

Guest editorial

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Welcome to the special Australasian edition of the *International Journal of Therapeutic Communities*, presenting research findings from some of the work being undertaken by therapeutic communities (TCs) in Australia and New Zealand.

This edition has been some time in the making, and I am grateful to Steve Pearce and Gary Winship, as Editors-in-Chief, and to Katherine Farrar of Emerald Publishing, for the opportunity, guidance and support in bringing this edition to life. The list of associate editors and editorial advisory board members includes colleagues and friends who have been part of the TC movement for many years, reminding us of the long history, and the strong basis and foundations of our work. I am honoured to be a Guest Editor amongst such an esteemed group.

In Australasia, the TC movement was founded during the 1970s on both UK and US traditions, and ignited through the migration of ideas and practitioners who had worked in each of these countries. In 1986, TCs came together formerly through the establishment of the Australian Therapeutic Communities Association, and expanded that to the Australasian association two years later, when New Zealand joined the group. This year marks the 30th anniversary of ATCA, and in 2016 we now include 69 TCs within our membership – in community and correctional settings, working with more than 35,000 people annually in residential TC and outclient settings, and including families with children and diverse and complex populations. The six papers in this edition provide just a small window into this work.

TCs have always embraced research, and within an increasingly competitive field, the need for monitoring and reporting of treatment outcomes has become progressively more important. This has been particularly impacted by funding and quality assurance demands by governments and funding bodies. Length of stay in treatment has long been associated with positive treatment outcomes. However, the optimal duration for reliable change indices has not been determined.

Turner and Deane, based at the University of Wollongong in New South Wales, show that length of stay can be considered as an independent predictor of reliable change on measures of well-being and client perceived assessment of recovery. Their study with residents in Australian TCs managed by the Salvation Army, provides identification of an estimated time requirement for reliable change and builds on the 90 days “threshold” theory.

Traditionally, TCs were of long-term duration – up to 18 months within the staged residential setting and a shorter re-entry phase. Over the past two decades we have seen a reduction in length of treatment, with a corresponding modification of treatment stages. Australian and New Zealand TCs generally comprise three to six months early residential stages, with an expanded re-entry or continuing care, that concentrates on the development of social networks and recovery. This recognizes the considerable issues often experienced by TC residents as they complete the first stages of treatment, resume a role within society, and develop and build strong pro-social networks.

King, Stevenson and Dow report on clinical outcomes from their New Zealand-based study, collecting longitudinal data over nine time points from first presentation to 12 months post-discharge from treatment. The Higher Ground programme, which is the focus of this study, includes a significant Māori population. This has necessitated the need for further programme adaptation to include Māori symbolism and rituals within the TC; a theme picked up in the paper by Nelson, also within this edition.

Although follow-up studies can be difficult due to sometimes high-attrition rates, the value of longitudinal research is highlighted through insights into patterns of client recovery that can guide service improvement, continuing care development and resource allocation.

Best and colleagues expand further on the value of social networks and the role they play in social identity and sustainable change. This is a large study of over 3,000 clients from five TCs in Australia, including Odyssey House and Windana in Victoria, the Buttery in New South Wales, and Mirikai and Logan House in Queensland. Collaborating in the study were researchers from three Australian Universities in Victoria and Queensland. The study is in its early stages, but provides some signposts for continuing and future work in this area, particularly as it provides examination of social identity change both within the first six months of TC admission, and 12 months later, when most will have left treatment. It will provide valuable evidence for the social identity framework, which has recently been introduced to assist in our understanding of substance misuse.

ATCA has been a leader in the development of a quality framework for TCs, and in 2009 released the first edition of the ATCA Standard for Therapeutic Communities and Residential Rehabilitation Services. This was implemented initially as a peer review process and in 2014 was certified by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). Certification under the ATCA Standard is now therefore conducted by accreditation bodies, external to ATCA, with auditing teams including experienced TC practitioners.

The ATCA Standard comprises 13 performance expectations or indicators, based on TC essential elements. At the request of Australian governments, the ATCA Standard was designed in two tiers, making it applicable to residential services (RR; indicators 1-6) and TCs (indicators 1-13). The *Interpretive Guide* is designed as an accompanying document to assist TCs and residential services in their review or certification against the ATCA Standard. All ATCA members, in addition to the core accreditation required by funding bodies, will be engaged in a review process towards certification against the ATCA Standard over a three-year timeframe to ensure fidelity to the TC model.

As part of the quality assurance process, ATCA also recognized the need to review and where necessary, modify the ATCA Standard for specific TC populations. This is of particular importance for youth and corrections-based TCs, day and outclient TC programmes.

Northam and Magor-Blatch have tackled the first of these tasks with the development of a standard for youth modified TCs. Importantly, this study found that the ATCA Standard itself did not need modification. Therefore, the study was undertaken in three parts – the development of an interpretive guide through the input of three youth TCs in Australia – the Ted Noffs Foundation (New South Wales and the Australian Capital Territory), Birribi (Youth Support and Advocacy Services) in Victoria and NSW-based One80TC. The second phase involved the trialling of an adapted interpretive guide with Birribi and the Ted Noffs Foundation, and finally an evaluation with participants, including management, counselors and frontline workers. The resulting *ATCA Standard Interpretive Guide for Youth MTC and RR Services* provides an important addition to the accreditation literature, and commitment to continuous improvement and the quality assurance of our TC programmes.

Along with quality assurance, workforce development is a prime focus for ATCA. In 2012, Matua Rakī, the New Zealand National Addiction Workforce Development Centre, received funding and support from the New Zealand Ministry of Health to explore and develop appropriate responses to the workforce training needs of New Zealand TCs. Nelson's case study reports on the survey of 219 respondents (note a further 238 responded to an Australian-based survey), the consultation process undertaken, and the evaluation of the pilot programme, which covers TC theory and process and includes practicum-based activities within TCs. It brings home to us the need to consult at community level and to understand the communities in which we work. The group guiding this project adhered to principles of Māori customs and traditions (tikanga) and protocols (kawa) alongside fidelity to the TC model. A further project is now underway, building on this work for the Australian TC workforce.

Finally, Amarin-Woods, Parkin-Smith, Cascioli and Kennedy examine outcomes of a chiropractic manipulative and manual therapy programme provided to residents of Palmerston, a TC in

Western Australia. The authors show that approximately 94 per cent of cases involving back pain follows a diagnosis of a psychiatric disorder related to substance abuse. The prevalence of residents within TCs who are experiencing chronic pain, and the alarming increase in Australia and internationally of the use of opioid pain medications, makes this client group an important focus of study. The prescribing of medications has been an issue confronting TCs for a number of years, where non-pharmacological treatment is preferred. Conclusions of this study point to the benefit of chiropractic care and suggests therapeutic advantages beyond physical outcomes, to psychological improvement.

Further Australasian editions of the *IJTC* and inclusion of papers from Australia and New Zealand in other journal editions may highlight other aspects of TC programming and research in this part of the world. The opportunity to share ideas and to debate the changes that have inevitably confronted and been embraced by the TC movement since its emergence more than 60 years ago, remain an important part of our evolution.

Welcome to this Australasian edition