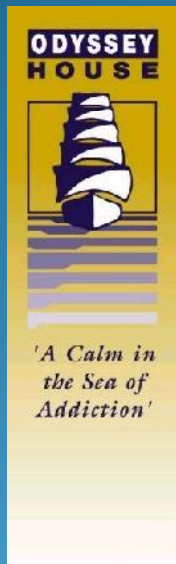


MODELS OF THERAPEUTIC COMMUNITY TRAINING

“Past, Present and Ensuring The Future”



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TRAINING IN THE ALCOHOL AND OTHER DRUGS FIELD

- Few training opportunities until the mid to late 1970's in the U.S.
- Increased due to a push to acknowledge “prior experimental learning” as a legitimate achievement educationally
- This enabled people to gain acceptance to tertiary institutions with AOD specific curricula
- There was a demand by funding agencies to have workers in the AOD field accredited as they provided more resources



- In Australia most training for the AOD workforce was provided by State Government Agencies
- In New South Wales, it was the Centre for Education and Information on Drugs and Alcohol (CEIDA)
- Sponsored by the New South Wales Department of Health. Conducted workshops, certificate courses on AOD relevant issues
- In the mid 1980's, a statutory Government body was established to oversee training and accreditation in a number of careers
- The Vocational Education Training Accreditation Board (VETAB) was established for this purpose



- Resulted in an increase in the number of courses and training accreditation for persons working in the AOD field in New South Wales
- Particularly true through Tertiary and Further Education (TAFE) courses
- There was also an increase in university courses in diploma, degree and post graduate degree classifications i.e. Macquarie University and the University of Newcastle
- However, there were no specific training options focussed on the Therapeutic communities



THERAPEUTIC COMMUNITY TRAINING

- In the United States, the Therapeutic Communities of America (TCA) established a Credentialing and Education Task Force in 1984
- Its' purpose was to develop a Training Manual which was therapeutic community specific
- The Manual was developed for use as a training and staff development tool
- All staff working in therapeutic communities were expected to complete the training component of the Manual
- Staff were required to have 3 letters of support recommending them for the training

- The letters were sent to the Therapeutic Communities of America Credentials Review Committee. The supervisor or person making the recommendation had to have knowledge of the applicant's competence in the following areas:-
 - a. An ability to establish effective relationships
 - b. The ability to help the client work towards the achievement of relevant recovery goals
 - c. The ability to display positive counsellor attributes



- The TCA manual was an evaluation and staff development tool for supervisors and program directors to enhance the quality and develop the abilities of Therapeutic Community staff
- To provide a credential to individuals for the purpose of career development in the Therapeutic Community modality
- To legitimise and recognise the Therapeutic Community staff as professionals

Professionalism involving:-

- a. A set of ethical and functional standards of conduct
- b. A body of formal theoretical knowledge supplementing a period of practical internship
- c. An autonomous professional organisation monitoring educational standards and providing for licensure

- The TCA Manual had a total of 10 competences which were a general skill or behaviour in which the staff person needed to demonstrate a minimum level of ability or proficiency
- The competences were:
 1. Understanding and promoting self help and mutual help
 2. Understanding and practicing positive role modelling
 3. Understanding of social learning verses didactic learning
 4. Understanding and promoting the concept of “no we-they” dichotomy
 5. Understanding and promoting upward mobility and the privilege system
 6. Understanding and practicing the concept of “acting as if”
 7. Understanding the relationship between belonging and individuality

8. Understanding the need for a belief system within the community
 9. The ability to maintain accurate records
 10. Understanding and facilitating the group process
- Each Competence contained a number of “functions” which were specific vignettes or a particular task which exemplified the function
 - Applicants needed to submit 25 of these asterisked functions with their applications, of which 20 had to be approved
 - Applicants had to answer seven knowledge area questions and undergo a face to face interview
 - All staff were required to have 3 letters recommending them for the training



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The TCA Certification Manual was launched at the 9th World Federation of Therapeutic Communities Conference held in San Francisco, California in 1985

TRAINING IN AUSTRALIA

- There were few formal training opportunities in Australia
- There was a push to recognise and acknowledge “prior experimental learning” as an accepted qualification
- This enabled people to gain acceptance to tertiary institutions which had AOD specific curricula
- Impetus to have AOD workers accredited as funding agencies provided more resources
- Most training in AOD field provided by state government agencies i.e. Centre for Education and Information on Drugs and Alcohol (CEIDA) in New South Wales

- Sponsored by New South Wales Health Department, it conducted workshops and Certificate courses on AOD issues
- The Vocational Education Training Accreditation Board (VETAB) was established for this purpose in New South Wales
- Increased the number of courses and training accreditation for persons working in the AOD field in New South Wales
- True through Technical and Further Education (TAFE) and at Universities which offered diploma, degree and post graduate degree qualifications
- There was no AOD specific training in Therapeutic Community methods or practice



THERAPEUTIC COMMUNITY TRAINING IN AUSTRALIA

- The Australasian Therapeutic Communities Association (ATCA) was formalised in 1986
- A major concern was a process of program evaluation required by funding agencies and program management committees
- ATCA recognised the need to assist member agencies to improve service delivery continuously
- The review mechanism selected was a Quality Assurance task conducted as a Peer Review
- A working party was formed to develop the ATCA Peer Review Manual

- The manual was developed borrowing from other review processes including:-
 - Drug and Alcohol Review System (South Australia)
 - Standards for Residential Treatment Services (World Federation of Therapeutic Communities)
 - Standards for Residential Services (Expert Committee, New South Wales)
 - The Community Health and Standards Project (CHASP)
- In 1991 a submission was lodged with the National Campaign Against Drug Abuse (NCADA) to fund two pilot peer reviews
- NCADA allocated \$4,400 for the project. The Mirikai Therapeutic Community at Burleigh Heads, New South Wales volunteered for the first review in 1992
- The second review was conducted at Killara House in Victoria in June 1993
- The review was updated in 1996

The Peer Review process incorporated:-

- a. Decision to review at all levels of the Therapeutic Community
- b. Selection of the Review Committee, at least 2 ATCA Executive Members, one from State other than that of the TC under review and one experienced in the review process
- c. Familiarisation – The ATCA Peer Review Manual should be sent to the TC six months prior to the Review taking place
- d. Onsite visit in which the review committee will tour the TC interview staff and residents and view relevant documents
- e. An assessment of the indicators included in each Standard

The Review is divided into the following seven sections

1. Organisation and Management
2. Physical Environment
3. Records Management
4. Assessment and Treatment
5. Research, Planning and Evaluation
6. Staff Development and Education
7. Community Liaison and Participation

■ Ratings for each indicator are:-

- | | |
|--------------------------|--------------|
| • Substantial Compliance | A = 1 point |
| • Acceptable Performance | B = 2 points |
| • Minor Shortfall | C = 3 points |
| • Major Shortfall | D = 4 points |

- The Review Report should summarise the major findings of the Review and highlight areas of excellence and areas of concern
- The Therapeutic Community should follow up on recommendations made by the review Committee

The Review procedure is voluntary, it is important for continuing credibility and our members maintain acceptable standards of practice

- Agencies are now required to subsidise payment for Reviews.
Approximate costs are \$3,000 which pays for travel of Reviewers, Food & lodgings and Fee for independent Review Coordinator
- At least 2 reviews have been conducted each year on member agencies

TOWARDS BETTER PRACTICE IN THERAPEUTIC COMMUNITIES

- Initiated by the Australasian Therapeutic Communities Association (ATCA) to improve capacity and accountability and demonstrate the effectiveness of the Therapeutic Community (TC) approach
- Objectives were:
 - Develop clear guidelines for establishment of future TC's or expansion of existing programs
 - To inform funding decision
 - To provide an agreed model for effective interventions
 - To develop greater transparency in the operation of TC programs
 - To identify current practice in Australia and compare to international practice
 - To develop strategies for TC's to implement continuous quality improvement

- The primary objective was to ensure the effectiveness of TC's through a process of ongoing quality assurance
- The project was intended to be collaborative involving the staff of TC's, their clients and ex-clients
- Specific aims of the Project were:-

“to identify and define essential elements of the Therapeutic Community model for the treatment of illicit drug abuse, evaluate the contribution of these elements to the efficacy of the model, and establish minimal standards which serve as a bench mark for the delivery of the Therapeutic Community (TC) treatment”
- Project was funded by the Commonwealth Department of Health and Ageing (DOHA) and commenced in 2001

- End project was to be a better practice manual to address the following aspects:-
 1. A description of program elements
 2. A model/s for routine evaluation of similar services
 3. Standards for staff competency and training
 4. Standards for the physical environment of TC's
 5. Standards for the operational costs of TC's
 6. Some matching of program elements to specific client characteristics
 7. Some form of industry centred accreditation process
 8. A description of the unique nature of the TC intervention in the context of the range of accepted alcohol and other drug interventions

- The “Towards Better Practice in Therapeutic Communities” Manual was completed in 2001.
- It was presented at the World Federation of Therapeutic Communities Conference held in Melbourne in 2001.

THE ATCA THERAPEUTIC COMMUNITY STANDARDS

- ATCA developed a set of “service standards” to ensure the integrity of the Therapeutic Community (TC) principle is maintained and continues to stand as a model of best practice in the treatment of substance misuse and co-occurring disorders
- The Standards aim to:-
 - Identify and describe good TC practice which can be incorporated into a national quality framework
 - Enable Therapeutic Communities to engage in service evaluation and quality improvement using methods and values that reflect the TC philosophy
 - Develop a common language which will facilitate effective relationships with all jurisdictions (national, state and territory)

- Provide a strong network of supportive relationships
- Promote best practice through shared learning and developing external links

- The set of Australasian AOD Standards cover eight areas
- The eight areas are replicated in most sets of Standards in the Australian AOD sector
- The TC Standards can be linked to and complement existing quality process
- The inclusion of the eight areas was confirmed as important in the consultation process that informed the development of the Standards

The areas covered include:-

1. Appropriate and timely service provision
2. Leadership and Management principles
3. Strategic Human Resource Management
4. Occupational Health and Safety
5. Health and Safety Risk management
6. Continuous improvement
7. Consumer participation
8. Information management and appropriate use/evaluation of data

- The Standard statements are broad, asserting the overall desired statement a TC aims to make in each of the areas

The Standards are:-

1. Service provision at the TC is informed by evidence based practice and sector literature including the Australian TC Essential Elements
2. Clear principles that are complementary to the TC model inform and guide the work of the leaders and managers of the TC
3. Resident member participation is acknowledged and supported as a key component of the TC
4. The Human Resource Management at the TC emphasises open and transparent communication that enhances, maintains and sustains the development knowledge and skills in line with the TC principles and model

5. Information Management ensures the rights of the resident members are maintained and the use of data supports continuous quality improvement and improved outcomes
6. The TC is compliant with Occupational Health and Safety legislation to ensure the wellbeing of all community members
7. The health and safety of individual resident members is a priority for the TC. Monitoring practice and regularly reviewing processes is embedded into the everyday practice of the TC

Each Standard has a set of indicators which, when demonstrated, support the assertion of the Standard

- ATCA members participation in the process of developing the TC Standards is a demonstration of the solidarity and goodwill within the TC sector
- The Standards have been submitted to the Joint Accreditation System of Australia and New Zealand (JAS-ANZ)
- JAS-ANZ accredits bodies in certification and inspection
- Accreditation by JAS-ANZ will demonstrate the competence and independence of the TC Standards

CONCLUSION

- The TC movement in Australia has been proactive in initiating and providing mechanisms for training in TC principles
- The training provided has enhanced the efficacy and fidelity of the TC model
- These training initiatives have been supported and recognised by Federal funding bodies
- The TC Standards have been developed by the sector for the sector