaw the project. The set of Australasian AOD TC Standards that was developed covered eight areas, areas that had been identified in the literature as being significant to the health care sector. The TC Standards were intended to complement any existing quality process that agencies were already engaged in at the time. In late 2009 the ATCA Standard was released and peer reviews commenced with reference to this Standard in 2010.
Discussions then commenced on registering the Standard with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). To make the Standard more applicable to residential rehabilitation services, and therefore a more useful tool to a wider audience, some alterations were made to the original work. It was also decided to link this Standard to the ISO 9001 Management
However, it soon became apparent to the ATCA that not all member organisations wished or needed to undertake a full accreditation review, many of the generic management expectations were part of the accreditation that agencies were already engaged in. Consequently ATCA resolved to further refine the Standard, to take those elements of the Standard that related directly to the Therapeutic Community model ‘Community as Method’ as the basis for a Standard that was specific to the treatment model.
The STANDARD.

The Standard was refined into thirteen areas known as Performance Expectations, these Expectations were grouped into two levels of certification within the one Standard, namely certification as a:

Residential Rehabilitation service, or:
Therapeutic Community.
The Expectation levels:
Performance expectations 1-6 applicable to Residential Rehabilitation and Therapeutic Communities.

Performance expectations 7-13 applicable to Therapeutic Communities only.

Expectation 7 ‘Community as Method’ must be achieved if a service is to be accredited as a Therapeutic Community.

Expectation 11 is totally ‘Good Practice’ and it relates to the collection and utilisation of data for research purposes.

An organisation must achieve 80% of the Expectations to achieve certification.
In June 2014 the ATCA Standard was registered with JAS-ANZ and Certifying Bodies that were qualified to audit against the WANADA Scheme were encouraged to make the transition to the newly modified Scheme.
ATCA MEMBERSHIP
In October 2015 at the ATCA Annual General Meeting the ATCA Board presented to the membership a revised classification of membership, this was designed to reflect the certification options inherent in the Standard and to identify the various pathways to membership of the Association.

Broadly speaking the membership was divided into:
1. Therapeutic Communities – Organisational Members;
2. Group Members;
3. Residential Rehabilitation Services; and
4. Affiliates.
It was proposed and accepted by the membership that ongoing membership of the Association would be contingent upon the member maintaining current certification.

The Standard requires a three-year certification cycle with an interim audit at eighteen months. Audit plans negotiated with Certifying Bodies will reflect this cycle.

NOTE: ATCA members are also required to have accreditation under a recognised accreditation body in addition to the ATCA Standard Certification.
So, where are we at today with the implementation of the Standard?
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>Maintain a schedule of review and certification of members under the ATCA Standard</td>
</tr>
<tr>
<td></td>
<td>Seek to have the ATCA Standard included in accreditation processes for alcohol and other drug treatment residential services</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Promote the ATCA Standard for implementation as a certification tool for TC and residential rehabilitation services across Australasia. Advocate for the registration under JAS-ANZ of certifying bodies to conduct audits and certification under the ATCA Standard of ATCA members</td>
</tr>
<tr>
<td>Support</td>
<td>Maintain and drive the process of self-review and certification under the ATCA Standard in ATCA member services</td>
</tr>
<tr>
<td></td>
<td>Further develop the ATCA Standard and support materials for Youth, Corrections-based, Indigenous and other TC services to ensure</td>
</tr>
<tr>
<td>Support</td>
<td>Maintain and drive the process of self-review and certification under the ATCA Standard in ATCA member services. Further develop the ATCA Standard and support materials for Youth, Corrections-based, Indigenous and other TC services to ensure ongoing support in the development of quality services. Facilitate the training of Technical Experts to underpin the certification process of ATCA members under the ATCA Standard.</td>
</tr>
<tr>
<td>Governance</td>
<td>Support and assist members to develop and sustain quality service delivery and to operate under a standard of best practice. Support ATCA members to continue to drive quality improvement within their services to meet the needs of client groups.</td>
</tr>
<tr>
<td>International Leadership</td>
<td>Provide leadership on an international stage through the showcasing and presentation of the work and achievements of ATCA and its members, particularly in the promotion of the ATCA Standard and research evidence of ATCA member programs.</td>
</tr>
</tbody>
</table>
• Two members of ATCA have been certified.

• Currently there is only one organization registered with JAS-ANZ qualified to undertake audits against the ATCA Standard. The Institute of Healthy Communities Australia – based in Brisbane.

• Timeframe for Certification – three years from July 2015.

• Recertification cycle of three years.

• Two rounds of Technical Expert training have taken place, contributing to a pool of TEs, hopefully with a wide geographic spread and ready availability to participate in certification audits.
Considerations for Agencies contemplating a certification audit.

- Availability of Technical Experts....

- Intent is to preserve the Essential Elements of the model, not homogenise services. Individual differences remain critical in order to give ‘clients/residents’ choice and to maintain the vigour of the sector.

- Economies of scale, working towards a combining accreditation and ATCA Certification into the one audit.
BNG Service SPP

IHCA Contact: Heather Craig
Freecall 1800 035 033 Phone 07 38442222