**THE COUNT DOWN IS ON!**

Have you booked for the 2017 ATCA CONFERENCE? Don't miss out on the opportunity to secure fabulous registration rates for yourself and your staff.

Visit the Events website - [http://events.atca.com.au/](http://events.atca.com.au/) as soon as possible to complete your registration!

The conference program will go live on the ATCA Events website in the coming days. What we can tell you, is that in addition to the excellent line-up of keynote speakers, we have 21 individual presentations from Australian and New Zealand TCs covering conference themes of:

- **TC practice**: Partnerships for new ideas and new initiatives
- **Cultural partnerships**: working with Aboriginal and Torres Strait Islander, Māori and Pasifika peoples
- **Working with Families**: Family involvement in treatment, interventions for children affected by parental substance use and associated issues
- **Continuing care**: Re-thinking community partnerships
- **Co-morbidity**: Best practice for people with co-occurring AOD and mental health issues
- **Corrective services and coerced clients**: Working collaboratively with our partners in the justice system
- **Attachment and Trauma**: Interventions and recovery

We also have four Yarning Circle and Seminar sessions – and a Cracker Barrel – for which we invite you to submit your questions and issues.

**So, what is the Cracker Barrel?**

The Cracker Barrel session at this year's ATCA Conference restores a tradition that was imported from the USA by Milton Luger, the first CEO of
Odyssey House NSW. The sessions imitate the American frontier practice of sitting around a ‘barrel of crackers’ and sharing stories.

Cracker Barrel sessions at ATCA Conferences follow the tradition but instead of ‘crackers’ being drawn from the barrel we draw out questions for discussion and the sharing of solutions in the tradition of ‘Community as Method’.

If you have an issue that is impacting on your TC and you are looking for ways to deal with it why don’t you submit a question to Barry Evans, who will facilitate this session, at bjevans49@gmail.com or to Lynne at atca@atca.com.au and we will put them in the barrel – and then pull them out for discussion at the Conference.

This is a highly interactive session – so the more attending the better – everyone can share and discuss the issues and ideas as they are pulled from the barrel.

A reminder that the conference will commence on Tuesday 31 October when we are offering something unique with site visits to the Gold Coast, Brisbane and the Sunshine Coast. This year, you might choose to fly directly to the Gold Coast (Site Visit 1) or Maroochydore (Site Visit 2) on Tuesday morning, where you will be collected from the airport to join your tour group. At the end of the day, you will return to Brisbane with the rest of the group.

You make your own travel arrangements, but you need to arrive by 9am in the Gold Coast or 11am in Maroochydore, in order to be picked up and transported to your selected site visit.

If you would like to take advantage of this option please notify Lynne Magor-Blatch by Monday 23 October, so that the arrangements can be put in place to meet you at the airport.

Buses will also run from Brisbane to the Gold Coast sites as well as WHOS Najara for those starting their site visits from Brisbane. A third tour group will visit the Brisbane sites of Logan House and Moonyah.

SITE VISIT 1 – THE GOLD COAST
Goldbridge Rehabilitation Services (Goldbridge) is a community-based organisation, established in 1988 and located in Southport on the Gold Coast. It provides seven programs:

- Intake and Assessment
- Residential Therapeutic Community
- Adventure Therapy
- Drug Court
- Family Support Service
- Transition to Community
- After Care/Continuing Care support.

The residential program runs for a nominal period of six months and has a capacity to assist 28 men and women. People need to have completed detoxification prior to entering the program. The target group is adults 21 to 65 years who are affected by co-occurring alcohol, other drug and mental health problems. Residents have an option after completing the residential program to continue with Goldbridge in the Transition program, a semi-structured program in the community for a nominal period of six months.

Fairhaven is located at Eagle Heights (Mt Tambourine) Qld. Fairhaven provides an AOD Therapeutic Community for 56 people and an inpatient detoxification service for 11 people. It is part of the Salvation Army Recovery Services, and also provides assessment, referral, aftercare and transitional housing programs from “Turning Point”, located in Scarborough St in Southport.

SITE VISIT 2 – SUNSHINE COAST

WHOS Sunshine Coast® TC - Najara is a 4 – 6 months residential Therapeutic Community for men and women set in the tranquil hinterland of the Sunshine
Coast. Its goals are to help individuals find freedom from alcohol and other drug dependence (AOD) and discover a better way of living.

More information on the organisation of this tour will be available soon – but if you are interested in visiting WHOS Najara, the options are to fly in directly to the Sunshine Coast or to join an early bus departure from Brisbane.

SITE VISIT 3 – BRISBANE

Logan House is a 37-bed facility located on a peaceful property and accommodates adults, aged 18 and over. The tranquil environment at Logan House affords a unique healing opportunity within a rural location removed from the temptations and demands of urban living.

The treatment program usually takes place over a six-month period and the holistic program includes community based interventions and intensive therapies, and takes a therapeutic community approach to recovery. One to one counselling, groups and case management are provided.

Mooyah is part of the Salvation Army’s Recovery Services and provides an AOD Therapeutic Community for 86 people and an inpatient detoxification service for 12 people. Mooyah also has a residential problem gambling service, aftercare and transitional housing, and employment programs.

The ATCA conference provides a unique blend of keynote speakers and peer reviewed papers to encourage networking and information sharing. As an association, we thrive on the sharing of ideas and experiences – encouraging all members to learn from each other.

We look forward to welcoming you to Brisbane on 31 October!

ATCA thanks our generous conference sponsors

The ATCA Board and 2017 Conference Advisory Committee would like to thank and publicly acknowledge our generous sponsors who have so far come on board to support the 31st ATCA Conference.

ATCA Gala Dinner Sponsor

James A. Pitts Oration Sponsor

Major ATCA Award Sponsor

Travel Scholarships Sponsor

The Henderson Gallery is also a major sponsor of this year’s conference through the donation of a painting by Robert Henderson, which will be auctioned at the Gala Dinner.

The work, entitled “Recovery”, has been especially painted for the conference, and will become a valuable collector’s piece. A photograph of the painting is displayed on the ATCA Events website, and the work is currently on show at The Henderson Gallery.

It will also be on display at the conference before the auction commences. There is a reserve on the painting, which will mean if it does not reach the reserve during the auction, it will be sold following the conference.
The 2017 ATCA Conference Advisory Committee and the ATCA Board would like to acknowledge the donation of the original artwork:

**Maliyan wulinya**  
(Flight of the Wedge Tailed Eagle)

by artist  
Mr Robert Henderson, Wiradjuri for Auction during the  
ATCA Gala Dinner and Awards Ceremony sponsored by WHOS.

The Auction will take place at the Pullman Hotel on Thursday 2 November 2017, commencing at 7pm.

This painting is about new horizons, meeting challenges, growth and development through a series of initiations. The energy in the middle is about focusing through mastery. The change of direction towards the top is about using everything learned and applying to head in new direction. To begin the process again.

There are parallels to be drawn from this story with the process of recovery.

We invite all ATCA members, interested guests and art lovers to attend the dinner and to take part in the auction. Funds from the sale of the painting will be donated to ATCA as conference sponsorship to further support members’ professional development.

If you are interested, but unable to attend the dinner, please contact Lynne (atca@atca.com.au) for further details and to place a bid.

If you would like to add your sponsorship to the ATCA Conference, the Sponsorship Prospectus and information can be downloaded at:  

There are many opportunities, and we welcome your support and sponsorship.

**Conference Workshops**

Workforce development is a key action area for the ATCA Board, and this year we are delighted to be able to offer three important workshops as part of the conference program. Don’t miss this valuable training opportunity!

You will find the presenters’ biographies on the Events website.

**Workshop: Preparing your TC for certification under the ATCA Standard.** Facilitated by Barry Evans, Consultant

**Workshop details:**
This workshop will explore what is required of a member agency as it prepares for a certification audit. The session will focus on the necessities for certification as a Therapeutic Community under the ATCA Standard and the rating scale that determines whether certification is recommended by the auditors. The session will also examine the Essential Elements that inform the Standard and audit outcome and review Stages One and Two of the certification audit.
Workshop: Art Therapy, Trauma and Creative Practice. Facilitated by Robert Henderson: The Henderson Gallery

Workshop details:
Robert will be facilitating a dynamic Workshop focusing on a mindset orientated attitudinal framework. This framework will offer insights to complement existing practices. Exploring the other side of the brain – utilising both sides of the brain in your practice and ways to begin to have consideration for a flexible and balanced approach through difference lens.

Participants will leave with an insight of how to utilise this framework to assist clients to experience a paradigm shift. This involves client/s and the practitioner working together which culminates in an immersive practice event. The framework is a great engagement tool as it is often too hard for clients to verbalise past traumas, therefore this framework enables them to produce a visual illustration to which they can speak as a third person narrative.

The centre of First Nation’s culture is story telling which includes historical and current Narrative. Most powerfully presented through dance, song, painting and other artistic practices.

Workshop: Introducing TIDE, a comprehensive HepC assessment, treatment and case management support model. Facilitated by Alanna Mendels and Tegan Nuckey, QuIHN, Harm Reduction Coordinators

Workshop details:
People who inject drugs represent approximately 90% of newly acquired HepC infections. Therapeutic Communities can, and do, play an important role in improving the health outcomes of people living with HepC and can contribute to the reduction in the risk of residents developing advanced liver disease through access to early diagnosis, appropriate support for the management of co-morbidities and access to treatment with new, curative, Direct Acting Antiviral medication (DAAs).

The Queensland Injectors Health Network (QuIHN) has implemented the HepC Treatment Management Program to offer access to testing and treatment for clients in the community who might otherwise have difficulty accessing treatments.

QuIHN has developed a streamlined assessment and treatment model including a comprehensive case management support service (TIDE) designed to assist and support people while on treatment. The Treatment Management Program focuses on recruiting people who are Hepatitis C positive who are currently injecting drugs, or people on Opiate Substitution Therapy, and or people who are accessing Rehabilitation services.

Presentation of the ATCA Awards, when we honour and celebrate the people and the programs that make up the membership, are an important part of the conference calendar. Nominations close on Friday 29 September. A ‘Word version’ of the information and forms has been distributed to all members and information can also be found on the ATCA Events website: http://events.atca.com.au/wp-content/uploads/2017/07/2017-ATCA-Awards.pdf

We encourage all members to consider nominating – especially for the major awards. In 2016, two new categories were added to the awards:

ATCA Recognition Award: This award recognises the individuals who have made a contribution to the TC movement in Australasia over a period of ten years or more. The goal of this Award is to provide public recognition of the dedicated contribution by staff members and volunteers, including Board members.

ATCA Individual Award: This award recognises the individuals who have made a significant contribution to the TC movement in Australasia over a considerable period of time. The goal of this award is to acknowledge and publicly recognise the
exceptional work done by people who have worked tirelessly to promote and develop the therapeutic community approach to treatment within the sector.

**ATCA Significant Contribution Award:** This award recognises an exemplary or commendable contribution to the TC movement in Australasia made by a program or intervention. Any TC treatment provider or intervention is eligible.

**First Nations Innovation and Partnership Award.**

**Therapeutic Community Movement in Australasia: Organisational Award:** This award recognises organisations that have made a contribution to the TC movement in Australasia by way of innovation and forming Partnerships that make Therapeutic Communities culturally safe and relevant to first nation’s people.

The goal of this award is to provide public recognition of the work done to include first nations peoples in the delivery of Therapeutic Community programs either by way of innovation or the formulation of partnerships that directly benefit First Nations residents.

**Excellence in Research and Evaluation Award:**

Therapeutic Community research is essential to the development of effective and informed strategies to improve the lives of clients and residents accessing TC services and programs. This award recognises the individuals, research teams and TCs that have contributed to evidence-based research and evaluation of TC services and programs.

We look forward to receiving your nominations to these award categories!

**TC Training Course**

As we announced in the last newsletter, the dates for TC Training for our Australian TC participants have been announced, and already there have been enquiries as people are looking at training budgets and identifying staff for training.

The key aim of the course is to support AOD practitioners, support workers and other relevant professionals and students to develop knowledge, attitudes and skills that can be applied in the TC context. The course is suited to those who have a base qualification and/or knowledge of addiction-related practice and who wish to develop knowledge and skills for application in the TC context.

**Sydney**

**Workshop block dates:**
February 19, 20, 21.
April 9, 10, 11.

**Venue:**
WHOS, Rozelle

**Melbourne**

**Workshop block dates:**
March 19, 20, 21.
April 30, May 1, 2.

**Venue:**
Odyssey House

**Perth**

**Workshop block dates:**
April 16, 17, 18.
May 28, 29, 30.

**Venue:**
Cyrenian House

**Brisbane**

**Workshop block dates:**
June 13, 14, 15.
July 23, 24, 25.

**Venue:**
Salvation Army Recovery Services: Moonyah

The program comprises six modules and a supervised practicum:

- Module 1. Course orientation and Overview of TC
- Module 2. Community as method
Module 3. TC structure, organisation and environment
Module 4. Relationships in the TC
Module 5. Staff roles and responsibilities and rational authority
Module 6. Group work, community tools, work as therapy & continuing care
Module 7. Supervised practicum

The TC Training Program is provided as a six-month course. Each participant completes:
- 48 hours of face-to-face learning facilitated by a trainer.
- a 40-hour supervised professional skills practicum in a TC
- 12 hours of self-directed learning.

The course itself will be completed over a 17-week period, allowing for 12 hours of self-directed learning and 40 hours of practicum. This may be completed in the person's own TC, or alternatively, a staff exchange could be organised between participants and TCs to provide a wider experience.

This is the preferred option – and we invite TCs willing to offer a practicum placement, to contact us.

Cost:
$875.00 per participant:
This fee covers:
1. 6 days face-to-face training costs
2. Morning and afternoon teas, and lunch on workshop training days
3. All course materials
4. Practicum Placement support and advice
5. Task and assignment assessment
6. Certificate of Completion

As this is an important workforce development initiative which will benefit all staff and member services, it is suggested that all ATCA members approach their State/Territory Government funding bodies and other potential funders (including philanthropic trusts) for funding support to allow as many staff as possible to undertake the training.

This is a unique training opportunity. The training course has been developed to assist in expanding the potential 'TC work-ready' workforce pool and we look forward to welcoming participants to the training programs in Australia, commencing in February 2018.

A flyer providing further details about the TC Training Course accompanies this newsletter.

If you are interested in undertaking the training, please complete the Participant Application, which you will find on Survey Monkey at: https://www.surveymonkey.com/r/986YsPR

EFTC Conference, Dublin Ireland
Lynne Magor-Blatch

I am currently attending the EFTC conference in Dublin, where I provided a workshop on the ATCA Standard – which has created a huge amount of interest over in the UK, Ireland and US. The workshop, which took place on Thursday, included representatives from the National Office for Social Inclusion, which oversees and manages a range of services relating to Homelessness and Addiction Services in Ireland. Also attending were staff from TCs in Ireland, UK, Europe and the US.

Coolmine provides a range of services, including outreach, day programs, residential services and recovery support services. Residential services include:

Coolmine Lodge:
A Therapeutic Community which hosts a 5-month residential treatment program for men who are working towards an independent life free from addiction.
Coolmine Lodge provides a supportive peer lead environment where clients can build confidence, strength, resilience and hope for a positive future. The service can admit men who may be prescribed medication or for those detoxing from methadone, following assessment.

**Coolmine Ashleigh House:** A residential Therapeutic Community for women, expectant women and mothers with young children. The service can admit women who may be prescribed medication or for those detoxing from methadone, following assessment. Ashleigh House is designed to help women in recovery develop the skills they need to live a drug-free, independent life. By providing a supportive setting, clients can build on their self-confidence, emotional management and the relapse prevention skills needed to remain addiction free.

As with ATCA, one of the great opportunities during a conference is the site visit – and on Wednesday I visited Coolmine – for two reasons: to take part in a workshop facilitated by George De Leon and Rowdy Yates (a kind of a cracker barrel session where the focus was very much on the essential elements and Community as Method), and to visit the Coolmine facilities.

Coolmine has recently opened a new creche, and with 11 babies and toddlers in the program, the creche is in high demand. Mothers in Ashleigh House can feel safe in the knowledge that whilst they are engaging in the program; their child is being looked after in a safe, secure, caring and nurturing environment, where they can freely fulfil their childhood needs for their duration of their residency.

They also provide a Parenting under Pressure program (PuP). As many of our Aussie TCs will know, this program has been developed by Sharon Dawe at Griffith University, and Sharon is currently at Coolmine running the training. She was also one of the keynote speakers at the conference. Of interest perhaps to some, is the fact that Coolmine, together with Jarrah House in Sydney, is part of a research study group, and Sharon is wanting to include an Australian TC in that study.

Some of our TCs have incorporated the Parents under Pressure program into the TC, combining psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. If you are interested in being involved – you can contact Sharon at Griffith University.

Another highlight of this visit, was attending the graduation of 26 residents from Coolmine programs at the St Patrick’s Cathedral, Dublin on Tuesday evening. As with any graduation, this was an emotional event, with the cathedral full with program residents, families and friends.

Catherine Byrne, Minister of State at the Department of Health with responsibility for Health Promotion and the National Drugs Strategy, officiated at the graduation ceremony, presenting all awards and responding to the personal statements made by every graduating resident.
Goldbridge in Queensland is currently discussing a development plan, described as “futuristic”, which would see the TC housed within a seven-storey centre in Southport. The Goldbridge Board has essentially undertaken this plan to better meet community demand.

Both Charlie Blatch and Bernice Smith, who share the Goldbridge CEO position note, “What we plan to do in the building, is provide a number of community withdrawal beds as well as residential beds. There will also be scope for parents and children, and a range of community-based programs.”

Presently the plans are being discussed and reviewed by the Gold Coast City Council, with a positive announcement expected within the next few weeks.

Windana Drug and Alcohol Recovery Inc. has been selected to operate the new 20 bed residential rehabilitation facility in the Grampians region which was initially announced in the 2016/2017 Victorian State Budget. Windana’s successful bid was based on implementing the Therapeutic Community model and incorporates Windana’s well known holistic services as well as new and emerging evidenced based treatment i.e. working memory training and neurofeedback.
Windana is delighted to have been given this opportunity to work with the Victorian Department of Health and Human Services to design a purpose-built facility in the Grampians region. During September 2017, Windana participated in community forums at Ballarat to answer questions from local residents about the service, treatment approach and to address their issues. Current and past residents of the Maryknoll TC spoke at the forums of the transformational process they have experienced from being a member of a Therapeutic Community. The residents were applauded for their work and the eloquence in which they addressed the forum.

Over the next few months Windana will engage with the health, justice and community services sector in the Grampians to establish and further develop collaborative relationships to ensure an integrated approach to client care. The new facility is due to open and operations commence in October 2018.

The Higher Ground Drug Rehabilitation Trust was established in 1984 as a Charitable Trust and is overseen by a Board of Trustees. Higher Ground provides quality abstinence based treatment, within a modified therapeutic community for the severely dependent. Higher Ground holds Certification pursuant to section 26 of the Health and Disabilities Services (Safety) Act 2001.

CLINICAL MANAGER - ALCOHOL and OTHER DRUGS

- The Clinical Manager is a full-time position (1 fte)
- Regular supervision is provided.

This senior position offers an exciting challenge providing support for our clients at our primary programme. You will need a proven track record in counselling in the alcohol and other drug field. This role will require strong hands-on management skills to ensure the sound functioning of a therapeutic community, monitor treatment plans and progress of all clients. Critical will be your communication skills and your ability to understand the range of clients and their needs.

The role of Clinical Manager is critical to the effective operation of Higher Ground. The position offers an exciting opportunity to lead a skilled team in implementing the Trust’s mission and goals. Applicants will require the skills to contribute to and promote the long-term viability and development of the residential therapeutic community. Strong experience in leadership and management is a key requirement. Knowledge of the alcohol and other drug field is preferred as is an understanding of therapeutic community approaches.

You must have either HPCA registration or be a current dapaanz registered practitioner and have supervision training and skills.

Candidates for this position that have a personal history of alcohol and other drug dependence are required to have a minimum of five years’ abstinence.

Candidates will need proven experience in rehabilitation of alcohol and other drug addiction, relevant professional training and qualifications, knowledge of and commitment to 12 Step programmes.

Please download the Job Description and Employment Application Form from our website, or contact Pam Cox (Administrator - 09 834 0017) to have these items posted to you. Only completed Employment Application Forms accompanied by a Resume will be considered. Closing date is set for 8 October 2017. Please send to:

Johnny Dow: Higher Ground Drug Rehabilitation Trust
PO Box 45192, Te Atatu Peninsula, Waitakere 0651
Phone: 09 834 0017 Facsimile: 09 834 0018

ATCA E-News September 2017: 10
“In the current climate surrounding treatment, programs that do not use evidence based practices will have difficulty getting funding or even become recognised as legitimate treatment providers….”

Therapeutic Community Past Present Dr. Fernando Perfas P88

...outcomes related to treatment retention and completion should also be documented. This will help strengthen the evidence based knowledge around which practices contribute to resident retention and treatment completion outcomes.”

Therapeutic Community Past Present Dr. Fernando Perfas P95

Welcome to the third edition of this column on the ATCA Standard. In the last Newsletter, I briefly mentioned Expectations 7 and 11 and I spent some time discussing the importance of Expectation 7.1 and the requirement that it must be achieved in an Audit if a service is to be certified as a Therapeutic Community.

In this Newsletter, I will focus on Expectation 11:

PERFORMANCE EXPECTATION 11: Use of Data from the Therapeutic Community.

Performance Objective 11.1: The organisation maintains an appropriate database that allows for service evaluation.

Good Practice Criteria:

a. Post-residential treatment data is collected in a formalised manner.
b. Data is utilised to promote the efficacy and value of the Therapeutic Community model.
c. Leaders and managers actively participate in and/or support research contributing to the evidence base rising from datasets.
d. Leaders and managers actively participate in collective Therapeutic Community sector information sharing.

You will notice that this Performance Expectation is all Good Practice around the collection and use of data.

The collection of demographic data is a condition of funding contracts for most agencies. The National Minimum Data Set or something similar is routinely collected by most agencies and exported to the office of the funding body.

However, Performance Expectation 11 is more than the routine collection of demographic data, it is the application or utilisation of data to promote the TC model. In providing evidence to support this Expectation an agency needs to demonstrate that the collection of data takes place routinely during the course of a person’s stay in treatment. The collection of data will have the authorisation of management which determines the design and reason for, how and why it is collected. It will be collected with the consent of participants. Often the data will be used to demonstrate the efficacy of the model to a range of stakeholders, including funding bodies, staff and management, potential residents, benefactors and the community at large.

The data may be reported in annual reports but it could also published and disseminated to the public as a means of demonstrating the efficacy of the service. This data could take the form of psychometric tests.
which measure a resident’s progress over the course of their treatment in the TC, it could also be a research project in partnership with a local University or an internal questionnaire repeated over the course of a person’s stay in treatment.

Reports which aggregate the individual outcomes will provide de-identified information which may track trends, areas for program improvement or whether a particular treatment approach has or has not proved effective.

As well as the collection and processing of data for the internal monitoring of treatment approaches, data can also be used to contribute to larger studies which engage a number of Therapeutic Communities.

Information sharing adds weight to the evidence that treatment works, and builds the evidence base for the efficacy of residential treatment in a Therapeutic Community. Outcome studies in which residents are followed through treatment and post treatment can be resource intensive and often they are not the priority of agencies when resources are scarce. Forming a partnership with a University is one way in which this challenge can be met. Post graduate students are often looking for research projects and if the appropriate ethics and confidentiality controls are put in place then this could be a productive partnership that meets the needs of the TC and the student.

In reviewing this Expectation certifiers will not be looking for evidence of ‘gold standard’ research but they will be seeking to determine that the TC has in place protocols for the collection of data and that the data is used for both internal evaluation and for contributing to the broader evidence base that supports the efficacy of the Therapeutic Community.