AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

ATCA 2017
Australasian Therapeutic Communities Association 2017 Conference
Innovation: Enhancing the TC Model

Conference Handbook

31 OCTOBER 2017 - 3 NOVEMBER 2017
Pullman Brisbane King George Square Hotel

Proudly organised by

Silver Sponsor
Dinner Sponsor
James A Pitt Oration Sponsor
Major Award Sponsor
Travel Scholarship Sponsor

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Acknowledgements

The Australasian Therapeutic Communities Association wishes to thank its members and colleagues in the alcohol and other drug sector for their interest and support. ATCA would especially like to acknowledge sponsors of the 31st Annual ATCA Conference.

Our appreciation to Silver Sponsor: The Henderson; Gala Dinner Sponsor: WHOS; James A. Pitts Oration Sponsor: Odyssey House NSW; Travel Scholarship Sponsor: Matua Raki; and Major Awards Sponsor: Goldbridge.

We also acknowledge the Australian Government Department of Health (DoH) for their financial support of the ATCA Secretariat and the development and implementation of the Australasian Therapeutic Communities Association (ATCA) Standard; and the New Zealand Ministry of Health for funding to enable the development of the TC Training Course.

Australasian Therapeutic Communities Association
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W: www.atca.com.au
On behalf of the Australasian Therapeutic Communities Association (ATCA) Board and the 2017 Conference Organising Committee, I would like to extend a warm welcome to this year’s 31st ATCA Conference. Thirty one years is a magnificent achievement. Our conference this year will be held in Brisbane on the traditional lands of the Turrbal people.

For those of you who have travelled from interstate and overseas, a special welcome to Brisbane. As always we are delighted to host visitors from across the Tasman with whom we share so much in common.

We are fortunate to have attracted an impressive line-up of speakers, whose presentations will be spread across a mix of keynote, concurrent sessions and workshops, bringing a range of academic, research and TC practice perspectives.

ATCA has once again brought together people who share a passion for TCs, and who understand the benefits of sharing ideas, of listening, and learning from one another. Our membership is made up of over 40 organisations from across Australia and New Zealand, offering more than 70 Therapeutic Community and Residential Rehabilitation programs to young people, to adults, and to families. Increasingly, our member organisations also deliver a broad range of other community based programs and services that complement, extend and support our TCs.

The times and drug types are changing (again) for those seeking our help, and we have incorporated and included new evidence and ideas about what works.

This year’s conference theme: *Innovation: Enhancing the TC Model* reminds us that without progress, moving forward and exploring new concepts and ideas, we run the risk of being stuck in the past. We must move and adapt with the times to better service the clients coming into our TCs.

No event of this nature just happens. An immense amount of work goes into the planning and preparation of a conference like this. Thanks to members of the advisory committee, namely: Lynne Magor-Blatch (ATCA EO), Gerard Byrne (Salvation Army), Mitchell Giles (Lives Lived Well), Trevor Hallewell (WHOS), Rachel Ham (Lives Lived Well), Rebecca Lang (QNADA) and Bernice Smith (Goldbridge) - we say a BIG thank you. This year, we also employed the services of Conference Online, who provided the professional support to ensure the smooth organisation and presentation of the 2017 conference.

The ATCA Conference fills an important role in the TC calendar as it provides the opportunity to learn, to be enthused with new ideas, and to meet colleagues and develop new friendships and networks. There are significant opportunities and challenges ahead for our sector, and we welcome your contribution to this conference.

Lastly, I would also like to acknowledge some TC milestones this year with Odyssey House NSW’s 40 years, WHOS’ 45 Years and the successful certification under the ATCA Standard of a number of our member agencies. There are also other members who have achieved great things this year – and we invite all our members to share these achievements – to inspire and enthuse us – over the coming days. I hope you will be inspired to continue, enhance or commence the TC model of care.
### Registration

**Monday, Tuesday:** In the Foyer of the Pullman King George Square Hotel.

**Wednesday, Thursday, Friday:** In Presidential Ballroom Foyer of the Pullman King George Square Hotel on level 2.

The registration desk will be open during these hours:

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Hours</th>
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<tr>
<td>Monday</td>
<td>30 October</td>
<td>5.00 - 6.00pm</td>
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<td>Tuesday</td>
<td>31 October</td>
<td>7.30 - 9.30am, 5.00 - 7.00pm</td>
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<tr>
<td>Wednesday</td>
<td>1 November</td>
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<td>Thursday</td>
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<td>Friday</td>
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Check-In at the Pullman King George Square is from 2.00pm and Check-out by 10.30am.

If you have requirements outside these times, please contact the hotel directly on: (07) 3229 9111 or email H8784@accor.com.

Ensure that you notify staff that you are part of the ATCA Conference.

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Goldbridge Rehabilitation Services is a Therapeutic Community (TC), established in 1987 by the local community in Southport on the Gold Coast in Queensland. We provide drug and alcohol rehabilitation services to a broad range of individuals and their families. The residential component of the program substantially contributes to the reduction of social, health and justice issues associated with drugs, alcohol and mental health problems.

Goldbridge is accredited through IHCA Accreditation against the Standards for Therapeutic Communities and Rehabilitation Services. Goldbridge is also accredited through SAI Global: ISO 9001 Quality Management Systems which highlights our commitment to quality assurance and ongoing learning and improvement.

Goldbridge’s residential facility is a major program within the TC which is in the heart of Southport on a small block in a residential street. Communication and liaison with neighbours and the support from the Gold Coast City Council and the wider community has enabled Goldbridge to provide the service in short distance from Hospitals, Medical centres, Court House, Centrelink, Corrective Services, Police services, Child and Family Services, Legal Aid, Counselling services, Volunteers agencies, employment agencies and accommodation services. Goldbridge has agreements in place with services to ensure support for residents during the Transition to Community program run by Goldbridge once they have completed their residential program. This program includes a family support program and individual counselling support.

Site Visits

The site visits play an important part in any ATCA Conference, as they provide the opportunity for delegates to visit the host programs and to experience first-hand the work which they are doing.

SITE VISIT 1 - The Gold Coast
Goldbridge and Fairhaven

*Please assemble in Hotel Lobby by 8am for departure at 8.30am*

Goldbridge Rehabilitation Services (Goldbridge) is a Therapeutic Community established in 1987 by the local community in Southport on the Gold Coast. Goldbridge provides alcohol and other drug rehabilitation services to a broad range of individuals and their families. The residential component of the program substantially contributes to the reduction of social, health and justice issues associated with drugs, alcohol and mental health problems.

Goldbridge’s residential program runs from a one month Induction to a six-month program and has a capacity to assist 28 men and women. People need to have completed detoxification prior to entering the program. The target group is adults 21 to 65 years who are affected by co-occurring alcohol, other drug and mental health problems. Goldbridge, which is situated in the Gold Coast CBD, liaises with neighbours, the Gold Coast City Council and the wider community to provide key services. Residents progress to the Goldbridge 6-month Transition to Community program which includes family support and individual counselling.

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

SITE VISIT 2 - The Sunshine Coast – WHOS Najara

*Please assemble in Hotel Lobby by 9am for departure at 9.30am*

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

SITE VISIT 3 - Brisbane
Logan House and Moonyah Recovery Services

*Please assemble in Hotel Lobby by 8.30am for departure at 9am*

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

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

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

Chair’s Reception: Wednesday 1 November 2017
from 5.15pm - 5.45pm
Located in the King George Room on level 2, Mercure Tower.

AGM: Wednesday 1 November 2017
from 5.45pm
Located in the Norfolk Room on level 2, Mercure Tower.

Special Meals

For those delegates who have pre-advised of special meal requirements, please advise at the registration desk of your arrival and further instructions will be provided.

Presentations from the Conference

Where permission has been provided by the presenter, all presentations will be available on the ATCA website within 2 weeks following the conference.

Contact

Running late or need conference help, call Craig Hassell on 0438 647 560.

Gala Dinner & Auction

Thursday 2 November 2017
from 6.30pm for 7.00pm - 10.30pm
Located in the Presidential Ballroom on level 2.

An auction of the painting, Maliya wulinya (Flight of the Wedge Tailed Eagle) by Mr Robert Henderson, Wiradjuri, will be held during the dinner.

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

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

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

The 2017 ATCA Conference Advisory Committee and the ATCA Board would like to acknowledge the generous donation of this original artwork.

Sponsored by

Maliyan wulinya
(Flight of the Wedge Tailed Eagle)
Date: August 2017
Size: 150cm x 100cm
Keynote Speakers

Chris Shipway
Director - Primary Care & Chronic Services
Agency for Clinical Innovation

Chris Shipway brings a wide range of expertise and more than 30 years’ experience in the health service setting including, primary health, community health, chronic disease management, aged care, palliative care, youth health, mental health, drug and alcohol services, acute hospital settings, workforce development and policy development. During that time Chris has held leadership positions in the NSW Health system in Drug and Alcohol, Mental Health, Community Partnerships and Chronic Disease. For the past five years Chris has led the Primary Care and Chronic Services Portfolio at the NSW Agency for Clinical Innovation.

Originally trained as an enrolled nurse, Chris is also a qualified Social Worker and has a Masters in Public Administration.

Dr Stefan Gruenert
Chief Executive Officer, Odyssey House Victoria

Stefan is the father of two boys, a psychologist, and the CEO of Odyssey House Victoria where he manages a number of intensive treatment, training, research, and support programs for those affected by drug and alcohol and mental health problems. Stefan has worked in the alcohol and other drug sector for over 15 years and has been active in promoting change to better address the needs of children and families affected by problematic parental substance use.

In the past, Stefan has worked as a senior counsellor in a range of settings and has conducted research on alcohol use, men’s issues, sexual coercion, intimacy, family work, and fathers. Stefan has delivered workshops to more than 5,000 young people in football and netball clubs across regional Victoria, and has also taught courses in counselling, statistics, drug and alcohol, family work, and personality disorders and has presented papers and workshops at several national and international conferences.

Stefan received a Harvard Fellowship in 2014, was an Australian delegate to the United Nations NGO Forum on Drugs in 2008, and is the current President of the Victorian Alcohol & Drug Association and a Board Director of the Alcohol and other Drugs Council of Australia. On weekends, Stefan is a junior football and cricket coach, and enjoys cooking and travel.

Robert Henderson, Wiradjuri
Practicing Artist and Owner, The Henderson Gallery

To gain an understanding of others, first gain an understanding of yourself. Robert Henderson is a prime example. He took 32 years to discover his roots and now works and lives as a proud Wiradjuri man from New South Wales. He is also a Practising Artist and Owner of the Henderson Gallery.

Robert came up the hard way. After his first day at school he came home and announced to his mother he didn’t need to go back as he had already “learned everything”. This was his attitude in life. From the age of five he was a dynamic personality, strong minded, arrogant and often not interested in anyone else’s viewpoint.

He learned totally from his own experiences and would not … or perhaps could not … learn from anything other than life and the experiences life brings.

Robert has been employed by many frontline organisations working with disenfranchised and abused people to rebuild lives, reunify families and champion hope. While he has had an interest in art for many years, Robert didn’t start painting until quite recently. He says art is about creating a lens through which others might see and feel through different eyes. Art also has a responsibility to record the happenings of our times through artistic lens.

In addition to his keynote address, Robert will also provide a professional development workshop, which will offer a ‘hands-on’ approach to working with trauma.

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Keynote Speakers

Dr Lynne Magor-Blatch
Executive Officer, ATCA
Honorary Principal Fellow, University of Wollongong

Lynne is a Clinical and Forensic Psychologist and holds a position of Honorary Principal Fellow with the University of Wollongong, where she was previously an Associate Professor in the School of Psychology. Lynne has a long history with therapeutic communities and within the AOD sector, commencing with Alpha House and the Ley Community in the UK in 1974. She has worked in both the non-government and Government sectors, as a program and clinical director, policy officer, lecturer, researcher and consultant in Australia. In 2010, Lynne was inducted into the National Drug and Alcohol Awards Honour Roll.

Lynne has extensive clinical and research experience and has published over 30 peer reviewed journal articles, book chapter and monographs. She has also served as the National Convener of the Australian Psychological Society's Psychology and Substance Use Interest Group and was the Chair of the Illicit Drugs in Sports Initiative. Lynne has held appointments to the IGCD National AOD Workforce Development Strategy Working Group, the Advisory Committee for the Review of the Drug and Alcohol Prevention and Treatment Services Sector and the Of Substance Editorial Reference Group. She is currently a member of the Editorial Board of the International Journal of Therapeutic Communities.

Professor Michael Farrell
Director, National Drug & Alcohol Research Centre (NDARC)
University of New South Wales

Professor Michael Farrell is the Director of the National Drug and Alcohol Research Centre at the University of New South Wales in Sydney Australia. He was a Professor of Addiction Psychiatry at the Institute of Psychiatry, Kings College London up until 2011.

His area includes broad based population studies based on Psychiatric Morbidity and its relationship to substance use. His other key area is Evidence Based Practice and Treatment Evaluation and the Translation of research into practice with a focus on harm reduction. He is a founding Editor of the Cochrane Drug and Alcohol Group. He is the Theme lead for UNSW Faculty of Medicine promoting research collaboration across mental health, addictions, neuroscience and ageing.

Professor Farrell has published over 200 scientific papers and is a member of the WHO Expert Committee on Drug Dependence. He is Assistant Editor of Addiction. He has undertaken a wide range of work for international agencies and for National Governments on aspects of National Drug Policies.

Professor Frank Deane
Director, Illawarra Institute for Mental Health
University of Wollongong

Professor Frank Deane teaches in the clinical psychology programs in the School of Psychology and is the Director of the Illawarra Institute for Mental Health at the University of Wollongong. He has worked as a clinical psychologist or clinical researcher in New Zealand, USA and Australia. His research is predominantly applied in nature and focuses on help seeking, ‘recovery-oriented’ service provision, routine outcome assessment and training in mental health and drug and alcohol treatment contexts. He has been a CI on ARC, NHMRC, Rotary Health, Movember Foundation and multiple industry funded grants. His research programs have been awarded multiple ANZ Mental Health Services Awards. The collaborative research work with The Salvation Army has led to a National Drug and Alcohol Research Award (2012), Excellence in Research and Evaluation Award at the NSW Non-Government Alcohol and Other Drug Awards (2016) and, the Australasian Therapeutic Communities Association Excellence in Research and Evaluation Award (2016).
Keynote Speakers

Professor Leanne Hides
NHMRC Senior Research Fellow, Lives Lived Well and Professor of Alcohol, Drugs & Mental Health, The University of Queensland

Professor Leanne Hides holds an NHMRC Senior Research Fellowship and the industry-supported Lives Lived Well Chair in Alcohol, Drugs and Mental Health at the University of Queensland. She is a senior clinical psychologist with over 17 years of clinical and research experience in the treatment of primary and comorbid substance use disorders in young people. Professor Hides has led 15 randomised controlled trials (RCTs) on substance use treatment and has been a chief investigator (CI) on a further five. She also develops web and mobile-phone based programs. Her current work uses strengths-based approaches to target both risk and protective factors for youth substance use. Professor Hides has been a CI on eight NHMRC project grants (7 current) including two as the chief investigator. She has 123 publications including 99 peer reviewed journals and has written five treatment and training manuals. Professor Hides’ has presented her work at over 100 conferences and has been invited to present 13 keynotes and participate in 17 symposia at national and international conferences.

Senator Deborah O’Neill
Senator for New South Wales, Shadow Minister for Mental Health and Shadow Assistant Minister for Innovation

Deborah grew up in an Irish, small business family in outer Sydney before moving to the Central Coast in 1985. Before entering Federal Parliament, she was a high school teacher between 1986 and 2000 and a lecturer in the School of Education at the University of Newcastle until 2010 where she co-ordinated courses in teacher education.

It was Deborah’s connection to the regional NSW community through education that guided her into politics. She entered federal politics in 2010 when she was elected to Federal Parliament as the Member for Robertson. Deborah was appointed to the Senate in 2013 and in 2016 she was elected as a Senator for NSW for six years.

Deborah has been Junior Vice-President of NSW Labor since 2011.

In Parliament, Deborah has occupied a number of positions including Chair of the Senate Select Committee on Health; Chair and Deputy Chair of the Joint Parliamentary Committee on Corporations and Financial Services; member of the Senate Standing Committee on Education and Employment and member of the House of Representatives Standing Committee on Health and Ageing.

In September 2016, Deborah was appointed Shadow Assistant Minister for Innovation and Shadow Assistant Minister for Mental Health.

Deborah continues to live on the NSW Central Coast with her family.
The James A. Pitts Oration has been established as an annual event to feature Australian and internationally renowned individuals who have been a significant contributor to research or practice in therapeutic communities. Named in honour of James A. Pitts, who has worked in the Alcohol and other Drugs field for more than 38 years, the Australasian Therapeutic Communities Association (ATCA) takes great pleasure in partnering with Odyssey House NSW in this important event.

James retired as CEO of Odyssey House in 2016 after more than 32 years in that role. James was selected to a number of prominent boards over his career and was awarded the Ted Noffs Foundation Award for Individual Achievement in the AOD field in 2000, the Australia Day Medal in 2001 by the Alcohol and Other Drugs Council of Australia in recognition of his contribution and commitment to the field, the inaugural fellowship by the Harvard Club of Australia, Not For Profit Fellowship Program in 2001, and in 2007 was inducted to the Honour Roll of the National Drug and Alcohol Awards. In 2016, James was presented with the O. Hobart Mowrer Award, in Recognition of Excellence in the global field of Therapeutic Community Treatment, by the World Federation of Therapeutic Communities at a ceremony in Mallorca. James has also previously served as a Board Member of the ATCA Board over many years and was a founding member of ATCA.

The James A. Pitts Oration has been made possible thanks to the generosity of a long-time Odyssey House donor.

(Hon) Professor Jan Copeland

This year’s oration will be delivered by (Hon) Professor Jan Copeland. (Hon) Professor Jan Copeland (PhD) is the founding and sole Director of the National Cannabis Prevention and Information Centre (NCPIC) at UNSW Australia from 2007 to its defunding by the Turnbull Coalition government in 2016. She is now leading her own consultancy Cannabis Information and Support. She is a registered psychologist and a member of the US College on Problems of Drug Dependence, the Australian Psychological Society, International Society for Research on Internet Interventions and the International Cannabinoid Research Society. She has worked in the addictions field at UNSW for more than 25 years, specialising in the development and testing of tools and brief interventions for the management of cannabis use disorder among adults and adolescents.

Her research and research translation work has attracted $42.5million including 14 clinical trials, 4 as CIA with NH&MRC and 5 as a member of NH&MRC CI teams. She has more than 350 publications (175 in peer reviewed journals) including lead author of a 2015 book on quitting cannabis for Allen & Unwin and sole author of a clinical manual for US Hazelden Publications on brief CBT interventions for cannabis use disorder released in 2017. She has advised national and international governments on cannabis-related prevention and treatment. She is an Associate Editor of Drug and Alcohol Dependence and Journal of Substance Abuse Treatment among other journal editorial roles. Prof Copeland has received a number of awards for her contribution to drug-related treatment, public health and community education.
**Wednesday 1 November 2017**

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>8.30am - 9.00am</td>
<td>Registration &amp; Tea/Coffee</td>
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<td>9.00am - 9.30am</td>
<td>Welcome to Country: Turrbal elder Aunty Cheryl Thompson</td>
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<td>Didgeridoo performance: Gurramin</td>
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<tr>
<td>9.30am - 9.40am</td>
<td>Welcome to conference: Introduction of the Advisory Committee</td>
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<td>9.40am - 10.00am</td>
<td>Official Opening: TBA Launch of 31st Annual Conference</td>
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<td>10.00am - 11.00am</td>
<td>Keynote Address: Chris Shipway, Director - Primary Care &amp; Chronic Services, Agency for Clinical Innovation:</td>
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<td>Innovation, Improvement and Accountable Care Session Chair: ATCA Chair, Garth Popple</td>
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<td>11.00am - 11.20am</td>
<td>Morning Tea</td>
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<td>11.25 - 12.25pm</td>
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<td>12.30pm - 1.30pm</td>
<td>Lunch</td>
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<td>Stream 1: Cracker Barrel Lincoln Room</td>
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<td>Session Chair: Barry Evans</td>
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<td>1.35pm - 2.00pm</td>
<td>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'.</td>
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<td>Carolyn Stubley: Rethinking Withdrawal Management within Therapeutic Community Programs – WHOS (We Help Ourselves)</td>
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<td>3.30pm - 5.15pm</td>
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<td>The Impact of Trauma Over Time: Working with the Wounded Self</td>
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Cracker Barrel Session 1.35pm – 3.15pm  
Chair: Barry Evans

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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  
Chair: Garth Popple

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.

The Salvation Army has a long history of providing support to people whose lives have been affected by their harmful use of alcohol, gambling or drugs, from the very first tent meeting on Mile End Waste in the East End of London in the 1860’s, to its evidence based services of today.

We are one of Australia’s largest providers of alcohol, gambling, drug services, beginning this work in the early 1900s when a rehabilitation farm was established at Collaroy on Sydney’s northern beaches.

An important element of our services is The Salvation Army’s culture of caring, supporting and understanding, which creates a non-judgemental environment that has proven to be beneficial to the development and maintenance of recovery.

The Salvation Army Recovery Services – Queensland, New South Wales and Australian Capital Territory – provides eight Therapeutic Communities, six residential withdrawal management services and seven day TC / outclient services.

These services are located at Normanton, Mt Isa, Townsville, Brisbane, Southport and Mt Tambourine in Queensland, Newcastle, Dooralong, Dubbo, Surry Hills, Maroubra and Penrith in New South Wales and Canberra in the Australian Capital Territory. With TCs that vary in size from 20 to 140 places, we offer 650 TC places in total.

The model of treatment used in our TCs is the multi award winning Bridge Program, which is individualised and targeted and offers a flexible treatment experience tailored to the needs of each person, this ensures that the program is both person led and collaborative. And most importantly, delivers better treatment outcomes.

Our residential withdrawal management services provide evidence based medical management of withdrawal symptoms and are a key aspect of our work.

Additionally our range of day therapeutic communities / outclient services provide a local community based response.
2.50pm - 3.15pm

Mark Butler, Michael Savic, David Best, Victoria Manning, Katherine L. Mills, Dan I. Lubman: Wellbeing and Coping Strategies of TC Workers: A Qualitative Study

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 organisationwide 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
Chair: Gerard Byrne

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.

2.00pm - 2.25pm

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?
## Thursday 2 November 2017

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<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><strong>Nadia O’Toole: The Solaris Program: a snapshot of a prison-based modified therapeutic community.</strong></td>
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**TCs WORK**

www.whos.com.au :: info@whos.com.au :: phone 02 8572 7444 :: 07 5476 0877
Yarning Circle 2.00pm – 2.50pm
Chair: Julie Fox
Leader: Rachel Ham. Discussion Topic: *First Nations Peoples and Residential Programs: Using and Developing a Culturally-Appropriate Empowerment Measurement Tool*

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.

Comorbidity 2.00pm – 2.50pm
Chair: Mark Ferry

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.

2.00pm – 2.25pm
River Paton, Olivia Hart & Bruce Brownsey: *Self-Motivated or Coerced? A Tricky Navigation!*

Abstract: Youth Odyssey Residential and Community teams have held specific Youth Justice contracts since 2010, young people accessing services via Youth Justice funding are 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 that 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 programme 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.

2.25pm – 2.50pm

**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 (DTC) 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, selfmanagement of conditions, health literacy, medication understanding and management and it facilitates better health and lifestyles behaviour.

This presentation looks at how this is undertaken at DTC.

Stream 3

**TC Practice 2.00pm – 2.50pm**

Chair: Charlie Blatch

2.00pm – 2.25pm

**Gerard Byrne: What Treatment Looks Like in Our TCs in 2017**

**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 – 3.25pm

Alanna 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 OR at risk of recent incarceration (previous 12 months) OR Complex Mental Health needs OR Complex social needs.
Yarning Circle 3.30pm – 5.10pm
Chair: Carole Taylor

3.30pm – 4.20pm
Leaders: Lee Griggs & Carol Rowe.
Discussion Topic: Moving on: Cultural partnerships

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.

4.20pm – 5.10pm
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.

Cultural Partnerships: He Puna Korero (A wellspring of dialogue)
3.30pm- 5.10pm
Chair: Johnny Dow

3.30pm - 4.20pm
Presenters: Donna Blair & Waylyn Tahuri-Whaipakanga: TE ARATIATIA: 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 Māori 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.
**4.20pm – 5.10pm**

**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.*

**Abstract:** Where colonial law and Māori lore practices align and agree in the spirit of partnership, participation and protection.

Nou te rourou naku te rourou ka ora ai te iwi. With your basket and my basket together we will flourish. A bi-cultural best practice approach is how Ra and Kohe work within three distinct communities. Higher Ground, Papa Taumata residential AOD treatment facility, The Alcohol and other drug treatment court, Te Whare Whakapiki Wairua and Kaupapa Whanau Oranga, National Māori AOD recovery collective. 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.

QNADA provides representation and support to the alcohol and other drugs treatment and harm reduction sector.

[www.qnada.org.au](http://www.qnada.org.au)
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

Michael Foster & Zeke Webb-Pullman: *The Recovery Project: Personal Growth and Healing – Drama Project at Goldbridge*

**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.
**4.20pm – 4.45pm**

**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.

**4.45pm – 5.10pm**

**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.
Is alcohol and/or other drugs impacting your health?

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<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>8.30am - 9.00am</td>
<td>Registration &amp; Tea/Coffee</td>
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| 9.00am - 9.45am | Keynote Address: Senator Deborah O’Neill, Senator for NSW, Shadow Assistant Minister for Mental Health and Shadow Assistant Minister for Innovation:  
  Session Chair: Gerard Byrne |
| 9.45am - 11.00am | Hot Topics in TCs  
  A series of rapid presentations on what we have learned, where we are heading, innovations and challenges for the future:  
  • Johnny Dow (Higher Ground, Auckland, New Zealand)  
  • Carol Daws (Cyrenian House, WA)  
  • Garth Popple (WHOS, NSW & Qld)  
  • Gerard Byrne (The Salvation Army, ACT, NSW & Qld)  
  • Carole Taylor (DASA, NT)  
  Session Chair: Lynne Magor-Blatch |
| 11.00am - 11.20am | Morning Tea                                                             |
| 11.20am - 11.45am | Stream 1: Seminar - Working with Families:  
  Attachment & Trauma  
  Lincoln Room  
  Session Chair: Eric Allan |
| 11.20am - 11.45am | Stream 2: Trauma and Attachment, Comorbidity:  
  Roosevelt Room  
  Session Chair: Rebecca Lang |
| 11.20am - 11.45am | Stream 3: Working with Families:  
  Kennedy Room  
  Session Chair: Carol Daws |
| 11.20am - 11.45am | Leader: Sophie Lynch & Annette D’Amore  
  Discussion Topic: Walking in a Journey with Families at Odyssey House Victoria |
| 11.45am - 12.10pm | Jacqui Moyes: Creative Confinement: Making the Queen in the Mirror |
| 11.45am - 12.10pm | Girija Dadhe: Family Focussed Recovery: Goldbridge |
| 12.10pm - 12.35pm | George Kiridis & Jessica Walshe: The Healing Power of Connected Relationships |
| 12.10pm - 12.35pm | Chrissie Kelly: Working with Families |
| 12.35pm - 1.15pm | Announcement of 2018 Symposium and Training Program and Venues  
  Closing Ceremony – Performance by Goldbridge TC and Red Clay Theatre Group |
Seminar - Working with Families – Attachment & Trauma  
11.20am – 12.35pm  
Chair: Eric Allan  

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:  

- Assessing and addressing the developmental needs of children, program planning for children in the on-site child development centre.  
- Parenting groups: themes discussed in reflective group spaces, therapeutic interventions used to engage group members that build on trust.  
- Parenting education programs offered to parents  
- Challenges encountered in working with children and families  
- Referral pathways for families  
- Community partnerships and linkages  
- Case presentations of families: presenting issues, ways engaged with families, outcomes reached.

Trauma and Attachment, Comorbidity 11.20am – 12.35pm  
Chair: Rebecca Lang  

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 for telling stories that need to be told. However, in The Looking Glass Prison Theatre Project - a central theme emerged; that for the participants, most stories are just too painful to share. This presentation will discuss the critical moment where prisoners find themselves confined, sober and facing the harsh reality of the lives they have lived.

How do we use creativity to cope with confinement? We will look at how creative engagement can make space for the real conversations, while providing opportunities to engage family / whānau in the rehabilitation and reintegration process. Two prison theatre projects will be discussed, The Looking Glass from Arohata Women’s Prison in Wellington, and Shakespeare Behind Bars: Tai Tokerau style from Northland Regional Corrections Facility. Both projects demonstrate ongoing collaboration with partners in the community and justice system, and how Māori cultural frameworks make this work possible.

It is essential to provide creative opportunities for women and men who are now adults, who were often the little kids we didn’t save, who need to see that the public still cares about them. Most have giant stories to tell, but have lost their voice, and wouldn’t expect any one to listen if they did tell the truth. The products of creative engagement can help to educate the public and ourselves about the reality of the lives most offenders have lived, encouraging a greater understanding of the need for change. Specifically, a change in the way we reimagine prisons and our attempts at rehabilitation and reintegration.

12.10pm – 12.35pm

George Kiridis & Jessica Walshe: The Healing Power of Connected Relationships

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.
Lachlan Dean: Connecting Young People with Families

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.

Girija Dadhe: Family focussed recovery - Goldbridge.

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**12.10pm – 12.35pm**

**Chrissie Kelly: 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
c. How to communicate better with other family members including the person using drugs
d. 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
     a. How to more effective boundaries and deal with conflicts that arise
     b. Tip on how to deal with aggression and violence
     c. The importance ok self-care
     d. Supporting the person using drugs on their journey through treatment
     e. Being realistic about what is possible and working incrementally to positive outcome
     f. 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.
Professional Development Workshops

**Friday 2.00pm - 5.00pm - The Kennedy Room Level 2, Pullman Tower**

**Barry Evans:**

**Preparing your TC for Certification under the ATCA Standard**

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.

**Friday 2.00pm - 5.00pm - The Henderson Gallery (Bus provided from Pullman Hotel)**

**Robert Henderson, Wiradjuri**

**Art Therapy, Trauma and Creative Practice**

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.

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**Struggling with drug or alcohol issues?**

**Concerned about a friend or family member?**

Lives Lived Well provide free drug and alcohol services to the Cairns region to help you tackle substance use.

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Visit our Cairns office at Suite 6: 135-141 Martyn Street, Parramatta Park for a chat or call us on 1300 727 957 to discuss some support options.

www.liveslivedwell.org.au
The ATCA Quality Portal is an easy-to-use system that helps you manage quality, risk and compliance. The Portal includes the new ATCA Standard for Therapeutic Communities & Residential Rehabilitation Services, as well as the main sets of community services and health standards.

**KEY FEATURES**

- **Self-assessment against standards**  
  Complete self-assessments against the criteria (indicators) of a set of standards. As you work through each assessment, the portal will identify gaps and let you know what the organisation needs to do to achieve completion.

- **External reviews and accreditation**  
  Prepares your organisation for external review and accreditation, with the ability to submit your results and evidence online.

- **Automatically generated Work Plans**  
  As you complete assessments, a Work Plan is automatically generated based on the actions required to meet the standard. You can edit and allocate tasks, set due dates and email reminders.

- **Schedule email reminders**  
  Set email alerts as due-date reminders in your work plan or registers.

- **Risk, compliance and quality registers**  
  Create, edit and customise registers for risk management, compliance and quality monitoring. You can tailor registers to your organisation’s needs.

- **Document Library**  
  Upload and manage pre-existing or newly completed documents, then link them to action items to provide evidence of compliance to external reviewers.

- **Immediate solution to multiple standards**  
  Cross-referencing with all other sets of standards means you can complete multiple sets of standards by completing a single set.

- **Progress tracking**  
  Displays graphs showing your organisation’s progress against industry benchmarks.

**KEY BENEFITS**

- Increases service delivery capacity.
- Manages and monitors risk and compliance.
- Undertakes gap assessments.
- Work directly online – no need for paper-based reporting.
- A standards update and alert service keeps you on top of changes.
- Builds staff and organisational capacities.
- An immediate solution to multiple standards.
- Red-tape reduction.
- Increases productivity and saves up to 80% of time.

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"The SPP has reduced our reporting time significantly. The system is intuitive, I found my way around quite easily."

Ronnie Volgt,  
Drug Education Network

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