ATCA

AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

INTERPRETIVE GUIDE TO THE AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION STANDARD FOR THERAPEUTIC COMMUNITIES AND RESIDENTIAL REHABILITATION SERVICES WORKING WITH YOUNG PEOPLE

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The Australasian Therapeutic Communities Association Standard for Therapeutic Communities and Residential Rehabilitation Reference Group:

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This Interpretive Guide, which has been specifically developed for AOD TC and Residential Youth Services, has been undertaken in consultation and support of staff and residents from:

- The Ted Noffs Foundation (New South Wales and Australian Capital Territory)
- Birribi (Youth Support Advocacy Service (YSAS), Victoria)
- One180TC (New South Wales)

ATCA is also engaged in the development of further Interpretive Guides to support the implementation of the ATCA Standard for residential and TC services working with specific populations, including services working with Aboriginal and Torres Strait Islander groups, and TCs based in correctional facilities.

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The ATCA acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of Australian country and its waters. We wish to pay our respect to Elders past and present and extend this to all Aboriginal people seeing this message.

Reconciliation Vision

ATCA acknowledges the need to ensure that services are both accessible and appropriate for Aboriginal and Torres Strait Island peoples and those with Culturally and Linguistically Diverse (CaLD) backgrounds. Cultural security is about ensuring that the delivery of health services is such that no one person is afforded a less favourable outcome simply because she or he holds a different cultural outlook.

ATCA is committed to applying this principle in practice across all aspects of organisational governance and planning, service delivery and all relationships with individuals and organisations. We aim to further develop positive relationships and ways of working that will contribute to improving the health and wellbeing and dignity of all Australasians, including Aboriginal and Torres Strait Islander, Māori and Pasifika peoples.

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History of the ATCA Standard

Therapeutic Communities (TCs) have been operating in Australia for over four decades, however, until 1985, each TC operated in relative isolation. Following the 1985 National Campaign against Drug Abuse and its resulting Drug Summit, the inaugural meeting of TC Leaders was convened at Odyssey House, Melbourne, in December 1986. At this meeting a commitment was made to develop the TC movement in Australia under the banner of The Australian Therapeutic Communities Association. This would later become the Australasian Therapeutic Communities Association with the addition in 1996 of New Zealand based therapeutic communities under the ATCA banner.

A major concern for the ATCA from its inception has been the implementation of a program of continuous quality improvement and associated with this, an evaluation process to ensure both the quality of service provided by Therapeutic Communities in Australia, but also to ensure adherence to the Therapeutic Community model. An ATCA Peer Review Manual was developed, borrowing heavily on review processes developed by several other expert committees, including the CHASP (later to be the Quality Improvement Council) Health and Community Services Standards, the DASC (SA) 'Drug and Alcohol Review System', the 'Standards for Residential Treatment Services' developed by the WFTC, and the 'Standards for Residential Services' developed in NSW. Pilot reviews were undertaken in 1992 against this Standard, and an ongoing system of reviews continued until 2001.

The ATCA was successful in gaining funding under the National Drug Strategy to undertake an extensive project 'Towards Better Practice in Therapeutic Communities' which was published in 2002. The ATCA was keen to ensure quality assurance, evaluation and monitoring, and evidenced-based practice were all encapsulated in one series of what would become known as the Australasian Therapeutic Communities Association Essential Elements. These Essential Elements provide the foundation of what one could expect to find in a Therapeutic Community in Australia or New Zealand, and remain integral to the ATCA Standard as it now appears.

The ATCEEs are presented under three broad headings:

- TC Ethos (21 statements)
- Aspects of program delivery (50 statements)
- Quality assurance (8 statements)

The ATCA recognised that despite the refinement of the Essential Elements within the Australian context and their use in defining modified therapeutic communities in Australia, under the general movement towards a National Framework of standards for alcohol and other drug agencies specifically, and the non-government sector more generally, a framework or Standard that applied directly to Therapeutic Communities was required.

> *"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.*
>
> *To support this contention the ATCA aims to develop a set of service standards which identify and describe good practice and will facilitate service evaluation within a quality framework. In concert with this project the ATCA intends to produce a training package for the professional development of*

management and staff working within the Therapeutic Community (TC) sector. This package will also include an induction kit for staff entering the TC field".
(Lynne Magor-Blatch, ATCA Chairperson, 2008)

In 2009 the ATCA Standard was released and peer reviews commenced against the Standard in 2010. Peer reviews were undertaken by a team trained by the ATCA and comprising members who were qualified by both their time within and commitment towards the TC movement in Australia. Work then commenced towards certifying 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 Standard. This would mean organisations could undertake a review against the TC Standard and ensure that all other elements of their business could be reviewed for accreditation purposes in the one process. However, it also became apparent to the ATCA that not all member organisations wished or needed to undertake a full accreditation review. Therefore, the ATCA resolved to take those elements of the Standard that related directly to the Therapeutic Community model 'Community as Method', and to offer these as an independent certification process which could be undertaken both to gain/maintain full membership of the ATCA, and to provide a quality assurance tool that specifically maintains the integrity of the Therapeutic Community model.

Application of the Youth Interpretive Guide to the ATCA Standard

This interpretive guide has been specifically developed for use by residential AOD services working with young people. It builds on the *Interpretive Guide to the Australasian Therapeutic Communities Association Standard for Therapeutic Communities and Residential Rehabilitation Services,* which was developed by the Australasian Therapeutic Communities Association (ATCA) and first released in July 2013 and certified by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) in 2014. In contrast to the earlier Interpretive Guide, which was developed for adult services, this Interpretive Guide was developed for AOD Residential Youth Services. It is not intended to be a definitive guide, but rather to provide a framework for reviewers and agencies to both prepare for and to review against the *ATCA Therapeutic Communities and Residential Rehabilitation Services Standard*. Therefore, while the Interpretive Guide provides the opportunity for the collection and observation of evidence specific to TCs and residential rehabilitation services working with young people, the ATCA Standard itself has not been altered or modified.

The work in the development of the *Interpretive Guide to the Australasian Therapeutic Communities Association Standard for Therapeutic Communities and Residential Rehabilitation Services: Youth TC and Residential Services,* was undertaken as a research study by Jaimie Northam, under the supervision of Associate Professor Lynne Magor-Blatch, towards the degree of Master of Clinical Psychology, at the University of Canberra, Australia.

The research study explored the applicability of the ATCA Standard to Australian youth-specific Modified Therapeutic Communities (MTCs). The study was undertaken in three parts:

1. An Interpretive Guide for Youth Modified Therapeutic Communities (MTCs) and Residential Rehabilitation (RR) Services was developed through the input of three youth TCs in Australia: the Ted Noffs Foundation (New South Wales (NSW) and Australian Capital Territory (ACT)), Birribi (Youth Support and Advocacy Services (YSAS), Victoria), and the NSW-based One80TC.

2. Following the consultation process, a pilot trial of the Interpretive Guide and ATCA Standard was conducted with three Australian youth MTCs (*N* = 53: Birribi and the Ted Noffs Foundation, NSW and

ACT) through a self-review process. This was undertaken as a required part of the ATCA certification process.

3. Finally, an evaluation of the Interpretive Guide and assessment of applicability of the ATCA Standard to youth MTCs, with pre- (*N* = 32) and post- (*N* = 19) pilot trial administrations of the Survey of Essential Elements Questionnaires (SEEQ), and post-pilot trial focus groups (*N* = 21) to explore participants' experiences, was conducted.

Results of the study indicate that the ATCA Standard is applicable to youth MTC settings when applied with the Interpretive Guide. Future research is recommended to explore active mechanisms of youth-specific MTCs, differences between adults and youth MTCs, and the development of TC-specific training.

The resulting *Interpretive Guide to the Australasian Therapeutic Communities Association Standard for Therapeutic Communities and Residential Rehabilitation Services: Youth TC and Residential Services,* provides an important addition to the accreditation literature, and commitment to continuous quality improvement of our TC programs.

Two peer-reviewed papers arising from this work have been published:

- Northam, J.C. & Magor-Blatch, L.E. (2016). Developing a standard for youth modified therapeutic communities. *The International Journal of Therapeutic Communities, 37*(3), 140-148.
- Northam, J.C. & Magor-Blatch, L.E. (2016). Adolescent therapeutic community treatment - an Australian perspective. *The International Journal of Therapeutic Communities, 37*(4), 204-212.

There are two levels of accreditation under this Standard. The first is that of a Residential Rehabilitation service.

The first level of the Standard allows an organisation to gain certification against a set of indicators that are directly applicable to residential rehabilitation service for alcohol and other drug use. For services considering a transition to the therapeutic community model, working with this Standard will assist in providing guidelines to the implementing the expectations of a service that is a therapeutic community. To achieve certification as a residential rehabilitation service, agencies must achieve 80% of criteria numbers 1–6 labelled as 'essential'. This represents the minimum level of activity required to demonstrate competency in agency practice in the residential rehabilitation setting.

The second level of the Standard allows an organisation to seek certification as a therapeutic community. To achieve certification as a Therapeutic Community, 80% of all criteria labelled as 'essential' must be achieved (criteria 1–13). Performance Objective 7.1 "Community as Method" must be within the 80% of achieved criteria. The essential criteria relate to what policies and procedures should be in place, and how agencies identify with the therapeutic community model. The service delivery needs of the target community and what management, staff and consumers of the agencies should know about the therapeutic community model and delivery are also encapsulated within the criterion.

For agencies that have participated in other quality certification programs, a further set of criterion, called 'good practice criteria' has been developed. These criteria are intended to reflect what are sometimes referred to as 'systems elements' and are primarily related to monitoring and evaluation of agency practices. Your agency will be awarded 'good practice' certification if, in addition to meeting all of the essential criteria, all of the 'good practice' criteria are met.

PERFORMANCE EXPECTATION 1: The Residential Community

Performance Objective 1.1: Rules and values in the organisation

Essential Criteria.

a. The organisation has processes in place that demonstrate how the community resident members are informed of the organisation's underlying values and principal rules at assessment and/or prior to admission.

b. The organisation can demonstrate how the community member is supported throughout the program to understand the underlying values of the organisation.

c. The organisation can provide evidence of processes in place that outline the activities associated with a breach of rules and the rationale behind the application of consequences for any breaches.

About this Objective: Clear and consistent rules assist the individual in establishing or renewing personal values.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria			
a. The organisation has processes in place that demonstrate how the community resident members are informed of the underlying values and principal rules at assessment and/or prior to admission.	ATCEE Statement No 3: Recovery from drug addiction requires establishment or renewal of personal values, such as honesty, self-reliance, and responsibility to self and others	The reviewer will note the information available to young people prior to entry which outlines the program requirements, expectations and outcomes. For example, a program information pack may be provided prior to assessment and after phone screen; The reviewer will observe that the organisation has an up-to-date, informative website. It may include staff and residents talking about the program or a virtual tour; The reviewer will ask staff about whether tours of the program are offered in certain circumstances, or as part of the assessment process;	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Rawlings, B. & Yates, R. (2001). Therapeutic Communities for the Treatment of Drug Users Ward, A., Kasinski, K., Pooley, J. & Worthington, A. (2003). Therapeutic Communities for Children and Young People.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
		The reviewer will interview staff about how families and caregivers are provided with information about the program.	
b. The organisation can demonstrate how the community member is supported throughout the program to understand the underlying values and principal rules of the organisation.	Clear and consistent rules are desirable in any service organisation. Combined with the principles and values of right living there is an obvious need for transparency of such rules.	The reviewer will take note of the written program, policies and procedures; The reviewer will interview the staff and the young people asking them how the underlying values and principal rules are re-iterated throughout the program; The reviewer will observe client files are adequately maintained, and relevant databases up-to-date; Reviewer will observe signage with information about responsibilities and rights of young people; Reviewer will observe appropriate language being used within the program (staff towards young people, young people towards staff, simple, clear explanations being used); The reviewer will observe evidence of a structured, pre-planned program (i.e. morning meetings, groups, rosters, community meeting minutes/notes etc.); The reviewer will observe Information clearly displayed	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Rawlings, B., & Yates, R. (2001). Therapeutic Communities for the Treatment of Drug Users Ward, A., Kasinski, K., Pooley, J. & Worthington, A. (2003). Therapeutic Communities for Children and Young People.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
		about expectations and daily activities.	
c. The organisation can provide evidence of processes in place that outline the activities associated with a breach of the organisation's rules and the rationale behind the application of consequences for any breaches.	In relation to rules, De Leon (2000: p 224) categorises them into "cardinal" rules, "major" rules, and "house" rules. The Australasian TC sector representatives often preferred the term "principal" rules instead of cardinal rules. De Leon (2000: p 225 – 229) proposed different disciplinary actions for violations of different rules.	The reviewer can note the way in which policies and procedures relating to breaches of rules and consequential actions are developed and implemented; The reviewer will interview the staff and young people asking them how the processes operate; The reviewer will observe information on display outlining the rights and responsibilities of young people in the program; The reviewer can note evidence of a tiered system in response to rule breaches which may include a warning and may also initiate communication with family and specific tasks through a formalised process.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Rawlings, B., & Yates, R. (2001). Therapeutic Communities for the Treatment of Drug Users Ward, A., Kasinski, K., Pooley, J. & Worthington, A. (2003). Therapeutic Communities for Children and Young People.

PERFORMANCE EXPECTATION 2: Resident member participation

Performance Objective 2.1: The resident member's participation is the central focus to all aspects of the organisation.

Essential Criteria.

a. Clear principles of resident member participation which includes roles, expectations including respect for all in the community, and the need to maintain confidentiality of other community members, are clearly articulated prior to admission and reinforced throughout engagement in the organisation.
b. Staff demonstrate an understanding of resident member's participation processes and principles.
c. Multifaceted processes are utilised to evaluate the gains made by individuals through their participation in the different levels of the program.

About this Objective: All members of a community need to have a clear understanding of their responsibilities towards both themselves and the community.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria			
a. Clear principles of resident member participation which includes roles, expectations including respect for all in the community, and the need to maintain confidentiality of other community members, are clearly articulated prior to admission and reinforced throughout engagement in the organisation.	The individual client has a clear understanding of their role in the organisation, their obligations towards the information they gain about others, and mutual respect, are essential to maintaining a functioning community.	The reviewer will note policy and procedure, program materials, induction materials, client handbooks and other client information. The reviewer may interview staff and residents to ascertain their understanding of these principles; The reviewer will observe intake procedures whereby resident responsibilities are explained by staff, and agreed upon by the young person; The reviewer may note regular groups scheduled into the program which outline the expectations and role of community members;	Gowing L., Cooke R., Biven A., Watts D. (2002). Towards Better Practice in Therapeutic Communities.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
		The reviewer will observe evidence of regular, structured case reviews, which may involve the young person, program staff, family members, and primary interagency workers. Case reviews provide a method for all parties to gain an understanding of how a young person is progressing within the program.	
b. Staff demonstrate an understanding of resident member's participation processes and principles	Health services will be more effective if decisions are made by the people affected by them. Participation brings community knowledge and preferences into the decision-making process.	The reviewer may note policy and procedure, communication regarding member participation including record of staff discussion (meeting minutes), staff induction materials, policy and procedure. The reviewer may interview staff regarding these principles.	Australian Injecting and Illicit Drug Users League (AIVL). (2008) Treatment Service Users Project: Final Report. Coney, S. (2004) Discussion Document, Effective Consumer Voice and Participation for New Zealand: A Systematic Review of the Evidence. Gowing, L., Cooke R., Biven A., & Watts D. (2002) Towards Better Practice in Therapeutic Communities.
. Multifaceted processes are utilised to evaluate the gains made by individuals through their participation in the different levels of the program.	Evaluation is the process by which we decide the worth or value of something. It involves a process of reflection on what worked and what did not work and using this information in order to make improvements for the future. Evaluation can be done simply. In fact a lot of what health	The reviewer may note relevant policies and procedures, individual treatment plans, program materials. The reviewer may interview staff and residents asking how evaluation is undertaken and the role all members of the community	Aylward, P. (2005) Evaluating AOD Projects and Programs Gowing, L., Cooke R., Biven, A., & Watts D. (2002) Towards Better Practice in Therapeutic Communities.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
	care workers already do is a form of evaluation, reflecting on practice and modifying their practice on the basis of this reflection.	play in evaluation of gains in the program; The reviewer may seek clarification from other agencies, such as Youth Justice/Juvenile Justice, as to how their reports are included/ accommodated into program.	

Performance Objective 2.2: Resident member rights within the residential setting

Good Practice Criteria

a. There is a Bill of Rights for resident members of the organisation, and it is understood by all residents.

About this Objective: The Bill of Rights includes the areas of access, safety, respect, communication, participation, privacy and comment, as outlined in the Australian Charter of Healthcare Rights (2009) published by the Australian Commission on Quality and Safety in Healthcare. Consumer responsibilities may include open communication with the agency to facilitate appropriate treatment planning, treating the entire community with dignity and respect, keeping appointments and abiding by required community rules. It is important that all members of the community are supported to understand the Bill of Rights and responsibilities as fully as possible.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve good practice certification in residential rehabilitation you'll need to meet the following criteria.			
a. There is a Bill of Rights for resident members of the organisation, and it is understood by all community members.	Rights of consumers are articulated across the health sector. The Bill of Rights should be specific to the service provision of the particular rehabilitation service provider.	The reviewer may ask the staff and residents if there is a Bill of Rights, and how they know of it. The reviewer may take note of visible documentation of the Bill of Rights.	Gowing L., Cooke R., Biven A. & Watts, D. (2002) Towards Better Practice in Therapeutic Communities.

PERFORMANCE EXPECTATION 3: Strategic human resource management

Performance Objective 3.1: The organisation's recruitment is based on gaining the best outcomes for the organisation.

Essential Criteria.

a. The organisation has clear roles for staff and volunteers in place that maximise the best effect and outcome for the organisation.
b. Leaders and managers invest in human resource management to ensure appropriate recruitment for the organisation.
c. The organisation demonstrates flexibility in its program to meet the needs of Aboriginal, Torres Strait Islander, Maori, Pacific Islander and all other culturally and linguistically diverse individuals to access the service.

About this Objective: Organisations that are staffed appropriately gain better outcomes for their clients and their staff.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification you'll need to meet the essential criteria			
a. The organisation has clear roles for staff and volunteers in place that maximise the best effect and outcome for the organisation.	A lack of clarity (ambiguity) regarding team members' roles and responsibilities can interfere with team effectiveness. It can also have a negative impact on team members' job involvement, satisfaction and commitment… Flexibility in team members' roles is likely to enhance effectiveness in dynamic environments where tasks are fluid and changeable (e.g., changing client workloads). Role flexibility relies on team members being multi skilled (i.e., able to perform other's tasks). To avoid conflict and confusion, teams with flexible role assignment should establish a shared understanding amongst team members of the	The reviewer may note job descriptions, policies and procedures, staff meeting minutes, Board meeting minutes. The reviewer may interview staff to ascertain their understanding of their roles.	Gowing, L., Cooke R., Biven A., & Watts D. (2002) Towards Better Practice in Therapeutic Communities. Skinner, N. (2005) Developing Effective Teams.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
	boundaries of role flexibility (i.e., are certain tasks or roles "quarantined" for specific group members) (Skinner, 2005: p 11).		
b. Leaders and managers invest in human resource management to ensure appropriate recruitment for the organisation.	Work in the AOD field is often demanding, and issues related to stress, burnout and turnover are common. Support from supervisors, co-workers and the organisation as a whole has consistently been identified as an important factor that contributes to AOD workers' wellbeing and effectiveness (Skinner, 2005 b: p 4).	The reviewer may note job descriptions, recruitment materials, job advertisements, policies and procedures. The reviewer may interview leaders and managers.	Gowing, L., Cooke R., Biven A., & Watts D. (2002) Towards Better Practice in Therapeutic Communities. Skinner, N. (2005 a) Worker Wellbeing. Skinner, N. (2005 b) Workplace Support.
c. The organisation demonstrates flexibility in its program to meet the needs of Aboriginal, Torres Strait Islander, Maori, Pacific Islander and all other culturally and linguistically diverse individuals to access the service.	Policies and procedures implemented to encourage the employment of Aboriginal, Torres Strait Islander, Maori, Pacific Islander and all other culturally and linguistically diverse persons to ensure a culturally appropriate service that meets the needs of the community are essential.	The reviewer will take note of policies and procedures, job descriptions, recruitment materials, job advertisements. The reviewer may interview leaders, staff and residents.	Duraisingham, V. (2005) Recruitment and Selection. Gowing, L., Cooke R., Biven A., & Watts D. (2002) Towards Better Practice in Therapeutic Communities.

Performance Objective 3.2: Staff are provided with appropriate support to undertake their role within the organisation.

Essential Criteria.

a. The organisation utilises appropriate supervision practices to support staff to engage in best practice.
b. The organisation has a clear process for staff reviews, workplace appraisals, formal and informal feedback to monitor staff practice.
c. The organisation has a code of conduct which is applied to all staff practices.

About this Objective: Professional development in the workforce increases optimal outcomes and builds an engaged workforce.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. The organisation utilises appropriate supervision practices to support staff to engage in best practice.	Clinical supervision offers a valuable professional development tool for AOD workers to develop professional and personal skills and confidence under the guidance of a more experienced AOD Worker. There are no hard and fast rules regarding the matching of supervisors and supervisees or the content of clinical supervision sessions. The match and the content of sessions will invariably be shaped by the professional needs and goals of the supervisee. However, as a guiding principle, the supervisor and supervisee should be comfortable with the match and the establishment of goals, objectives and tasks should be mutually determined.	The reviewer will note policies and procedures around supervision. The reviewer may note supervision records, staff meeting minutes, individual performance plans, and staff schedules. The reviewer may interview staff on their experience of supervision.	Duraisingam, V. & Skinner, N. (2005) Performance Appraisal. Gowing L., Cooke R., Biven A., & Watts, D. (2002) Towards Better Practice in Therapeutic Communities.
b. The organisation has a clear process for staff reviews,	In order to gain the most benefit from performance appraisals it is recommended that a	The reviewer may note policies and procedures, staff meeting minutes, individual staff work plans	Senge, P.M, (2006) The Fifth Discipline: The Art and Practice of

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
workplace appraisals, formal and informal feedback to monitor staff practice.	system is developed in consultation with workers and managers, and clear links are established between appraisals and valued rewards and outcomes. If resources permit, information on work performance should be obtained from multiple sources. Performance appraisals can be a powerful tool for increasing motivation and improving work practice if conducted in a constructive, open and supportive manner.	and performance plans, and other feedback mechanisms that are in place. The reviewer may interview staff and leaders on review and feedback processes.	the Learning Organisation. Duraisingam, V. & Skinner, N. (2005) Performance Appraisal. Gowing L., Cooke R., Biven A., & Watts, D. (2002) Towards Better Practice in Therapeutic Communities.
c. The organisation has a code of conduct which is applied to all staff practices.	Many professionals have an existing code of conduct they must abide by. A code of practice ensures ethical decision making in the organisation.	The reviewer will note written documentation, policies and procedures relating to the code of conduct. The reviewer may interview staff on their understanding of the code of conduct.	Australasian Therapeutics Communities Association. A Code of Ethics for Members and Clients. Fry, C. (2007). Making Values and Ethics Explicit: A New Code of Ethics for the Australian Alcohol and Other Drugs Field. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

Performance Objective 3.3: Human resource processes allow for ongoing development of staff

Essential Criteria.

a. Staff skills and knowledge gaps are regularly assessed.
b. The needs of the community are prioritised when assessing knowledge gaps in the staffing structure.
c. Staff members are trained in, and have an understanding of relevant policies, procedures and review processes to ensure maximum compliance.

Good Practice Criteria

d. A strategic workforce development plan is in place and utilised in all levels of human resource management.

About this Objective: Ensuring a workforce has access to appropriate training both improves the outcomes in the community and provides an environment where staff feel valued.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. Staff skills and knowledge gaps are regularly assessed.	When people in organisations focus only on their position, they have little sense of responsibility for the results produced when all positions interact. When looked at from a more systematic approach, proactively rather than reactively, generative learning occurs and the impact is long term.	The reviewer will note HR policies and procedures. The reviewer may note individual staff assessment processes, staff meeting minutes, review documents, training documents. The reviewer may interview staff as to how skills and knowledge gaps are assessed; Evidence of youth specific training will be of particular importance in this setting.	Senge, P.M. (2006). The Fifth Discipline: The Art and Practice of the Learning Organisation. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. Pollard, Y. (2005) Professional Development.
b. The needs of the community are prioritised when assessing knowledge gaps in the staffing structure.	With resident members of TCs presenting with complex needs, staff need skills and knowledge on best practice to address these. Applying the TC model also requires specific staff qualities.	The reviewer will note HR policies and procedures. The reviewer may note individual staff assessment processes, staff meeting minutes, review documents, training documents. The reviewer may interview staff as to how skills and knowledge gaps are assessed.	Senge, P.M. (2006) The Fifth Discipline: The Art and Practice of the Learning Organisation. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
			Pollard, Y. (2005) Professional Development.
c. Staff members are trained in, and have an understanding of relevant policies, procedures and review processes to ensure maximum compliance.	Policies and procedures are only as effective as they are able to be applied, and therefore known and understood by all relevant personnel, and regularly reviewed and/or updated.	The reviewer will note policies and procedures, staff meeting minutes and review processes in place. The reviewer may interview staff to assess their understanding of the organisations policies and procedures.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
To achieve good practice certification, you'll also need to meet the good practice criteria			
d. A strategic workforce development plan is in place and utilised in all levels of human resource management	Workforce planning is a cornerstone to effective organisations. It ensures the organisation has suitable talent to see it operate into the future.	The reviewer will note policy and procedure relating to workforce development. The reviewer will note documentation relating to a workforce development plan. The reviewer may interview staff and leadership in relation to the workforce development plan; The reviewer may also ask staff how they have benefitted from the development plan.	Senge, P.M. (2006). The Fifth Discipline: The Art and Practice of the Learning Organisation.

PERFORMANCE EXPECTATION 4: Information management and appropriate use/evaluation of data.

Performance Objective 4.1: The organisation maintains an appropriate database that allows for service evaluation.

Essential Criteria.

a. The organisation has systems that collate a range of treatment period outcome measures.
b. Data is maintained on end of treatment outcomes such as leaving the treatment service into secure accommodation, self-determined goals, improved relationships, reduced criminal activity/improved post-prison integration, improved health and well-being, education and vocational development, improved living skills, reduced drug use harm.
c. General reporting is able to be generated from the data collection in accordance with the organisations policy and jurisdictional legislation
d. The organisation has policies that dictate the appropriate use of data

About this Objective: Data is utilised for a variety of purposes. For the individual it assists in mapping the past and forging into the future. For the organisation it builds credibility in the service, builds an information base for reporting to funders and Boards, and can add to the research base for the sector.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. The organisation has systems that collate a range of treatment period outcome measures.	The whole purpose of treatment is to effect positive change in individuals accessing the service. Anecdotally the TC sector can report great outcomes, with staff providing this as a significant factor for their satisfaction in working at TCs. Having formal outcomes based on research would not only strengthen the service, the TC sector, confidence in the model by staff, board members and stakeholders, but also enhance confidence of the residents (which is likely to further enhance outcomes).	The reviewer may note the actual system in place. The interviewer may interview staff/leaders as to the system in place.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
b. Data is maintained on end of treatment outcomes such as leaving the treatment service into secure accommodation, self-determined goals, improved relationships, reduced criminal activity/improved post-prison integration, improved health and well-being, education and vocational development, improved living skills, reduced drug use harm	Evaluation is the systematic assessment of the process and/or outcomes of a project or program, compared to a set of explicit or implicit standards. The findings from an evaluation may be used to contribute to the improvement of the project or program. Evaluations need to be conducted systematically and rigorously, using appropriate methods of data collection which address clearly defined project / program.	The reviewer may note the system/database in place which maintains end of treatment outcomes. The interviewer may interview appropriate staff regarding the collection, maintenance and application of said data to achieve the outcomes of criteria b.	Aylward, P. (2005) Evaluating AOD Projects and Programs Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
c. General reporting is able to be generated from the data collection in accordance with the organisations policy and jurisdictional legislation.	Systems which enable an organisation to produce both accurate and timely reports to jurisdictional funders are essential to business practices.	The reviewer may note data reports, the database/system in place, organisational reports to funders. The interviewer may interview appropriate staff/leaders regarding the generation of regular reporting.	Senge, P.M. (2006). The Fifth Discipline: The Art and Practice of the Learning Organisation.
d. The organisation has policies that dictate the appropriate use of data.	The interconnections of an organisation are essential in allowing for the flow of information. Policies and procedures can be viewed as the basis of communication within the organisation.	The reviewer will note appropriate policies. The reviewer may interview staff as to their application of such policies.	Senge, P.M. (2006). The Fifth Discipline: The Art and Practice of the Learning Organisation. Meadows, D.H. (2008). Thinking in Systems – A Primer.

Performance Objective 4.2: The organisation maintains all client records according to organisational policy and the relevant jurisdictional legislation

Essential Criteria.

a. The organisation maintains all client records according to organisational policy and the relevant jurisdictional legislation.
b. The organisation has a policy related to the maintenance of client records which references current legislation or jurisdictional requirements.

About this Objective: Client records must be maintained according to the principles of good health records maintenance and according to the Health Records Act in the jurisdiction in which the community operates.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. The organisation maintains all client records according to organisational policy and the relevant jurisdictional legislation.	Resident records with case notes are often accessed by a number of clinical staff. Some staff coming from other sectors or other alcohol and other drug service types commented that this took a bit of getting used to, and at first they were uncomfortable with this aspect of the TC records. The rationale for team access to records needs to be clear, for staff and for the residents.	The reviewer will note policies and procedures relating to record management. The interviewer may review individual client records.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. Marsh A., Dale A., & Willis L. (2007). A Counsellor's Guide to Working with Alcohol and Drug Users.
b. The organisation has a policy related to the maintenance of client records which references current legislation or jurisdictional requirements	Maintaining concise and up to date case notes are an important means of tracking client progress. Counsellors should inform clients about the rationale of maintaining case notes, the presence of case files, where the files are stored and who has access to them (Marsh et al, 2007: A Counsellor's Guide to Working with Alcohol and	The reviewer will note the policies relating to record management. The reviewer may interview staff on the application of the policy relating to records management.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. Marsh A., Dale A., & Willis L. (2007). A Counsellor's Guide to Working with Alcohol and Drug Users.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
	Drug Users, 2nd edition: p 59)		

PERFORMANCE EXPECTATION 5: Workplace health and safety

Performance Objective 5.1: The organisation has the relevant policies and process in place relating to Workplace Health and Safety legislation.

Essential Criteria.

a. Training is provided to staff in line with the relevant Workplace Health and Safety legislation of the jurisdiction.
b. The Board or other administrative body maintains oversight of Workplace Health and Safety in line with its governance role.
c. Where the resident members contribute to the functioning of their organisation their capacity and suitability to undertake tasks and workplace health and safety considerations are assessed by staff.
d. Consumers are provided with training, support and information related to the work functions they carry out in the organisation.

About this Objective: Maintaining a safe working environment for all members of the community is crucial. The responsibility for Workplace Health and Safety belongs to all members of the community including those with a governance role.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. Training is provided to staff in line with the relevant Workplace Health and Safety (WH&S) legislation of the jurisdiction.	There are documented policies on aspects relevant to quality assurance, such as occupational health and safety, equal employment opportunity, sexual harassment, confidentiality of residents' records, staff training and qualifications etc. (ATCEE Statement No 73)	The reviewer may note training records of staff in relation to WH&S. The reviewer may note meeting minutes. The reviewer may interview staff in relation to WH&S training; The reviewer may note WH&S practices that are specific to working with young people, such as adherence to the Child and Young Person Act (2009).	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
b. The Board or other administrative body maintains oversight of Workplace Health and Safety in line with its governance role.	There are a range of considerations relevant to Residential settings that may not apply to other AOD or health services and it is important for organisation leaders to be	The reviewer may note meeting minutes. The reviewer may interview leaders as to their role in oversight of WH&S.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
	familiar with these considerations.		
c. Where the resident members contribute to the functioning of their organisation their capacity and suitability to undertake tasks and workplace health and safety considerations are assessed by staff.	Through active participation in all aspects of the community, staff ensure the safe environment and positive functioning of the TC is developed and maintained, encourage resident participation and interaction, and provide appropriate therapeutic interventions (ATCEE Statement No 67).	The reviewer may note policies and procedures, resident member information, documentation relating to assessment. The reviewer may interview staff and residents in relation to the assessment process undertaken. The reviewer may note incident reports relating to resident participation in the workplace; The reviewer will note specific considerations in policies and procedures that relate to young people and WH&S procedures.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
d. Consumers are provided with training, support and information related to the work functions they carry out in the organisation.	Through active participation in all aspects of the community, staff ensure the safe environment and positive functioning of the organisation is developed and maintained, encourage resident participation and interaction, and provide appropriate therapeutic interventions (ATCEE Statement No 67).	The reviewer may note training schedules/records, information provided to consumers, policies and procedures. The reviewer may interview staff and residents on the training, support and information provided.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

Performance Objective 5.2: Staff oversee tasks and activities by resident members

Essential Criteria

a. The potential benefit of tasks and activities are assessed by staff.
b. Residents have an understanding of the benefits of the set tasks and activities in the program.
c. Skills development is related to set tasks and activities.

About this Objective: Ensuring growth within the community is an essential part of any residential community. Skills are learnt by resident members, staff act as role models or mentors in the learning process, and the residents learn both the benefits of their work within the community from a personal and a community perspective.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. Potential benefit of tasks and activities are assessed by staff.	Interactions between residents and staff in an informal context during daily activities help establish a relationship that facilitates therapeutic interactions (ATCEE Statement No 69)	The reviewer may note policies and procedures, records of assessment, meeting minutes, individual treatment plans. The reviewer may interview staff and residents on the assessment process for tasks and activities; The review will note evidence for why (therapeutic benefit) tasks and activities were chosen for residents; The reviewer will note the presence of activities and tasks that have been deemed beneficial by staff, which address youth specific areas.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
b. Residents have an understanding of the benefits of the set tasks and activities in the program.	Staff may involve themselves in activities such as recreation, meal preparation, dining and chores, on an equal footing with residents, as a means of emphasising their membership of the	The reviewer may note written or other documented material relating to the benefits of set tasks and activities. The reviewer may interview residents on their	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
	community, and their participation as role models (ATCEE Statement No 68)	understanding of set tasks and activities.	Better Practice in Therapeutic Communities.
c. Skills development is related to set tasks and activities.	Through active participation in all aspects of the community, staff ensure the safe environment and positive functioning of the organisation is developed and maintained, encourage resident participation and interaction, and provide appropriate therapeutic interventions (ATCEE Statement NO 67)	The reviewer may note individual treatment plans, application of research relating to skills development, information provided to residents, meeting minutes. The reviewer may interview staff and residents on the skills development gained from set tasks and activities; The reviewer will note processes in place to ensure developmental tasks/goals, specific to young people, are included in program activities.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

PERFORMANCE EXPECTATION 6: Health and safety risk management

Performance Objective 6.1: Harm minimisation/reduction information is included in the program

Essential Criteria.

a. Harm minimisation/reduction information is included in the program.

Good Practice Criteria.

b. Harm minimisation education is shared through peers.

About this Objective: Participation in a residential program does not guarantee alcohol and/or other drugs will never be a part of an individual's life again. Educating members of the community on awareness around re-commencing drug and/or alcohol use, the impact of blood borne virus' on their lives and the lives of those around them, and where to seek support should they need it again in the future should be a part of every program.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. Harm minimisation/reduction information is included in the program	Residential treatment provides information and the opportunity for residents to discuss the prevention and control of health issues of particular relevance to drug users (ATCEE Statement No 37).	The reviewer will note written program materials. The reviewer may interview staff and residents on the application of harm minimisation material in the program. The interview may note policies and procedures relating to harm minimisation; The reviewer will note specific strategies, focussed for young people, to address harm minimisation.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. McDonald. J., Roche. A.M., Durbridge, M. & Skinner, N. (2003). Peer Education: From Evidence to Practice: An alcohol and other drugs primer.
To achieve good practice accreditation, you'll also need to meet the good practice criteria.			
b. Harm minimisation education is shared through peers.	Peer education amongst residents ensures the sustainability of health and safety information delivered and continues to inform consumer knowledge when they leave.	The reviewer may note policies and procedures for sharing information between peers. The reviewer may note the schedule for external peer visits. The reviewer may note program materials which include peer	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
		information. The reviewer may interview staff and residents on peer information sharing; The reviewer will note methods specifically for young people in peer education programs that address their developmental stage. For example, young people may try to engage in "drug raving" during peer education sessions, and the organisation will show strategies to address such issues.	Practice in Therapeutic Communities. McDonald, J., Roche, A.M., Durbridge, M., & Skinner, N. (2003). Peer Education: From Evidence to Practice: An alcohol and other drugs primer.

Performance Objective 6.2: Each resident has an individualised treatment plan.

Essential Criteria.

a. Every resident has a treatment plan and it is reviewed regularly in consultation with the treatment team and the resident.
b. The treatment plan includes exit planning.

About this Objective: Whilst a community often works on an ethos of 'what is best for the community', the community is the sum of the individuals living within it. Those individuals have individual needs and these needs should be addressed in a manner that provides the best outcome for the individual and for the community as a whole.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. Every resident has a treatment plan and it is reviewed regularly in consultation with the treatment team and the resident.	There is a written, agreed upon and periodically updated treatment plan for each resident (ATCEE Statement No 53)	The reviewer may note individual treatment plans, client files, policies and procedures in relation to treatment planning. The reviewer may interview staff regarding treatment plans; The reviewer will may note goals relevant to the developmental stage, and needs, of young people; The reviewer may note evidence that each treatment plan is individually tailored to address the goals of the young people, while also considering specific developmental needs.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. Marsh, A., Dale, A. & Willis, L. (2007) Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review.
b. The treatment plan includes exit planning.	Treatment plans identify goals for each stage, and achievement of these goals is assessed when considering applications to move between stages (ATCEE Statement No 54).	The reviewer may note individual exit plans and policy and procedure in relation to exit planning. Interagency agreements, and procedures for notifying primary care providers, will be observed; The reviewer may interview staff regarding exit plans.	

Performance Objective 6.3: Staff are supported to maintain a current first aid training.

Essential Criteria

a. An adequate number according to local legislation of clinical staff on each shift hold a first aid certificate.

Good Practice Criteria

b. Resident members are supported to gain first aid training appropriate to their locality.

About this Standard: Maintaining safety within the community is a priority for all members of the community.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria			
a. An adequate number according to local legislation of clinical staff on each shift hold a first aid certificate.	There is always a potential risk of critical incidents that require first aid response in a residential setting. Each organisation must determine what an adequate number of first aid trained staff is to ensure cover at any one time in accordance with local legislation.	The reviewer may note policy and procedure regarding first aid certificates, staff training calendars, individual staff training plans, individual first aid certificates. The reviewer may interview staff on first aid certificate processes.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
To achieve good practice certification, you'll also need to meet the good practice criteria.			
b. Resident members are supported to gain first aid training appropriate to their locality.	There is always a potential risk of critical incidents that require first aid response in a residential setting. As a harm minimisation strategy training in, for example CPR, for resident members is beneficial to the organisation and to the individual residents while at the organisation and beyond.	The reviewer may interview residents on gaining first aid certificates. The reviewer may note policies and procedures for gaining first aid training, view certificates, training calendars, program guides.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

PERFORMANCE EXPECTATION 7: Community as Method

The agency operates in a manner that reflects the Community as Method approach and implements that in all aspects of the service.

Performance Objective 7.1: The TC programme applies the Community as Method approach

The agency understands the Community as Method approach and implements it in the service.

Essential Criteria.

a. The Therapeutic Community programme applies the Community as Method approach
b. The Therapeutic Community has distinct stages which cover assessment, orientation, treatment, transition and re-entry
c. The Therapeutic Community approach is multidimensional. It involves therapy, education, teaching values, and skills development

Good Practice Criteria

d. The agency has established culturally appropriate and community suitable encounter measures.
e. The agency demonstrates a community that is self-reliant and self-aware and deals with community issues utilising all of community measures.
f. The resident group is charged with assessing readiness for stage change and providing feedback on progress through the stages.

About this Objective: A profound distinction between the TC and other treatments and communities is the use of community as a method for changing the whole person (De Leon 2000: p 92). The fundamental assumption underlying community as method is that individuals obtain maximum therapeutic and educational impact when they meet community expectations for participation in and use of the community context to change themselves (De Leon 2000: p 98).

Criterion	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria			
a. The Staff of the agency can demonstrate Community as Method.	George De Leon in *The Therapeutic Community: Theory, Model, and Method* (2000) describes the community as method approach within four components, including context, expectations, assessment, and responses. He also offers some detail on the concepts and the components.	The reviewer will want to establish: • That the Staff of the agency can demonstrate Community as Method; and, • That the residents of the agency can demonstrate Community as Method.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Rawlings, B., & Yates, R. (2001). Therapeutic Communities for the Treatment of Drug Users

Criterion	Guidance	How this might be substantiated	Support Tools/ Resources
		The reviewer will talk with managers and staff about their community, their understanding of Community as Method, and how they implement Community as Method; The reviewer will take into account the modifications required within particular cultural settings including that the TC model is applied in a culturally appropriate manner. The reviewer will take into account the modifications required within the specialised setting of youth TCs; Examples of how youth specific, modified Therapeutic Communities may demonstrate 'Community as Method' includes: • Young people participate in frequent community case reviews; • Young people have an input into decisions about discharge and re-entry of other community members; • Young people are responsible for chores and upkeep of the program facilities, in line with the ethos of TCs. However, this is done under the direction and supervision of staff members;	

Criterion	Guidance	How this might be substantiated	Support Tools/ Resources
		• Young people must be accompanied by a staff member at all times and must remain in staff sight to ensure safety of the community is upheld. Supervision is much stricter in youth specific TCs due to the age and developmental stage of the community members; and • A community leader may be present in the youth specific TC to give a voice to young people in staff meetings, handovers, and program planning. The reviewer will note the differences between full TCs and youth specific, modified TCs in the demonstration of 'Community as Method'. To assess for these differences, the review may note differences, and consult with staff members/ program manager, about why these differences are in place.	
b. The Therapeutic Community has distinct stages which cover assessment, orientation, treatment, transition and re-entry.	In the Therapeutic Community (TC), program stages are prescribed points of expected change… The end points of each stage are well marked in terms of expected behaviours and attitudes. Achieving the goals of each stage in itself constitutes an explicit social	The reviewer will take note of written polices, and procedures, the written program, treatment plans and other case histories. The resident group will be able to explain their understanding of the staged approach.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Rawlings, B., & Yates, R. (2001). Therapeutic Communities for the Treatment of Drug Users.

Criterion	Guidance	How this might be substantiated	Support Tools/ Resources
	reinforcement for resident change (De Leon 2000: pp 193 – 194).		
c. The Therapeutic Community approach is multidimensional. It involves therapy, education, teaching values, and skills development.	The TC is also multidimensional and works with the whole person. As such it provides nurturance through "three meals, housing, clothing, cosmetic accessories, as well as medical, dental, and various social and legal advocacy services". It also addresses a range of individual needs that would enhance re-entry, such as providing training, vocational skills development, parenting skills, sex education etc. More importantly, however, the therapeutic element of every activity, job function or interaction is aimed at enhancing the personal growth of the resident member.	The reviewer will take note of the written program, policies and procedures. The reviewer will ask the staff and the residents as to how the various components of the program add value to the desired outcome for the individual.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Rawlings, B., & Yates, R. (2001). Therapeutic Communities for the Treatment of Drug Users.
To achieve good practice certification, you'll also need to meet the good practice criteria			
d. The agency has established culturally appropriate and community suitable encounter measures.	Chapter 18 on The Encounter Group by De Leon in The Therapeutic Community: Theory, Model, and Method An encounter group held in a prison setting or an Aboriginal Australian setting will be different to that held in a Caucasian, metropolitan community setting.	The reviewer may wish to observe such a group dynamic. Alternatively policies and procedures on such groups, explanations from both staff and residents, and a rationale for the cultural framework in which such a group occurs should be provided; The reviewer may note interagency agreements with local Aboriginal and Torres Strait Islander and other cultural organisations that may provide groups	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method.

Criterion	Guidance	How this might be substantiated	Support Tools/ Resources
		and other services and support to the community.	
e. The agency demonstrates a community that is self-reliant and self-aware and deals with community issues utilising all of community measures.	George De Leon in The Therapeutic Community: Theory, Model, and Method (2000)	The reviewer may seek information as to how the community deals with issues in the community as they arise including those issues that are at times unplanned, and how conflict resolution processes take place.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method.
f. The resident group is charged with assessing readiness for stage change and providing feedback on progress through the stages, with staff maintaining the ultimate authority.	ATCEE Statement 43: Decisions on progression to the next stage of treatment or discharge from the TC involve community consultation, but staff retain ultimate responsibility	The reviewer will take note of written polices, and procedures. The resident group will be able to explain their understanding of the staged approach and their roles in assessing readiness for stage change.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method. Rawlings, B., & Yates, R. (2001). Therapeutic Communities for the Treatment of Drug Users.

Performance Objective 7.2: The Australasian Therapeutic Community Essential Elements are implemented within the Therapeutic Community.

Essential Criteria.

a. Staff induction and in-house training incorporates the Australasian Therapeutic Community Essential Elements

About this Objective: The Australasian Therapeutic Community Essential Elements are considered the 'building blocks' of the therapeutic community process. Maintenance of the Essential Elements as part of all elements within the TC assists the TC in maintaining the therapeutic community process.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria			
a. Staff induction and in-house training incorporates the Australasian Therapeutic Community Essential Elements.	TC specific training is limited, therefore the Australasian TC Essential Elements are seen to provide a good starting place to support the induction of staff – supporting them to understand the TC model and appreciate that the service is based on a recognised model.	The reviewer will take note of staff induction and in house training materials and processes. The reviewer will ask the staff how the ATCEEs are incorporated into induction and in-house training.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

PERFORMANCE EXPECTATION 8: Therapeutic Community leadership and management principles.

Performance Objective 8.1: Therapeutic Community leaders are role models within the organisation.

Essential Criteria.

a. Therapeutic Community leaders and managers inform themselves of the Therapeutic Community approach through relevant evidenced based practice material in order to support their roles.
b. Managers and leaders are committed to and promote their services as being based on the Therapeutic Community model, promoting the efficacy of the Therapeutic Community approach and the consequent outcomes.
c. Career development and succession planning, with a view to retaining and building on the Therapeutic Community knowledge base of the organisation is undertaken, supported and promoted by Therapeutic Community leaders and managers.
d. Managers and leaders undertake regular review of their practices, ensuring processes are in line with the Therapeutic Community principles.

About this Objective: The therapeutic community includes all levels of the organisation. All staff are considered to be a part of the community, all are role models to the residents in the community.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. Therapeutic Community leaders and managers inform themselves of the Therapeutic Community approach through relevant evidenced based practice material in order to support their roles.	The effective operation of any organisation relies on its leaders having a full command of the necessary information and expertise. Any training materials provided to staff should also be shared with Board members and other organisational leaders, including, but not limited to, the De Leon DVD set and written materials on the therapeutic community model and practice.	The reviewer may ask how leaders and managers inform themselves of the Therapeutic Community approach. The reviewer may take notes staff/Board meeting minutes, staff training plans.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
b. Managers and leaders are committed to and promote their services as being based on the Therapeutic	Presenting a nationally and internationally structure model supports confidence in the service approach, from funding bodies and other key stakeholders.	The reviewer may ask staff and leaders how the service promotes the Therapeutic Community model and consequent outcomes. The reviewer may note written and other media tools	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
Community model, promoting the efficacy of the Therapeutic Community approach and the consequent outcomes.		utilised. The reviewer may review other written materials related to the promotion of the model.	
c. Career development and succession planning, with a view to retaining and building on the Therapeutic Community knowledge base of the organisation is undertaken, supported and promoted by Therapeutic Community leaders and managers.	Supporting career development and succession planning has many benefits, for the employee and the organisation. They provide staff with an indication that the organisation values them, contributing significantly to their own wellbeing. This in turn can enhance the commitment/loyalty to the organisation, resulting in improved retention and effectiveness. A further benefit to the organisation is that the knowledge base is retained and built on.	The reviewer may ask staff and leaders how they undertake career development and succession planning. The reviewer may note staff development plans, succession planning documentation, Board/leadership meeting minutes.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
d. Managers and leaders undertake regular review of their practices, ensuring processes are in line with the Therapeutic Community principles.	Clear principles that are complementary to the TC model inform and guide the work of the leaders and managers of the Therapeutic Community.	The reviewer may ask leaders what processes they implement for reviewing their practices; The reviewer may note record of discussion of the Therapeutic Community model, selection of expertise in the model on the Board, Therapeutic Community model promotion activity or improvement initiatives that consider the TC evidence and staff capacity/needs.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. Senge, P.M. (2006). The Fifth Discipline: The Art and Practice of the Learning Organisation.

PERFORMANCE EXPECTATION 9: Therapeutic Community resident member participation

Performance Objective 9.1: The Therapeutic Community resident member's participation is the central focus to all aspects of the organisation.

Essential Criteria.

a. Staff have clear guidelines to maintain objective facilitation in all community processes and are only final decision makers where the Therapeutic Community resident group is unable to be the principle decision maker.

About this Objective: The Therapeutic Community operates on the premise of the community is the therapy and the therapy is the community. Therefore it is expected that staff only intervene where community processes are unsafe or the community cannot reach an agreeable decision. At these times the intervention of staff is utilised as a means of role modelling appropriate decision making.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria			
a. Staff have clear guidelines to maintain objective facilitation in all community processes and are only final decision makers where the Therapeutic Community resident group is unable to be the principle decision maker.	In general decision-making processes are consultative, with staff as objective facilitators and the final decision-maker only where necessary (ATCEE Statement 29) *This is particularly important for young people's communities where adult supervision is more important for the safety of all.*	The reviewer may note policies and procedures, staff handbooks, staff induction materials, record of staff discussion (meeting minutes). The reviewer may interview staff and residents about how the staff apply this. The reviewer may wish to observe community processes.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

Performance Objective 9.2: Resident member rights within the Therapeutic Community

Essential Criteria.

a. There is a Bill of Rights for resident members of the Therapeutic Community, and it is understood by all community members.

About this Objective: The Bill of Rights includes the areas of access, safety, respect, communication, participation, privacy and comment, as outlined in the Australian Charter of Healthcare Rights (2009) published by the Australian Commission on Quality and Safety in Healthcare. Consumer responsibilities may include open communication with the agency to facilitate appropriate treatment planning, treating the entire community with dignity and respect, keeping appointments and abiding by required community rules. It is important that all members of the community are supported to understand the Bill of Rights and responsibilities as fully as possible.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria.			
a. There is a Bill of Rights for resident members of the Therapeutic Community, and it is understood by all community members.	Rights of consumers are articulated across the health sector. The Bill of Rights should be specific to the service provision of a Therapeutic Community.	The reviewer may ask the staff and residents if there is a Bill of Rights, how they know of it. The reviewer may take note of visible documentation of the Bill of Rights.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

PERFORMANCE EXPECTATION 10: Therapeutic Community strategic human resource management.

Performance Objective 10.1: The organisations recruitment is based on gaining the best outcomes for the organisation.

Essential Criteria.

a. Staff tasks are regularly reviewed to ensure they support the boundaries set within the Therapeutic Community.
b. The Therapeutic Community actively recruits staff with Therapeutic Community Knowledge.
c. The organisation has in place a philosophy or policy that supports the recruitment of staff with recovery experience.

About this Objective: Maintaining an ongoing staff matrix which includes knowledge and understanding of the therapeutic community process is essential in maintaining a therapeutic community. Staff with recovery experience are able to share this with the community and provide a level of role modelling that is unique.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria			
a. Staff tasks are regularly reviewed to ensure they support the boundaries set within the Therapeutic Community	A lack of clarity (ambiguity) regarding team members' roles and responsibilities can interfere with team effectiveness. It can also have a negative impact on team members' job involvement, satisfaction and commitment. Flexibility in team members' roles is likely to enhance effectiveness in dynamic environments where tasks are fluid and changeable (e.g., changing client workloads). Role flexibility relies on team members being multi skilled (i.e., able to perform other's tasks). To avoid conflict and confusion, teams with flexible role assignment should establish a shared understanding amongst	The reviewer will note job descriptions, meeting minutes, planning and review documentation. The reviewer may interview staff about review processes in place.	Duraisingham, V. (2005). Recruitment and Selection. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. Skinner. N. (2005) Developing Effective Teams.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
	team members of the boundaries of role flexibility (i.e., are certain tasks or roles "quarantined" for specific group members) (Skinner, 2005: p 11).		
b. The Therapeutic Community actively recruits staff with Therapeutic Community knowledge.	Recruitment of staff needs to consider the willingness of the new recruit to be passionate about the TC model. The workplace of a TC can be quite intense in terms of time with consumers and ongoing community involvement during work hours. Recruitment processes need to ensure staff are "robust" enough to work in such an environment	The reviewer will note job descriptions, advertising material, HR materials. The reviewer may interview staff regarding TC knowledge; Staff recruitment practices should show evidence of recruiting staff with knowledge of working with young people.	Duraisingham, V. (2005). Recruitment and Selection. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
c. The organisation has in place a philosophy or policy that supports the recruitment of staff with recovery experience.	The mix of staff at the TC is important to consider, supporting the perceived credibility in the eyes of the resident members and to maximise rapport. The recruitment of staff depends on a range of factors, however, including location and the accessible pool of potential workers.	The reviewer will note policies and procedures. The reviewer may interview staff regarding recruitment of staff with recovery experience.	Duraisingham, V. (2005). Recruitment and Selection Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

Performance Objective 10.2: Human resource processes allow for ongoing development of Therapeutic Community staff.

Essential Criteria.

a. Leaders and managers invest in the ongoing development of the Therapeutic Community staff in Therapeutic Community specific training.

About this Objective: Ongoing development of staff particularly including Therapeutic Community specific training allows staff to have both career progression and builds the knowledge base and TC Model specific training that can occur within the sector.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve certification, you'll need to meet the essential criteria			
a. Leaders and managers invest in the ongoing development of the Therapeutic Community staff in Therapeutic Community specific training.	Ensuring the ongoing nature of the Therapeutic Community model is reliant on the staff group gaining ongoing TC specific training. As training opportunities are limited, more unique methods of training may be implemented in the TC environment.	The reviewer may note HR policies and procedures. The reviewer may note individual and organisational staff development/training plans. The reviewer may interview the staff and leaders as to the implementation of TC specific training in the organisation.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. Skinner, N. (2005 a). Worker Wellbeing.

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.

About this Objective: Building a database and encouraging and participating in research builds both certainty in the Therapeutic Community Model of AOD treatment, and provides funders with certainty in the model which receives so much Government funding.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve good practice certification, you'll also need to meet the good practice criteria			
a. Post residential treatment data is collected in a formalised manner.	Anecdotally the TC model has well recorded outcomes however longer term data is often difficult to maintain. This longer term data provides greater validation for the model and will improve both funding to organisations utilising the model and a greater understanding of the longer term impacts of the model.	The reviewer will note policies and procedures and the application of the collection of post residential treatment.	Aylward, P. (2005). Evaluating AOD Projects and Programs. Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
b. Data is utilised to promote the efficacy and value of the Therapeutic Community model.	Data provides an evidence base which in turn proves the efficacy of a model of care.	The reviewer will note the use of data to promote the efficacy and value of the TC model. The reviewer may interview staff on the use of data to promote the TC model.	Gowing, L., Cooke, R., Biven, A., & Watts, D. 2002). Towards Better Practice in Therapeutic Communities.
c. Leaders and managers actively participate in and/or support	Anecdotally the TC model has well recorded outcomes however longer term data is often	The reviewer will note the organisations contribution to research. The reviewer may interview leaders on their	Aylward, P. (2005). Evaluating AOD Projects and Programs.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
research contributing to the evidence base rising from datasets.	difficult to maintain. This longer term data provides greater validation for the model and will improve both funding to organisations utilising the model and a greater understanding of the longer term impacts of the model.	commitment to supporting ongoing research.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.
d. Leaders and managers actively participate in collective Therapeutic Community sector information sharing.	Ensuring the ongoing nature of the Therapeutic Community model is reliant on the staff group gaining ongoing TC specific training. As training opportunities are limited, more unique methods of training may be implemented in the TC environment. Information sharing is a particular modality that applies within the sector.	The reviewer may note documentation relating to information sharing. The reviewer may interview leaders on information sharing activities.	Aylward, P. (2005). Evaluating AOD Projects and Programs Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities.

PERFORMANCE EXPECTATION 12: Rules in the Therapeutic Community

Performance Objective 12.1: Rules in the Therapeutic Community

Essential Criteria.

a. There is a documented process for dealing with violations of principle rules.
b. The Therapeutic Community implements consequences for any breaches of the principle rules.
c. The principle rules are clearly articulated to all members of the Therapeutic Community.

About this Objective: Learning to live in a matrix of rules which maintain the functioning of a community, safety for all members of the community, and consistency in the application of these rules assists the resident in learning to live again in the context of wider society.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve Therapeutic Community practice certification, you'll also need to meet the following criteria			
a. There is a documented process for dealing with violations of principle rules.	Principle rules exist in the Therapeutic Community as blanket measures to both ensure the safety of the individual resident and to ensure the maximum possible therapeutic outcome of the individual's admission.	The reviewer may note policies and procedures, resident handbooks, program guidelines, meeting minutes, incident register.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method.
b. The Therapeutic Community implements consequences for any breaches of the principle rules	Principle rules exist in the Therapeutic Community as blanket measures to both ensure the safety of the individual resident and to ensure the maximum possible therapeutic outcome of the individual's admission.	The reviewer may note policies and procedures, resident handbooks, program guidelines, meeting minutes, individual treatment plans, and incident register. The reviewer may interview staff and residents regarding the implementation of consequences for breaches of principle rules.	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method.
c. The principle rules are clearly articulated to all members of the Therapeutic Community	Principle rules exist in the Therapeutic Community as blanket measures to both ensure the safety of the individual resident and to ensure the maximum possible therapeutic outcome of the individual's admission.	The reviewer may note resident handbooks, program guidelines, other written or otherwise documented information, meeting minutes, policy and procedure documentation; The reviewer may interview staff and residents on their	De Leon, G. (2000). The Therapeutic Community: Theory, Model, and Method.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
		knowledge of the principal rules.	

PERFORMANCE EXPECTATION 13: Continuous Improvement

Performance Objective 13.1: Improving outcomes of resident members is the priority consideration in decisions to change the service and approach.

Essential Criteria.

a. The principles of the Australasian Therapeutic Community Essential Elements are incorporated into improvement initiatives.

About this Objective: Maintaining the Therapeutic Community model through the application of the ATCEEs is important in all elements of the Therapeutic Community.

Criteria	Guidance	How this might be substantiated	Support Tools/ Resources
To achieve Therapeutic Community practice certification, you'll also need to meet the following criteria			
a. The principles of the Australasian Therapeutic Community Essential Elements are incorporated into improvement initiatives	To maintain focus on the TC model the ATCEE provide a foundation and guideline for CQI activities.	The reviewer may note the incorporation of the ATCEE into CQI activities through documentation such as meeting minutes, review documentation, policy and procedure; The reviewer may interview staff as to how the ATCEE are incorporated into improvement initiatives.	Gowing, L., Cooke, R., Biven, A., & Watts, D. (2002). Towards Better Practice in Therapeutic Communities. Hovenga E., & Lloyd S. (2002). In M.G. Harris and Associates. Managing Health Services: Concepts and Practice.

GLOSSARY OF TERMS

Alcohol and other drugs (AOD)	The rational for the term, as opposed to alcohol and drugs, drug and alcohol, etc. is to reinforce that alcohol is a drug.
Australasian TC Essential Elements (ATCEEs)	The ATCEEs were developed as a part of a project initiated by ATCA and funded by the Commonwealth Department of Health and Ageing (Australia). The specific aims of the project were "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 the bench mark for the delivery of a Therapeutic Community (TC) treatment". The ATCEEs were drawn from the Survey of Essential Element Questionnaire (SEEQ) which was developed in the USA by Melnick & De Leon (1999). The SEEQ has 139 statements and was designed to be self-administered. It records a respondent's opinion or perceptions as to the importance of the statements to the therapeutic community concept. "Given the experience with the SEEQ in the USA, and the validation work, this instrument was chosen as the basis for defining the therapeutic community approach in Australia" (Gowing *et al,* 2002) Gowing and colleagues consulted with the Australasian TC sector and made recommendations for modifying the essential elements statements to better define the therapeutic community approach in Australia and New Zealand. The result was a reduced set of statements, totalling 79, reworded and reorganised into relevant categories. These were referred to as the Modified Essential Elements Questionnaire (MEEQ). As with the SEEQ, the MEEQ was designed to support research and evaluation activities. To support this, the statements were organised under the broad categories of: the TC ethos; program delivery; and quality assurance. During the consultation that informed the development of the Australasian AOD TC Standards, and this Support Package, it became evident that the sector still did not have a sense of "ownership" of the MEEQ, and the term "modified" was confused with the category of modified TCs. It was felt that the term used with the essential elements implies a judgment of their validity. It was determined that the MEEQ be renamed as the Australasian TC Essential Elements or ATCEEs.
Community as method	A profound distinction between the TC and other treatments and communities is the use of community as a method for changing the whole person (De Leon 2000: p 92). The fundamental assumption underlying community as method is that individuals obtain maximum therapeutic and educational impact when they meet community expectations for participation in and use of the community context to change themselves (De Leon 2000: p 98).
Continuous Quality Improvement (CQI)	As the term suggests, continuous quality improvement is the process of continually improving the quality of service provided. It utilises standards and accreditation processes, but more significantly 'involves procedures for the ongoing review and evaluation of the service delivered by an organisation' (Australian Council for Safety and Quality in Health Care, July 2003a: p 4). It is a 'structured organisational process for involving personnel in planning and executing a continuous flow of improvements to provide quality health care that meets or exceeds expectations' (McLaughlin et al, 2004: p 3). As such

	continuous quality improvement is the means by which standards are implemented.
Objective Facilitation	Gowing et al (2002: p 95) provides a discussion on the development of objective facilitation being identified as a role for staff at Australasian TCs. An equivalent role presented in the SEEQ (Melnick and De Leon, 1999) was one of "rational authority". Gowing et al identified the term rational authority as presenting some confusion, varied responses, and some discomfort. The consensus was to change the wording. The essential element that uses the term (ATCEE 29) is: In general decision-making processes are consultative, with staff as objective facilitators and the final decision-maker only where necessary De Leon (2000: p 123) discusses rational authority: The unique requirement of staff as decision makers is that they are rational authorities. Rational authorities make decisions grounded in the TC perspective to protect the community and specifically to foster the goals of individual growth.
Workplace Health and Safety (WH&S)	Workplace health and safety (WH&S) is a cross-disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or employment. As a secondary effect, WH&S may also protect co-workers, family members, employers, customers, suppliers, nearby communities, and other members of the public who are impacted by the workplace environment.
Recovery	The meaning of the term "recovery" has been debated in the AOD field, and particularly its relation to drug-free status and the differences (if any) between the AOD terminology and mental health's definition of the term. The Australian National Drug Strategy is underpinned by the three pillars of supply reduction, demand reduction and harm minimisation, and describes *Recovery* as a voluntary self-determined process toward minimisation or cessation of drug-related harms. This involves fostering healthy supported connections, such as with self, family, peers and community, and is premised upon fair access to pre-requisites for wellbeing. • Recovery is a reflexive, change process with boundless initiating causes. It involves hope and aspirations for development, not just of individuals, but also of wider social networks including communities. • Recovery involves perseverance in individuals and families because setbacks are natural. Health should be protected before and throughout a recovery journey. • Australian recovery is a non-prescriptive form of harm reduction, fostering improved health and wellbeing, with cessation of alcohol or other drug use a common aspiration and outcome. • There are many sources and pathways of recovery. Recovery should be self-determined, rather than being imposed by others. • Recovery empowers and develops individuals, families and communities. • Recovery involves development of individuals' and communities' social capital, including access to housing, education, work and healthy relationships with others and self. It needs to be holistic and involves macro-to-micro environmental factors.

	• Recovery is fostered by peers, families and allied institutions within communities, as Australian people need to have opportunities for a fair go at the essentials of life. In December 2011, SAMHSA provided a working definition of "recovery" following a year-long consultation process. This discussion included a wide range of partners in the behavioural health care community and other fields, who worked to develop a definition that encapsulates the essential and common experiences of those recovering from comorbidity of mental health and substance use disorders, along with major guiding principles that support the recovery definition. The definition, released for further comment and discussion states that recovery is: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMSHA, 2011). The term has also been argued in the Australian context, with the Australian National Council on Drugs (ANCD) attempting to explore and understand the concept of recovery within the AOD field through roundtable discussion in June 2012. While a consensus definition was not developed, in the Australian context the following principles were agreed: • Recovery does not mean that abstinence must be the goal for all people with alcohol and other drug problems • Recovery is supportive of harm reduction policies and programs • Recovery supports a range of evidence-based interventions including pharmacotherapy treatment and maintenance programs for people with alcohol and other drug problems • People seeking to either be abstinent, choosing to continue or unable to stop using drugs and alcohol all deserve appropriate and effective assistance and support without facing unnecessary risks of harm to themselves or others. In April 2012, ANEX provided the following definition of 'recovery': *Recovery is a voluntary self-determined process towards minimisation or cessation of drug-related harms. This involves fostering healthy supported connections, such as with self, family, peers and community, and is premised on fair access to pre-requisites for well-being.*
Resident Member	TC service representatives variously use the term resident, client, consumer, community member, participant and resident member. Resident member was determined by the ATCA Board as the most appropriate term to use predominantly throughout the TC Standards and the Support Package resources. Other terms are used occasionally, however, reflected in quotes and feedback and where other terms better support the discussion. The rationale for not selecting other terms include: - Resident did not make a distinction between TC and residential rehabilitation service participants - Clients, it was felt, maintained a power distinction between the staff and the resident members - Consumer and participant were less personal and specific than residential member

	- Community members in the literature is inclusive of staff and resident members
TC Model	The therapeutic community treatment model is its social and psychological environment. Each component of the environment reflects an understanding of the TC perspective and each is used to transmit community teachings, promote affiliation, and self-change (De Leon, *The Therapeutic Community: Theory, Model, and Method*, 2000: p 99). Lynne Magor-Blatch (power point presentation 2008) provides a summary of the TC model: - Provides a combination of therapeutic involvements between residents and staff and among residents (especially senior and junior residents) through living in a caring and challenging community as the principal means to encourage change and personal development - Provides a multidimensional treatment involving therapy, education, values and skills development - The common theme to all TCs is one of self-help and the notion that residents play an integral, active role in their own therapy and in the therapy of other residents - Social-cognition approach, comprising attitudinal, normative and behavioural control components - Process involves five main areas of primary treatment: o socialisation in terms of developing attitudes and values of a mainstream, pro-social lifestyle o psychological improvement, in terms of heightened insight, self-esteem and self-efficacy o recognition of triggers to drug taking o the development of self-efficacy through new coping skills o the development of drug-free networks.
TC Principles	The term was often used by the Australasian TC sector representatives in the consultation process. The intent of the term as it is used in the TC Standards and the Support Package, includes that: - change is supported - there is open and transparent communication - there is broad and inclusive consultation - significant participation expectations are supported and promote empowerment. Such principles, while not stated directly, are implied throughout the ATCEEs and literature on TCs.
The Australasian Therapeutic Communities Association (ATCA)	The ATCA was founded following the 1985 National Campaign against Drug Abuse and its resulting Drug Summit. An inaugural meeting of TC Leaders was convened at Odyssey House, Melbourne in December 1986, and at this meeting a commitment was made to develop the TC movement in Australia under the banner of The Australian Therapeutic Communities Association. This would later become the Australasian Therapeutic Communities Association with the addition in 1996 of New Zealand based therapeutic communities under the ATCA banner. The ATCA's key functions are professional development and maintaining the fidelity of the TC model. The Association is cognisant of the need to foster evidence based practices as the foundation for treatment.
Therapeutic Community (TC)	The ATCA Website offers the following aspects of what makes up a TC:

	- A Therapeutic Community is a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change. - In a therapeutic community, residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur. - In a therapeutic community, there is a focus on the bio-psychosocial, emotional and spiritual dimensions of substance use, with the use of the community to heal individuals and support the development of behaviours, attitudes and values of healthy living.
Young Person	'Young Person' is a term used to describe an individual between the ages of 12 and 24 years of age (AIHW, 2007).

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