## ATCA Conference Program: Wednesday 1 November 2017

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<th>Time</th>
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<tr>
<td>8.30am – 9.00am</td>
<td>Registration and Tea/Coffee</td>
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| 9.00am – 9.30am | Welcome to Country: Turrbal elder Aunty Cheryl Thompson  
Didgeridoo performance: Gurramin         |
| 9.30am – 9.40am | Welcome to conference  
Introduction of the Advisory Committee |
| 9.40am – 10.00am | Official Opening: TBA  
Launch of 31st Annual Conference |
| 10.00am – 11.00am | Chris Shipway, Director – Primary Care & Chronic Services, Agency for Clinical  
Innovation: Innovation, Improvement and Accountable Care |
| 11.00am – 11.20am | Morning Tea                                                                      |
| 11.25am – 12.25pm | Robert Henderson: Wiradjuri Observations                                        |
| 12.30pm – 1.30pm | LUNCH                                                                            |
| 1.35pm – 2.00pm | The Cracker Barrel session restores a tradition that was imported from the USA by Milton Luger, the first CEO of Odyssey House NSW. The sessions imitate the American frontier practice of sitting around a barrel of crackers and sharing stories. Cracker Barrel sessions at ATCA Conferences follow the tradition but instead of ‘crackers’ being drawn from the barrel we draw out questions for discussion and the sharing of solutions in the tradition of ‘Community as Method’.  
Michelle Tziarkas: Odyssey House “Taking it to the streets” – Continuing care: rethinking community partnerships |
| 2.00pm – 2.25pm | Clare Davies & Richard Price: The Windana Aftercare Program: Offering people choices to take their lives in a new direction  
Gert Volschenk & Ed Kitchin: Working with Corrections in the community – Our experience Setting up 2 x 8-week day programs in New Zealand. |
| 2.25pm – 2.50pm | Carolyn Stubley: Rethinking Withdrawal Management within Therapeutic Community Programs – WHOS (We Help Ourselves)  
Dominique de Andrade & Leanne Hides: Reviewing the Evidence: Substance Use and Recidivism Outcomes for Prison-Based Therapeutic Communities |
| 2.50pm – 3.15pm | Mark Butler: Wellbeing and coping strategies of TC workers: A qualitative study  
Fiona Trevelyan: The AOD Treatment Court - 5 years on |
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<td>Innovations in Clinical Treatment</td>
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<td><strong>Session Chair:</strong> Trevor Hallewell</td>
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<td><strong>Dr Stefan Gruenert, CEO Odyssey Victoria</strong></td>
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<td>Supporting Children and Parents within and beyond the TC</td>
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<td><strong>Dr Lynne Magor-Blatch, ATCA Executive Officer &amp; Honorary Principal Fellow, UoW:</strong></td>
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<td>The Impact of Trauma Over Time: Working with the wounded self</td>
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<td>5.15pm – 5.45pm</td>
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**Stream 1: Cracker Barrel Session 1.35pm – 3.15pm**

**Chair: Barry Evans**

The Cracker Barrel session restores a tradition that was imported from the USA by Milton Luger, the first CEO of Odyssey House NSW. The sessions imitate the American frontier practice of sitting around a ‘barrel of crackers’ and sharing stories. Cracker Barrel sessions at ATCA Conferences follow the tradition but instead of ‘crackers’ being drawn from the barrel we draw out questions for discussion and the sharing of solutions in the tradition of ‘Community as Method’.

A ‘cracker barrel’ will be available in the registration area leading up to this session, and we invite conference delegates to post a question or issue for discussion. Pertinent issues may include the changing face of TCs, the fidelity of the model vs innovation in thinking about treatment models, the place of evidence-based treatments (e.g., CBT, DBT etc) within the TC model – which is in itself, evidence-based. Changing populations, different presentations and settings – prison-based, community, youth, adult, families. What we know works – and where we are going.

**Stream 2: Continuing Care 1.35pm – 3.15pm**

1.35pm – 2.00pm  
**Michelle Tziarkas: Odyssey House “Taking it to the streets” – Continuing care: rethinking community partnerships.**

**Abstract:** After 40 years of meeting the needs of clients with substance use issues through their residential services, Odyssey House has drawn on this expertise to develop a model for service delivery that can be provided from community based non-residential sites across the Sydney region. The opportunity for new funding becoming available through the Primary Health Networks. Odyssey House was successful in obtaining funding in four Primary Health Networks and the opportunity to expand became a reality.
The expansion of Odyssey House Community Services brings accessible treatment day programs initially to 11 new sites using a hub and outreach model. The programs are for clients who have alcohol and other drug issues who may have co-existing mental health issues, can be on a pharmacotherapy, may still be using, are pre-treatment, post treatment, waiting for rehabilitation or have exited a rehabilitation program.

This paper will present the treatment model developed, designed to be flexible and responsive to the diverse needs of clients, and report on challenges, early successes and partnership and development of cooperative relationships and opportunities these new funding opportunities have created.

The new growth in Odyssey House NSW service delivery reflects how we as organisations are meeting the challenges within the sector, the changing needs of our client populations and the changing views and expectations of the governments that fund our services.

2.00pm-2.25pm
Clare Davies & Richard Price: The Windana Aftercare Program: Offering people choices to take their lives in a new direction.
Abstract: Research has shown that engagement in an Aftercare program is positively correlated with improved outcomes in many domains including legal, substance use and employment (Vanderplasschen et al. 2013). Following a review of the Therapeutic Community program in 2014, the Windana Aftercare Program was created, and continues to be refined and modified, to ensure the people that attend the Therapeutic Community are given every opportunity to embrace the process of recovery. The program addresses employment, education and housing requirements of all residents through case management, as well as:

- Social and recreational engagement volunteering
- Peer support and community connections Strengthening relationships
- Health and wellbeing in a holistic context respect for self and others
- Teamwork and leadership Conservation and environment Independence and resilience
- Weekly structure to develop short term and medium goals - includes relapse prevention groups

This year Windana has been able to increase the capacity of the program from 8 to 16 beds through philanthropy, incorporate transitional housing (10 properties) and expand the offering of services so that support for people that have graduated can continue indefinitely.

The recovery community that has emerged as a result of the practice change continues to grow and flourish, providing inspiration to all our community members. This presentation will provide an overview of the service and examples of good practice in developing a sustainable Aftercare program.

2.25pm – 2.50pm
Carolyn Stubley: Rethinking Withdrawal Management within Therapeutic Community Programs – WHOS (We Help Ourselves).
Abstract: Withdrawal management pathways into residential services can be limited by a number of factors; hospital inpatient medicated withdrawal programs come at a great expense to public health; type of substance withdrawal can influence criteria for entry into a medicated withdrawal program and outpatient withdrawal is a challenge.

WHOS Therapeutic Community (TC) programs have been reliant on public health withdrawal services to ensure clients presenting for admission have undertaken withdrawal prior to admission. Where clients are unable to obtain a withdrawal bed in the community, “home detox’ can be problematic in terms of
guaranteeing withdrawal completion. Changes to models of inpatient withdrawal units have led to a largely unmet demand for those clients with low to moderate withdrawal needs.

Without dedicated withdrawal management beds’ and community services dwindling for low to moderate withdrawal needs WHOS was faced with rethinking the management of those requiring this type of withdrawal. Identifying access to low to moderate withdrawal management in the community as a barrier to timely entry into treatment, WHOS tendered and was successful in obtaining funding from three Primary Health Networks covering Sydney, Hunter New England and the Sunshine Coast services to employ nursing staff specifically to address withdrawal needs within the TC programs.

The discussion will highlight changes required to accommodate withdrawal management within the TC programs, this will include assessment of withdrawal needs prior to admission, accommodating the clients’ withdrawal within the TC program and the Nurses role in managing the withdrawal in collaboration with TC staff.

2.50pm – 3.15pm
Abstract: PURPOSE: The purpose of this paper is to examine the strategies utilised to facilitate the wellbeing of workers of an alcohol and other drug (AOD)therapeutic community (TC).

DESIGN: This paper reports on the findings of a qualitative study that involved in-depth interviews with 11 workers from a TC organisation in Australia that provides both a residential TC program and outreach programs. Interviews were analysed using thematic analysis.

FINDINGS: Three main interconnected themes emerged through analysis of the data: 1) The challenges of working in a TC organisation, including vicarious trauma, the isolation and safety for outreach workers, and a lack of connection between teams; 2) Individual strategies for coping and facilitating wellbeing, such as family, friend and partner support, and self-care practices; 3) Organisational facilitators of worker wellbeing, including staff supervision, employment conditions and the ability to communicate openly about stress. The analysis also revealed cross-cutting themes including the unique challenges and wellbeing support needs of outreach and lived experience workers.

PRACTICAL IMPLICATIONS: This paper discusses a number of practical suggestions and argues that additional strategies targeted at ‘at risk’ teams or groups of workers may be needed alongside organisation-wide strategies. It provides a novel and in-depth analysis of strategies to facilitate TC worker wellbeing and has implications for TC staff, managers and researchers.

Stream 3: Corrective Services & Coerced clients 1.35pm – 3.15pm

1.35pm – 2.00pm
Ed Kitchin: Implementing Prison Based AOD interventions – A Participant Perspective.
Abstract: With any new contract implementation, the challenges are myriad – While implementing the handover of 2 new Prison based TC’s, the potential for disruptions in terms of the participant experience is significant. Working through - how we communicate, when we communicate, what we communicate to participants – both existing, waitlist and graduates and reflecting on the extent to which we followed through on promises and responded to feedback.

This presentation will explore the recent implementation of 3 Prison based programmes from the perspective of the participants. Site 1 was a refresh of the existing programme, site 2 was a complete
provider handover and site 3 was a handover in partnership with another NGO, each had their own challenges and dynamics.

Meanwhile the recent national focus on addressing the growing Methamphetamine prevalence has led to an additional Meth specialism team, working across these three programmes as well within a notorious remand prison in Auckland. The second part of the presentation will explore the challenges of targeted interventions in this context. How do we ensure we identify the right people to work with? How do we support participants with matters outside of our funding and scope?

How do we provide ongoing support in such a fluid environment? Ultimately the participant perspective is the most important perspective however the risks of it being drowned out in the noise are very real.

2.00pm-2.25pm
Gert Volschenk & Ed Kitchin: Working with Corrections in the community – Our experience Setting up 2 x 8-week day programs in New Zealand.

Abstract: As part of the New Zealand Drug and Alcohol strategy, which was rolled out 2016, Corrections have been putting more funding towards community based initiatives in a bid to developing a more proactive model to meet the needs of offenders in the community setting – through this initiative they funded 4 additional beds with Odyssey residential programmes and commissioned us to implement a new day programme at 2 locations in Northland and Auckland. This presentation will describe the journey we undertook to set up the day programmes.

This was a new type of service for Odyssey – it involved thinking in a different paradigm, working across multiple agencies, engaging Corrections at all levels from the prisons to the probation offices, from the National office to the local teams. The programme itself needed to be a tailored psycho-educational based syllabus but with a holistic and dynamic range of additional options. It needed to have the flexibility to accept participants at any stage and of course be culturally grounded. The process was not without its challenges. We had to focus our attentions on promotion and marketing initially as the referrals were very slow in coming, when they did come through we found we were getting extremely complex presentations. This is a key population group and while it has been challenging it has taught us many lessons which we hope to share with you.

2.25pm – 2.50pm
Dominique de Andrade & Leanne Hides: Reviewing the Evidence: Substance Use and Recidivism Outcomes for Prison-Based Therapeutic Communities.

Abstract: Prisoners are significantly more likely than the general population to suffer from substance dependence, and often return to risky levels of drug and alcohol use post-release from prison.

We conducted a systematic review to examine the substance use and recidivism outcomes of prison-based therapeutic communities. We used EBSCOhost to search public health and psychology databases, as well as snowballing methods to identify additional studies. Studies were included if: they were published between 1 January 2000 and 30 June 2017; were published in English; and reported substance use and/or recidivism outcomes of prison-based therapeutic communities.

We reviewed methodological rigor using the Effective Public Health Practice Project’s Quality Assessment Tool for Quantitative Studies. Our search identified 12 studies, including 7 rated methodologically moderate and 5 weak. Results of our review suggest that prison-based therapeutic communities are highly effective in reducing recidivism (particularly in the first 12 months post-release) and to a lesser extent substance use. Furthermore, studies comparing therapeutic communities to CBT in the prison setting found it to be a
superior treatment option for this vulnerable population. Results also highlight emerging evidence that aftercare post-release can significantly enhance the treatment effects of therapeutic communities.

This review provides a solid evidence base to inform policymakers on this best-practice approach to treating drug and alcohol dependence in prisoner populations. Future research in this setting should aim to improve methodological rigor through innovative research design and investigate further the potential benefits of continuity of care post-release.

2.50pm – 3.15pm
Fiona Trevelyan: The AOD Treatment Court - 5 years on.

Abstract: The Alcohol and Other Drug Treatment Court – Te Whare Whakapiki Wairua (The House that Uplifts the Spirits) will be celebrating its five-year anniversary. Time has flown by and we are taking stock of what we've learned. The AODTC has grown into a unique, warm, transformational environment, this presentation will reflect on five years of partnership between the judicial system, the addiction treatment services, the cultural stakeholders and of course the graduates themselves with the significant peer support network that has grown out of the court. This presentation will reflect on the changes, outcomes and achievements. Considering the lessons learned, what the future holds and finally asking - how does this knowledge enhance service delivery in our therapeutic communities?
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<td>10.20am - 11.05am</td>
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<td>Innovation in Research –: Introduction of elected ATCA Board: Reflections on ATCA achievements</td>
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<td>11.05am - 11.30am</td>
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<td>12.15pm - 1.00pm</td>
<td>Prof Leanne Hides, NHMRC Senior Research Fellow, Lives Lived Well Professor of Alcohol, Drugs &amp; Mental Health, University of Queensland: Innovations in the residential treatment of substance dependence</td>
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<td>1.00pm - 2.00pm</td>
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<td>LUNCH: Day 2 Opening &amp; Notices. Introduction of elected ATCA Board: Reflections on ATCA achievements</td>
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<td>Time</td>
<td>Stream 1: Yarning Circle Lincoln Room</td>
<td>Stream 2: Comorbidity Roosevelt Room</td>
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| 2.00pm – 2.25pm | Leader: Rachel Ham  
| 2.25pm – 2.50pm | | River Paton, Olivia Hart & Bruce Brownsey: Self-motivated or coerced? A tricky navigation! | Alana Mendels and Tegan Nuckey: Introducing TIDE, a comprehensive HepC assessment, treatment and case management support model |
| 2.50pm – 3.15pm | Poster Presentations:  
Donna Blair & Waylyn Tahuri-Whaipakanga:  
Nadia O'Toole: The Solaris Program: a snapshot of a prison-based modified therapeutic community. | Gavin Watts: Using technology to support the delivery of services in a TC | |
| 3.15pm – 3.30pm | AFTERNOON TEA | | |
| 3.30pm – 3.55pm | Stream 4: Yarning Circle Lincoln Room  
Session Chair: Carole Taylor | Stream 5: Cultural Partnerships:  
He Puna Korero (A wellspring of dialogue)  
Roosevelt Room  
Session Chair: Johnny Dow | Stream 6: TC Practice Kennedy Room  
Session Chair: Trevor Hallewell |
| 3.55pm – 4.20pm | Leader: Lee Griggs & Carol Rowe  
| 4.20pm – 4.45pm | Leader: David Dryden  
Discussion Topic: History from a Yorta Yorta man | Rawiri Pene & Kohe Pene: With your basket and my basket together we will flourish | Gerard Byrne: Challenges and Opportunities in Remote Communities |
| 4.45pm – 5.10pm | | | Clare Davies & David Scott: Windana’s Welcome House: Enhancing the TC Model |
Stream 1: Yarning Circle 2.00pm – 2.50pm
Shanty Creek Therapeutic Community is a Residential Rehabilitation Centre based in Far North Queensland at Emerald Creek; 45-minute drive west of Cairns. Part of the Lives Lived Well organization in Queensland, it is specifically designed for Aboriginal and Torres Strait Islander Peoples of Australia with concerns relating to substance use. At Shanty Creek we deliver a range of programs that are culturally safe in their design and framed holistically around Social and Emotional Wellbeing (SEWB) recovery. With a majority of Indigenous Staff and a SEWB healing model. Shanty Creek is located on Djabugay Country and borders Muluridji Country.

Work has begun to evaluate clinical outcomes for clients of the Shanty Creek programs and this work centres largely around the use of a culturally safe tool known as the Growth and Empowerment Measure (GEM) (Haswell et al, 2016). Through the program at Shanty Creek, residents are strengthening both their identity and spirit and are working to plan their future and their re-engagement with family and community. This session will focus on the results of the GEM with the Shanty Creek Clients.

Poster Presentation: 2.50pm – 3.55pm
Donna Blair & Waylyn Tahuri-Whaipakanga:


Stream 2: Youth, Comorbidity 2.00pm – 2.50pm

2.00pm – 2.25pm
Alesha Wythes: PALM’s practice for young people with co-occurring AOD and mental health issues.
Abstract: There has been a growing literature documenting the high prevalence of co-occurring mental health disorders among clients of substance use treatment services and the challenges clinicians face when treating comorbid clients. The top 10 causes of burden of disease in young Australians (15–24 years) are dominated by mental health and substance use disorders. Once both mental and substance use disorders have been established, the relationship between them is one of mutual influence, with both conditions serving to maintain or exacerbate the other. Comorbid mental health and substance use disorders are one of health’s most significant challenges. Despite a great deal of work in this area in the past 10 years, single disorder treatment models have remained dominant. Recent evidence suggests that integration of treatment is ideal for optimal client outcomes.
Palm Sydney, a residential rehabilitation program for adolescents, is often presented with young people exhibiting co-occurring mental health issues. Many of our clientele present to the service with the requirement of detox management, which can make it difficult to further distinguish between withdrawal symptoms and the signs of mental health in the early stages of treatment. This presentation examines the role of an integrated treatment process for comorbid clients and how clinicians can put this into practice in a therapeutic community setting.

2.25pm – 2.50pm
River Paton, Olivia Hart & Bruce Brownsey: Self-motivated or coerced? A tricky navigation!
Youth Odyssey Residential and Community teams have held specific Youth Justice contracts since 2010, with young people accessing services via Youth Justice funding integrated within the wider youth residential and community services.
Our Youth Odyssey service offers treatment using a ‘packages of care’ type model, made up of both community based support and residential treatment. This allows us to provide wraparound services to support the young person and their whanau/family to effect positive change.

Our Youth Residential service caters for young people aged between 13 – 18 years old, who are all challenged with drug and alcohol issues. These young people are often experiencing co-existing mental health problems, family/whanau struggles, legal issues and other social and environmental difficulties.

Our program includes ongoing education and our young people are enrolled within our Youth Odyssey registered school, where they work to achieve their individual learning goals whilst being supported to gain academic credits and integrated learning across all aspects of their treatment.

This presentation aims to specifically share some of the work we do with our Youth Justice partners. It will include the pre-residential engagement and motivation enhancement work delivered via our youth community team through to the residential journey.

We will provide some case studies to illustrate some of the challenges and successes of working with this unique group of young people. We will also share the ways in which we work across the great divide of ‘coerced treatment versus self-motivated’ – this is always a tricky navigation.

2.50pm – 3.15pm
Gavin Watts: Using technology to support the delivery of services in a TC.
Abstract: With a health system that is struggling to cope with demand across all areas of health services, mental health services for residents of TCs is becoming increasingly difficult to access.

Psychiatric services, utilising telehealth, have allowed Dooralong Transformation Centre to bridge the gap between the resident – distance – wait lists – access to mental health services.

Psychiatric care through telehealth ensures continuity of care and a consistent approach, by having psychiatric services delivered at the TC. This enables DTC to provide an integrated approach to residents with complex mental health needs that involve a psychiatrist, psychologist, nurses, AOD case workers, GP and most importantly and central to the entire process - the resident.

Interventions are linked, monitored, reviewed and reported to this entire service chain. The resident is in a lead position within this process and has the key role of care coordination throughout.

Telehealth allows for timely review of case plans, medications and psychosocial supports, it also promotes and improves resident / TC therapeutic relationships, communications across all aspects of care planning, self-
management of conditions, health literacy, medication understanding and management and it facilitates better health and lifestyles behaviour.

This presentation looks at how this is undertaken DTC.

Stream 3: TC Practice 2.00pm – 2.50pm

2.00pm – 2.25pm
Abstract: Over the past 15 years or more Therapeutic Communities have embraced the shift to embedding routine screening for comorbid mental health conditions and have also embraces and embedded a range of other supports in their programs that meet not only the complex needs but the multiple needs of residents. The TC of today has many challenges in ensuring that it provides the most robust, targeted and effective range of programs and services possible.

This presentation explores The Salvation Army’s use of technology, research, program development, building design to create a holistic service response that provides residents with a variety of options to meet their needs and which supports TC staff as they work with residents to ensure they are achieving the maximum gains for their time in Salvation Army TC.

2.25pm – 3.15pm
Alana Mendels and Tegan Nuckey: Introducing TIDE, a comprehensive HepC assessment, treatment and case management support model.
Abstract: People who inject drugs represent approximately 90% of newly acquired hepatitis C infections. Therapeutic Communities can, and do, play an important role in improving the health outcomes of people living with hepatitis C and can contribute to the reduction in the risk of residents developing advanced liver disease through access to early diagnosis, appropriate support for the management of co-morbidities and access to treatment with new, curative, Direct Acting Antiviral medication (DAAs).

The Queensland Injectors Health Network (QuIHN) has implemented the Hepatitis C Treatment Management Program to offer access to testing and treatment for clients in the community who might otherwise have difficulty accessing treatments. QuIHN has developed a streamlined assessment and treatment model including a comprehensive case management support service (TIDE) designed to assist and support people while on treatment. The Treatment Management Program focuses on recruiting people who are Hepatitis C positive who are currently injecting drugs, or people on Opiate Substitution Therapy, and or people who are accessing Rehabilitation services.

Stream 4: Yarning Circle 3.15pm – 4.55pm

3.15pm – 4.05pm
The relationships developed as residents of a TC have a profound effect on their sense of self and identity, what they stand for, their values and how they see themselves in the world. Through the support and challenges experienced change is inevitable and in Lee’s case, transformingly positive.
This Yarning Circle aims to discuss the specific issues faced by an Aboriginal man in a TC, a single father of four children, what he has achieved thus far and the challenges and goals still to be attained.

Lee will talk about his journey to the TC, his experience, his defining moments, the changes and effect on his view of self as well as what Continuing Care is required.

Come and share the TC experience with Lee.

4.05pm – 4.55pm
Leader: David Dryden. Discussion Topic: History from a Yorta Yorta man.
Cultural awareness yarning circle work shop, using different artefacts boomerangs, woomera, bull Roarer, stones axe, didgeridoo playing tapping sticks etc.

Sharing information with Story Telling of mission life for aboriginal peoples Cummeragunja mission NSW who the people of that area, what the tribe was called, how many tribes in Victoria, how many tribes around the country who many languages there are throughout Australia what the meaning is of having a Totem, what does it mean to be a respected elder in the community, knowing family tree, Song lines history, and community.

By doing this it will give an advantage to the non-aboriginal worker a way of building a rapport with the aboriginal resident or client it’s also a way of giving them the worker that connection through cultural connection.

Also by displaying and having the people handling the artefacts, drawing of different symbols of animal tracts, water hole, what a campfire is used for, the significance of a sacred sites water foods.

Basically, sitting around a campfire and having a Yarn.

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Stream 5: Cultural Partnerships: He Puna Korero (A wellspring of dialogue) 3.15pm-4.55pm

3.15pm – 4.05pm
Presenters: Donna Blair & Waylyn Tahuri-Whaipakanga: TE ARA TIATIA – A positive pathway.
The Te Aratiatia Consortium is the collaboration between Te Utuhina Manaakitanga, Te Taiwhenua or Hereataunga and Tuhoe Hauora, three sector leaders in kaupapa Māori AOD treatment, Mental Health (MH) and Co-existing Problems (CEP).

As a collective, the Consortium have over 80 years of AOD treatment experience and a collective vision of mauri ora for all current and future generations. The organisations are guided by kaupapa Māori principles in all activities at all levels (governance and operations) and all are mandated by their relevant local iwi and hapū.

We would like to share our experience of coming together to develop and implement a kaupapa Maori program within three Drug Treatment Units within three New Zealand Prisons.

The He Puna Korero will allow us to share our experience, provide an overview of the programme and share our karakia. Our prayer.
4.05pm – 4.55pm  
**Presenters: Rawiri Pene & Kohe Pene: With your basket and my basket together we will flourish.**  
Delivering a best practice approach from the best of both worlds.

Where colonial law and Maori lore practices align and agree in the spirit of partnership, participation and protection.


This He Puna Korero will endeavor to highlight simple concepts that significantly contribute to the wellbeing, empowerment and bi-cultural fulfilment of a safer, healthier and flourishing society where working together makes all the difference.

Stream 6: TC Practice 3.15pm-4.55pm

3.15pm – 3.40pm  
**Sarah Etter: Innovations within a Women Specific Therapeutic Community – WHOS New Beginnings**  
**Abstract:** WHOS New Beginnings® is a woman specific drug free residential Therapeutic Community for up to 24 women. New Beginnings is a 4-6 month AOD program offering group work, supportive counselling, women’s health support and education, stress management skills development and referral. We also provide HIV and other infectious disease education and adopt a harm minimization approach as we know not all clients will pursue a drug free outcome.

Rates of co-existing Post Traumatic Stress Disorder (PTSD) for clients accessing AOD treatment are up to 62% (Dore et al., 2012). In-line with the research, WHOS staff conducted focus groups (n = approx. 120 clients, 35 staff) identifying that improved management of trauma was a significant priority within the therapeutic communities. Given the high rates of trauma, unsurprisingly over 46% of clients screened positive for cognitive impairment. It is also important to note that 52% of female clients accessing WHOS will meet the criteria for Borderline Personality Disorder (Campbell et al).

It is often challenging to implement evidenced based best practices due to client and staff variances and practical implementation issues. As such it is imperative for front line services to not only develop innovative new initiatives but to also ensure that the evidence is demonstrated to build practical evidence based practice.

In response to these challenges WHOS NB has embarked on a range of interventions that are being extensively evaluated. This presentation will discuss four of these new interventions including

- Cognitive Remediation – NB has just finished its third cycle of research with some very interesting findings to be shared.
- PTSD Information groups – Currently under final review.
- ACT – Currently Under Final Review
- Working with Aboriginal Women in AOD – new initiatives
3.40pm – 4.05pm
Abstract: The presentation briefly outlines the creative development, realisation and analysis of the project which became “The Recovery Project”. Funding for the project was secured from Arts Queensland through the Regional Arts Development Fund which enabled Redclay Community theatre to facilitate. The paper outlines an innovative, creative therapeutic strategy by tracing the Recovery Project from conceptualisation to culmination with Goldbridge Rehabilitation Services on the Gold Coast.

History: In October 2015, Red Clay Community Theatre began a professional partnership with Goldbridge. The project comprised a sequence of theatre workshops which culminated in a 25-minute performance entitled “That’s a Ding Guys” presented at the 2015 Goldbridge Christmas pageant.

Methodology: Evaluation strategies including participant surveys, audience response questionnaires, participant focus groups and peer assessment reports were collected and collated to form a qualitative analysis of the project.

Findings: Evidence is provided that supports the arguments for the inclusion of creative arts engagement as a beneficial set of techniques and strategies for use in therapeutic settings.

Research limitations: The presentation presents strong evidence of the short-term benefits of arts therapy. However, evaluating longer term benefits is often problematic. Therefore, further research, in particular a longitudinal study of participants is highly recommended.

Practical Implications: Performance making techniques can be utilised to shape theatrically, the ideas of participants in respect of their individual and collective journeys of addiction, illness, fears and ultimately hopes and dreams of recovery. The techniques are transferable and applicable to virtually any therapeutic setting.

4.05pm – 4.30pm
Gerard Byrne: Challenges and Opportunities in Remote Communities.
Abstract: In May 2012, The Salvation Army began an Alcohol and Other Drug (AOD) Therapeutic Community (TC) in Mt Isa, providing recovery options to Aboriginal and Torres Strait Islander individuals, couples and families from central and northern Queensland.

The range of health, social, housing, employment and economic challenges that exist for Aboriginal and Torres Strait Islander people impact on their decisions to access treatment and their capacity to optimise the treatment experience once they return to their community.

Whilst links have been built with key local Aboriginal and Torres Strait Islander groups and individuals and with Aboriginal and Torres Strait Islander Community Controlled Health Services, there have been a number of challenges. Some of the challenges include recruitment and retention of staff, distance, transport, access to health and allied services, employment and training opportunities for residents and housing. These challenges have provided great opportunity for the TC, its residents and the community to work together to overcome these.

This presentation looks at the challenges and opportunities of an Aboriginal and Torres Strait Islander specific AOD TC in a remote area of Australia and the strategies that assist in overcoming challenges.

4.30pm – 4.55pm
Clare Davies & David Scott: Windana’s Welcome House: Enhancing the TC Model.
Abstract: Windana is introducing a purpose built 12 bed Welcome House (WH) as an additional
option for people entering long-term residential treatment. The WH model is a 'Welcome' phase of the program providing supplementary preparation for residents before they enter the TC, as well as step down/up options during treatment. The key objectives are stabilization, preparedness, comprehensive assessment and education.

De Kiem TC in Belgium has been operating a WH successfully since 1995, showing that through the introduction of this model and changes to the entry procedure measurable improvements were evident in retention, engagement and completion rates of the entire TC program. Additionally, The WH intervention has shown that it will significantly reduce the discharge rate for people in their first 30 days of treatment due to the more measured introduction (Vanderplasschen et al. 2017), which is something to which Windana is committed to replicate.

Initially developed as a concept design at Windana in 2016, the WH has since received operational funding and is currently under construction on the TC property at Maryknoll. The Windana community is working together to build a WH that will enhance our TC model, provide quality evidenced informed residential treatment as well as significantly contribute to the evidence base for TC treatment from an Australasian prospective.
### ATCA CONFERENCE PROGRAM: FRIDAY 3 NOVEMBER 2017

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>8.30am – 9.00am</td>
<td>Registration and Tea/Coffee</td>
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<tr>
<td>9.00am – 9.45am</td>
<td>Keynote Address</td>
<td>Senator Deborah O'Neill, Senator Deborah O'Neill, Senator for NSW, Shadow Assistant Minister for Mental Health and Shadow Assistant Minister for Innovation:</td>
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<tr>
<td>9.45am – 11.00am</td>
<td>Hot topics in TCs</td>
<td>A series of rapid presentations on what we have learned, where we are heading, innovations and challenges for the future:</td>
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<tr>
<td></td>
<td>Session Chair: Lynne Magor-Blatch</td>
<td>Johnny Dow (Higher Ground, Auckland, New Zealand)</td>
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<td>Carol Daws (Cyrenian House, WA)</td>
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<td>Garth Popple (WHOS, NSW &amp; Qld)</td>
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<td>Gerard Byrne (The Salvation Army, ACT, NSW &amp; Qld)</td>
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<td>Carole Taylor (DASA, NT)</td>
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<tr>
<td>11.00am – 11.20am</td>
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| 11.20am – 12.35pm | Stream 1: Seminar - Working with Families – Attachment & Trauma  
Lincoln Room  
Session Chair: Eric Allan | Kieran Palmer: Healing the wounds of the past: how yesterday’s trauma can affect today’s world, and how to install hope into tomorrow  
Jacqui Moyes: Creative confinement: Making the Queen in the mirror  
Tony Trimmingham: Working with Families |
| 11.20am – 12.45pm | Leader: Sophie Lynch & Annette D’Amore      | Lachlan Dean: Connecting Young People with families                      |
| 11.45am – 12.10pm | Discussion Topic: Walking in a journey with families at Odyssey House Victoria |                                                                         |
| 12.10pm – 12.35pm |                                               |                                                                         |
| 12.35pm – 1.15pm  | Announcement of 2018 Symposium and Training Program and Venues  
Closing Ceremony – Performance by Goldbridge TC and Red Clay Theatre Group |                                                                         |

**Stream 1: Seminar - Working with Families – Attachment & Trauma 11.20am – 12.35pm**

**Leaders:** Sophie Lynch & Annette D’Amore; **Discussion Topic:** Walking in a journey with families at Odyssey House Victoria.

**Abstract:** One of the unique features of Odyssey House Victoria is that it has 30 dedicated beds for families within the Therapeutic Community. Come take a journey with presenters Sophie Lynch and Annette D’Amore who work with the families in residence at Odyssey House Victoria. This seminar will aim to address the following themes through discussion and interactive small group work:
Stream 2: Trauma and Attachment, Comorbidity 11.20am – 12.35pm

11.20am – 11.45am

Kieran Palmer: Healing the wounds of the past: how yesterday’s trauma can affect today’s world, and how to install hope into tomorrow.

Abstract: The world can be a challenging and at times hostile place for those impacted by complex trauma. For some of the most vulnerable members of our community, the world of today is shaped by the terrifying, dangerous and heart-breaking experiences of yesterday. Trauma has a very real impact on the entire organism. It affects the body as much as the mind, and changes the very way life is experienced. The sensory world becomes terrifying and danger is a constant presence. Individuals who have experienced complex trauma become strangers to themselves and to others, never quite knowing where and how to ‘fit in’. For trauma survivors, traumatic experiences are not simply remembered, they are relived.

The growing body of evidence suggests that holistic, engaging and client centred treatment models are essential in creating positive outcomes for people recovering from the effects of complex trauma. The Ted Noffs Foundation builds its philosophy on the belief that there is infinite potential within all young people, and that the PALM adolescent therapeutic community provides the perfect space for young people to heal in body, mind and soul. This session will focus on some of the key ways past trauma impacts individuals in the present, as well as strategies workers can use when supporting clients to achieve happiness, safety and greatness in their lives. We will look at creative and innovative ways to address trauma in an alcohol and drug treatment space, on both an emotional and physical level, and discuss specific ways a therapeutic community can be used as a springboard for trauma recovery.

11.45am - 12.10pm

Jacqui Moyes: Creative confinement: Making the Queen in the mirror.

Abstract: Creative expression and the performing arts are powerful tools to tell some of the stories that need to be told. Although in the Looking Glass Prison Theatre Project- a central theme was that, for the women, most stories are just too painful to share. This presentation will discuss the critical moment where prisoners are confined, sober and facing the harsh reality of the lives they have lived.

How do we use creativity to cope with confinement? It will look at how creative engagement can make space for real conversations and support the personal growth that is needed to address addiction, while providing opportunities to engage family / whanau in the rehabilitation and reintegration process.

What does collaborating with partners in the justice system to deliver creative projects and programmes look like? Two prison theatre projects will be shared, discussing partnerships and the use of Māori cultural frameworks.
The products of creative engagement can also help to educate the public on the reality of the lives most offenders have lived, and encourage a greater understanding of the need for change. Change specifically in the way we might reimagine prisons, and our attempts at rehabilitation and reintegration.

Ideally, creative projects will shift the relationships in the prison space, and continue to grow and provide a space for rehabilitation that is self-motivated. Through creativity, we can support the transition from seeing a prisoner, crazy, whore, druggie....in the mirror, to that of a Queen.

12.10pm – 12.35pm
Abstract: Purpose: To share our experience of applying the principles outlined in Rex Haigh’s article “The quintessence of a therapeutic environment” 2013.

Our presentation will highlight the powerful emotional and behavioural changes that can occur through the development of intimate, connected relationships.

The article states that five elements must be enabled for “the establishment of an essential therapeutic environment”; this means the cultural milieu and structural processes must provide a safe, respectful and welcoming space for individuals to begin to trust and take the risks they need to challenge and explore complex trauma and attachment disorder issues.

The five elements are -
- Attachment
- Containment
- Communication
- Involvement and Inclusion
- Agency

The integration of these elements facilitates a developmental process of healing and connectedness.

Participants will gain a greater understanding of how to incorporate these five quintessential elements into TC practice.

Stream 3: Working with Families 11.20am – 12.35pm

11.20am – 11.45am
Lachlan Dean: Connecting Young People with families.
Abstract: Working with Adolescents and their families in a therapeutic community creates a range of positive outcomes for the young people and for the family unit. This work can at times be challenging and the need for creative thinking is essential. This presentation looks at the systems and tools that the clinical staff at PALM ACT have developed to promote better family functioning.

11.45am - 12.10pm
Girija Dadhe: Family focussed recovery - Goldbridge.
Abstract: This presentation discusses the findings of a qualitative study that explored lived experiences of 6 methamphetamine users who were in recovery at Goldbridge Rehabilitation services. Based on the findings of this study, the aim of this presentation is to highlight the importance of working collaboratively with families of TC clients. A dysfunctional family environment as a significant reason for substance use, was one of the important themes that emerged from this study. Some of the main issues in the family of origin reported by participants, were physical violence, addiction, mental health problems, insecure attachments and severe
conflict in the parental relationship. Intergenerational issues like addiction, mental illnesses, and violence were also identified by some participants.

Findings of the study suggest a close relation between addiction and an unhealthy family environment. Therefore, based on these results, offering family focused interventions to TC clients may help in addressing issues that may have led to addiction or may be contributing to the maintenance of the problem. Family interventions may include psychoeducation, parenting groups, family therapy, counselling for children, relationship counselling and individual counselling support for issues like domestic violence, trauma, grief and loss, insecure attachments and mental illnesses. Participants of the research also identified a need for an integrated model of services for their families, which includes services like housing support, emergency relief, financial assistance, health care, child care, training and job opportunities. Family focused interventions may thus lead to more positive outcomes for TC clients and their families.

12.10pm – 12.35pm
Tony Trimingham: Working with Families.
Abstract: Over the past twenty years Family Drug Support has developed a model for supporting families affected by alcohol and other drugs. Over 40,000 families access our services every year via our national telephone line, over 30+ support groups, over 20 Stepping Stones courses and numerous Stepping Forward courses.

More than 90% of the families contacting FDS report that the family member is not accessing treatment and is not likely to in the immediate future. These families often have no means of support. This presentation will outline the model we have developed, give an overview of the services we offer and will provide education to those present on various topics affecting families including:

a) The three types of families affected – Engaged, Engaged but with Barriers and Disengaged
b) The stages that families experience and how to identify them and how to respond to them
a) How to communicate better with other family members including the person using drugs
b) How to identify the type of support required and how to respond:

Type A – where there is an issue to resolve. Using motivational interviewing to help the person make their decision.

Type B – Where there is ongoing problems and the person just need to talk – how to listen and give effective support

- How to more effective boundaries and deal with conflicts that arise
- Tip on how to deal with aggression and violence
- The importance ok self-care
- Supporting the person using drugs on their journey through treatment
- Being realistic about what is possible and working incrementally to positive outcome
- Harm reduction strategies and why they are important

The presentation will also focus on the particular issue of crystal methamphetamine use. Incorporated in the presentation will be a short preview of a new resource that features the journey of 10 family members attending a support group over a seven-month period.
<table>
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<th>FRIDAY 2.00pm – 5.00pm</th>
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| **Barry Evans:** PREPARING YOUR TC FOR CERTIFICATION UNDER THE ATCA STANDARD | **Robert Henderson, Wiradjuri: The Henderson Gallery**  
**Art Therapy, Trauma and Creative Practice** |

This workshop will explore what is required of a member agency as it prepares for a certification audit. The session will focus on the necessities for certification as a Therapeutic Community under the ATCA Standard and the rating scale that determines whether certification is recommended by the auditors. The session will also examine the Essential Elements that inform the Standard and audit outcome and review Stages One and Two of the certification audit.

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

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

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