The Australasian Therapeutic Communities Association (ATCA) - Standard for Therapeutic Communities –

‘No ordinary Standard.’
Therapeutic communities have operated in Australia since the early 1970’s, they started from humble beginnings when concern for the standard of service delivery was not a prime consideration.
Maxwell Jones - The Democratic Model

Charles E. Dederich - The Concept Model
Cultural drift....or hybridisation.
1985 National Campaign Against Drug Abuse

Drug Summit Announced
Attorney-General Lionel Bowen writes to all State Premiers and Chief Minister of Northern Territory asking them to attend a drug summit in early 1985 to discuss financing and implementation of a national campaign against drug abuse.
December 1986 a meeting of TC Leaders meets at Odyssey House in Melbourne where a commitment was made by those present to continue to develop the TC movement in Australia.
Since its inception in 1986, a major concern for ATCA has been the implementation of program evaluation processes as required by both funding agencies and management committees. In addition to individual program evaluations, ATCA recognised the need to assist member agencies to continually improve service delivery, therefore the review mechanism selected was a Quality Assurance task conducted as a Peer Review.
Recommendation 2: Consideration needs to be given to which components of the MEEQ are most relevant to routine monitoring and quality assurance aspects. Extraction of these components into much shorter instruments is desirable for efficient application. (Gowing 2002)
The statements of the essential elements are ordered in three broad categories, with subcategories of related elements:

**TC Ethos (reflecting the nature of the TC environment which provides a background context to intervention)**
(i) Nature of substance abuse and recovery
(ii) Broad concept of TC approach
(iii) Dimensions of socialisation
(iv) Psychological/behavioural dimensions

**Aspects of program delivery (reflecting the components of intervention experienced by residents of TCs);**
(i) Ensuring a safe environment
(ii) Encouraging community spirit and a sense of belonging
(iii) Program structure
(iv) Encouraging behavioural change
(v) Treatment planning
(vi) Treatment components
(vii) Staffing dimensions
(C) Quality assurance (more routine aspects)

**Quality assurance (more routine aspects that are important to ensuring that TCs operate in accordance with current health care standards).”**
“The Australasian Therapeutic Communities Association’s objective is to ensure the integrity of the “Therapeutic Community” principle is maintained and will continue to stand as a model of best practice in the treatment of substance misuse and co-occurring disorders.’ (Lynne Magor-Blatch ATCA Chairperson 2008)
Jill Rundle (CEO of WANADA) took leave from her position and was contracted by ATCA in 2009 to undertake the project to develop the TC Standards and the Support Package. The project was overseen by a subcommittee of the ATCA Board. The set of Australasian AOD TC Standards that was developed covered eight areas, areas that had been identified in the literature as being significant to the health care sector.

The TC Standards were intended to complement any existing quality process that agencies were already engaged in at the time. In 2009 the ATCA Standard was released and peer reviews commenced with reference to this Standard in 2010.

Discussions then commenced on 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.
 Modules

Know the TC

- Community as Method
- Staged Approach
- Holistic and Multidimensional Approach
- Treatment Matching
- Treatment Plans
- Residents and Health & Safety
- Residents and TC Values
- Overseeing Tasks
- Guidelines For Staff
- Feedback On Module 1

The TC Sector

- The TC Model and Principles for TC Leaders
- TC Promotion
- Contribution to Sector Research
- Feedback on Module 2

Reviewing the TC

- Review using the ATCEEs
- Reviewing Staff Capacity
- Reviewing Staff Practices
- Reviewing Risk
- Reviewing Policies and Procedures
However, it also became apparent to the ATCA that not all member organisations wished or needed to undertake a full accreditation review, many of the generic management expectations were part of the accreditation that agencies were already engaged in.

ATCA resolved to further refine the Standard, to take those elements of the Standard that related directly to the Therapeutic Community model ‘Community as Method’ as the basis for a treatment model specific Standard.
The new refined Standard now has two potential applications;

1. As a Peer Review mechanism.

1. As a Standard by which an external, objective third party verifies that a service is operating as;
   a. a residential program or,
   b. a therapeutic community
In its role as quality advocate for the sector ATCA has maintained the Peer Review based on the Standard, completing 16 Peer Reviews between 2010 and 2014 in the refining process. ATCA decided to retain the Peer Review as a necessary pre-requisite for Provisional members to achieved Full Membership of ATCA. The alternative will be to undertake Accreditation under the ATCA Standard and meet the criteria for Full Membership via that pathway.

A Peer Review can also be used as a capacity building mechanism whereby Provisional Members and Full Members can undertake an ‘in-house’ review conducted by trained members of the Association, this may be undertaken in preparation for an Accreditation review or for self assessment purposes. The findings from such a review are confidential.
So a Provisional Member has two potential pathways that they can qualify to become a Full Member of ATCA.
A further refinement of the ATCA Standard was to make it relevant to residential services that wish to be accredited as a generic residential rehabilitation services as well as those services wishing to be accredited as a therapeutic community. The resulting ATCA Standard now offers two levels of accreditation.

1. Residential Rehabilitation Program.

2. Therapeutic Community
The Standard was refined into 13 areas known as Performance Expectations, these Expectations were grouped into what became two levels of accreditation within the one Standard, namely accreditation as a:

1. Residential Rehabilitation service, or:
2. Therapeutic Community

- Performance expectations 1-6 applicable to Residential Rehabilitation and Therapeutic Communities.
- Performance expectations 7-13 applicable to Therapeutic Communities only.
- Expectation 7 ‘Community as Method’ must be achieved if a service is to be accredited as a Therapeutic Community.

Any organisation must achieve 80% of the Expectations to achieve accreditation.
Welcome to JAS-ANZ

JAS-ANZ is the government-appointed accreditation body for Australia and New Zealand responsible for providing accreditation of conformity assessment bodies (CABs) in the fields of certification and inspection. Accreditation by JAS-ANZ demonstrates the competence and independence of these CABs.

JAS-ANZ accredits 71 CABs who in turn certify some 80,000 organisations, including accreditations and technical assistance projects. JAS-ANZ provides assistance in over 20 countries.

JAS-ANZ is a signatory to a number of bilateral, regional and international agreements. These agreements provide international recognition and acceptance of JAS-ANZ accredited certificates and inspection reports.

What is Accreditation?

Accreditation is an endorsement of a conformity assessment body’s (CAB’s) competence, creditability, independence and integrity in carrying out its conformity assessment activities.

In everyday language the terms accreditation and certification are often used interchangeably. In the conformity assessment industry however, these terms have very different and specific meanings.

Learn more...

Latest News
Joint Accreditation System of Australia and New Zealand

WANADA Scheme

Human Services Scheme
Part 5 - Additional requirements for bodies certifying Alcohol and other Drug Agencies against the Standard on Culturally Secure Practice (Alcohol and other Drug Sector) AND/OR Standard for Therapeutic Communities

(Issue 2)

Authority to Issue

Dr James Galloway
Chief Executive
with Authority of the Governing Board
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AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION
STANDARD FOR THERAPEUTIC COMMUNITIES AND RESIDENTIAL REHABILITATION SERVICES!
First Edition July 2013!
Residential Rehabilitation Services wishing to review their Service using this Standard will encounter language and references that are influenced by the fact that this Standard was initially developed for therapeutic communities.

The guidance material makes frequent reference to the ATCEE’s and other material written for therapeutic communities, this reflects the shared model that defines therapeutic communities. There is no single shared model that residential rehabilitation services model their services on and subsequently there is no reference material quoted.
Australasian Therapeutic Communities Association
Support Package
To Assist In Service Preparation For Independent Review Against The ATCA Standard For Therapeutic Communities and Residential Rehabilitation Services
For ATCA Provisional Members seeking Full Membership the Peer Support package provides assistance and guidance on how to prepare an Agency for a Peer Review. This document is available when an agency contracts ATCA to undertake a Peer Review.
The Next Steps for ATCA.

1. Complete the Peer Reviews for those Provisional Members who wish to proceed down this path.

2. Recruit Conformity Assessment Bodies or Third Party Verifiers – TPVs that ATCA can recommend to Members wishing to undertake Accreditation.

Third Party Verifiers will conduct the Accreditation against the ATCA Standard.

A TPV body is an organisation that is approved by ATCA to undertake independent verification against the requirements of the ATCA Standard.

The TPV will be contracted by the service wishing to be reviewed to undertake the on-site verification activity. The TPV will liaise with the ATCA Board to select the ‘technical expert’ assigned to the review team. The TPV will determine the sites to visit, an on-site review of your performance against the ATCA Standard, the collation of the team’s findings and the supply of a report and verification statement.

ATCA still has to recruit the TPVs through a select tender process.
1. Draft Quality Framework Model

• The framework rests on the assumption that the delivery of quality assured and evidence-based practice requires evidence of activity at two levels:
  – **Level 1**: Standards for all organisations providing AOD funded interventions
  – **Level 2**: Organisation specific standards
    • Intervention type
    • Population
Variability in quality standards

• Create a common metric
• Identify core domains
• Level 1 activity is about meeting generic standards common to all AOD funded interventions – BNG partnership
• Level 2 activity is about meeting the standards within the specific intervention type
For current ATCA Full Members pursuing Accreditation.

1. TCs undertaking accreditation can compile their own evidence for compliance purposes or:

2. They can access the BNG Portal to accumulate the evidence required to comply with accreditation requirements and also to audit their position with reference to other forms of Accreditation.