

# Karralika Programs Newsletter

September 2023 edition

Celebrating  years of recovery and healing

Birthday celebrations are not just about reaching a milestone in a timeline but for reflecting on our organisation's past and seeing how far we've come. 45 years and counting - This year is a milestone in Karralika's timeline that sees us striving to expand and update our services while continuing to find ways to improve the ones that are currently operating.

## Humble beginnings and early years (1976 - 1988)

Starting our journey 45 years ago, in response to the community's call for a residential rehabilitation program to address the increasing harms associated with alcohol and other drug use, Karralika has grown to offer a range of services and programs across the ACT and NSW. We now support adults, families and children and young people and support residential services, programs for those connected with the justice system, counselling, non-residential withdrawal, pharmacotherapy, drink and drug driver education, and day programs.

Our journey started with a small 10 bed residential rehabilitation at the Karralika Homestead, a spacious farmhouse 'on the edge of bushland' that had been acquired by the ACT Government in 1976, taking our first residents in December 1978.

With the growing need for services in the ACT, the Karralika Therapeutic Community was established, with several reviews in the early 80's supporting an increase in resident numbers to accommodate 20-24 people in order to sustain a viable therapeutic community.

1985 saw the National Drug Summit led by the Hawke Government with leaders from various parties and states. "One of the items raised and approved at the drug summit, along with a raft of other decisions, was a proposal to adopt "harm minimisation" as Australia's official national drug policy."

"This decision was to have far-reaching repercussions...the notion that reducing harm was more important than reducing drug consumption gave policy makers the additional flexibility they needed to approve what was then still a very controversial policy...The drug summit also approved the revolutionary notion that ... in future, legal and illegal drugs were to be considered together..."

"A national campaign against drug abuse was established, regular national surveys were approved, and a ministerial council on drug strategy was established to provide a regular forum for all national health and police (or justice) ministers." (ref : [www.theguardian.com](http://www.theguardian.com))

Following the summit, our second premises was built at Isabella Plains in 1988, along with other community houses through the late 1980s and the first of our Adult Program and Family Programs began in 1989.

We will explore the late 80's till present day in our next newsletter. However we are delighted to publish an article written by a leader in the Australasian therapeutic communities model and who is a former Director of Client Services of Karralika Programs, Dr Lynne Magor-Blatch, who shares a brief history of our early years from her perspective



Explore the beauty of art through the journey of healing and recovery as we celebrate 45 years of serving the community.

We are **calling for artwork** from Karralika Programs clients, past clients or their families, who express their life experience through **art, in all it's forms.**

Your art will feature in our art exhibition in **December 2023.**

Please complete an application form or contact [monica.m@karralika.org.au](mailto:monica.m@karralika.org.au) for further details and guidelines and to share more about your artwork (Limited spaces available).

**Applications close: 6 October 2023**

**Artwork submitted by: 3 November 2023**



Register for our art exhibition by using the following link <https://www.surveymonkey.com/r/KPArEx>

## **A brief history of the formative Karralika years**

***By Associate Professor Lynne Magor-Blatch***



It was an incredible leap of faith by the four doctors and supporters who came together to

establish the organisation in those early years. Overseas, Therapeutic Communities (TCs) were still in their infancy - Alpha House had been established in the UK in 1969, followed by the Ley Community in 1972, although both could trace their roots back to Dr Maxwell

Jones at the Henderson Hospital in 1947. Therapeutic Communities in the US commenced in 1958, but it was not until the 1970s that the TC model as we now know it, came into being as a blend of the UK mental health and US self-help movements.

In Canberra, Dr Latukefu's research heralded a major change to the Karralika program, which had struggled over the past decade to bed down the TC model and had remained somewhat isolated from other TCs which had established the Australian (and later

Australasian) Therapeutic Communities Association (ATCA) in 1986.

In drawing comparisons to other established TCs, Dr Latukefu had noted the Killara House program in Granya, Victoria. And so it was, that Charlie Blatch was approached to leave Killara House and come to Canberra as CEO of ADFACT in April 1988, and I was appointed Director of Client Services as the programs under the ADFACT banner began to expand during that year.

This was a significant time in Canberra history with the establishment of self-government – and for Karralika, the commencement of an expansion in services which took the program from a single site program with 10 residents, to a multisite service with more than 60 residents and participants undertaking a range of residential and out-client programs. Karralika and the ADFACT Halfway House had been established as two separate programs with no connection between services. Karralika occupied the original homestead, and the Halfway House had one location in Kambah. There were no transitional houses and no outreach or community programs. Bringing Karralika and the Halfway House (later established as the Nexus Program) together under the one umbrella was the first step.

As we arrived at Karralika, a new premises in Isabella Plains was in the planning stages. The original plans noted this as “The Country Location” – because at that time, Isabella Plains was considered country. Tuggeranong extended to Monash – and the rest was bushland.



There are some funny memories from this time – the Karralika residents called the

new premises “Stalag 13” as it took shape behind a tall wire fence, and some hopeful new homeowners in Isabella Plains rang to enquire (hopefully) if the wire fence would remain once the building was completed (in

order to keep the people inside). They were often surprised to hear that it would be removed and that Karralika had been well established in Fadden without incident for 10 years and property values had not collapsed. And so, we became part of the new community.

In fact, the screens that were later erected at the front of the property were not placed to keep residents inside – but to dissuade the neighbourhood children from coming over to play after school.

During the process of building the new facility, we suddenly became aware that other organisations were looking longingly at the Fadden property, and after a visit from one organisation, armed with tape measures – we flew into action. A long-held dream for me had been the establishment of a family program. We knew from research and practice that very few women came into alcohol and other drug (AOD) treatment – TCs worldwide reported women as comprising only approximately 1/6th of the resident group. We also knew that too many children were being placed into care due to problems arising from the mental health and AOD issues experienced by their parents. There were very few programs in Australia at that time that offered family treatment – and none that took men and women with families into treatment. This became our focus – to retain the Fadden site and to open a Family Program that would take whole family groups – couples with and without children and single parents, both male and female, with children up to the age of 12 years.

For Karralika, children became a priority in the development of a program based on a family systems approach. We wanted to establish positive interventions for children of clients with complex needs, thereby breaking the intergenerational cycle of substance use.



The fact that we now had self-government provided a unique opportunity, and Rosemary Follett as the first Chief Minister gave her support to fund the new program in 1989. We barely had enough money to make it work – but we worked on the principle of “build it and they will come”. In true pioneering spirit, we were able to retain the Fadden site and employ two additional clinical staff members.

We addressed the issue of employment of a childcare worker in a unique way by opening up to the babies and toddlers of staff members, and between the staff, we funded the position of Director of Childcare. This then allowed us to commence bringing residents with children into the program.

Karralika was suddenly developing at a rapid rate – with Family and Adult Programs over two sites; a registered and approved childcare centre on site with Director and qualified staff; a strong relationship built with the local schools; the Nexus Program expanded from one house; and a number of transitional houses established for Karralika.

Karralika was one of the first TCs to trial and embrace short-term and transitional treatment with the establishment of the six-week Short Term Assessment and Intervention Rehabilitation (S.T.A.I.R.ways) Program in the early 1990s, which offered participants three pathways to treatment.

Following S.T.A.I.R.ways, residents could elect to continue into the main Karralika program, having completed the first stage of treatment; move into the Nexus Program; or transition to the community with outreach support.

More than 90% of S.T.A.I.R.ways graduates chose to continue at Karralika – and our retention rates increased through the step-up process which carried with it a strong sense of achievement through this staged approach.

Of course there have been disappointments – the planned extension of the Fadden site, which would have included a purpose-built childcare centre open to the community, did

not proceed. Others have accomplished this in other states, with stunning results.

However, we were able to develop new partnerships which, for me as I finally left Karralika (for the second time) fulfilled another dream.

In 2008, the Australian Government funded Karralika Programs to establish a prison-based TC within the Alexander Maconochie Centre (AMC), which was then in the development stage.

The Solaris Program was established and continues to change lives within this correctional facility. We sourced a range of funding opportunities to establish the Stronger Families project and community-based support, relapse-prevention and employment programs. Karralika has always been a strong community participant.



When I first started in this field in 1974 at Alpha House and then the Ley Community, we knew that TCs worked, and we also knew that treatment had to be rewarding and fun. In fact, more fun than the alternative. Karralika always did this – introducing a range of creative programs, drumbeat, mask making, theatre sports, sandplay therapy, vocational training and involving itself deeply in the community. (pictured: *Tenderness sculpture/Mask*)



As Karralika celebrates 45 years of recovery and healing, I am honoured to have been part of this journey and to have shared this with some incredible people – staff, volunteers, residents and children. Congratulations to everyone who has travelled this path.

(pictured: *Tree of Life*)



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