

Feeling Deadly, Working Deadly



NCETA
Australia's National Research Centre
on AOD Workforce Development



W3. Clinical Supervision: A Guide for Workers

Theory Into Practice (TIP) sheet for Aboriginal & Torres Strait Islander AOD workers

This TIP sheet is for Aboriginal & Torres Strait Islander¹ alcohol and other drug (AOD) workers. It is part of a series of resources produced by the National Centre for Education and Training on Addiction at Flinders University. These TIP sheets aim to enhance Indigenous worker wellbeing and reduce work-related stress.

A TIP sheet on clinical supervision has also been developed for managers/supervisors (Managers/supervisors TIP Sheet No.S6) and forms part of this resource Kit.

Introduction

Clinical supervision aims to develop Indigenous AOD workers' work skills with support and guidance from a more experienced worker. This supervision needs to be undertaken in an Indigenous-specific and culturally safe way.

¹ The terms Aboriginal & Torres Strait Islander and Indigenous are used interchangeably throughout this document. We understand that some people have a preference for using one term over the other and we have used the terms interchangeably to be sensitive to these differing perspectives.

Most Indigenous AOD workers are relatively young and inexperienced and their clients can have complex needs. They may need a lot of support to help them do a difficult job. Clinical supervision is important to ensure that these clients receive the best possible care and that AOD workers are well supported and up-skilled.

What is clinical supervision?

Clinical supervision usually involves working together regularly to examine a supervisee's work with clients or patients in detail. Clinical supervision can also involve two practitioners of equal seniority and experience.

Clinical supervision aims to:

- Support and encourage supervisee/s²
- Develop workers' high level skills so that they can provide the best possible care for their clients
- Help supervisees meet professional standards
- Meet the standards required by the employing agency

² This TIP sheet uses the terms:

- Supervisor – the more experienced worker
- Supervisee – the less experienced worker

- Increase worker job satisfaction and self confidence
- Improve communication amongst workers
- Reduce the likelihood that good staff will leave.

"I think one of the critical elements in all of this, no matter where you train, or who you train with, or whatever, it's about clinical supervision. Good clinical supervision is a must, no matter what level of training you're at." (Indigenous worker)

Clinical supervision varies according to the needs and experience of the supervisee and the style of the supervisor. It may also change over time and in different clinical situations.

Clinical supervision may involve:

- Counselling, teaching and consultation
- Personal and professional support and development
- Skills building
- Developing supervisees' professional qualifications.

Clinical supervisors can come from within or outside the organisation and from a wide range of backgrounds. Having Indigenous clinical supervisors for Indigenous AOD workers can be helpful because they are more likely to have a better understanding of the issues experienced by clients and supervisees.

If it is not possible to have Indigenous supervisors for Indigenous AOD workers, at the very least the clinical supervision should be culturally appropriate.

"Need more clinical supervision available for workers, by Indigenous supervisors who know the Indigenous languages and culture." (Indigenous worker)

Indigenous workers may also need cultural supervision to support them in their efforts to ensure that their clinical practice is culturally appropriate. This may also help workers to recognise the differences between Indigenous and non-Indigenous ways of working. Cultural supervision may also involve cultural mentorship through the involvement of Elders.

What clinical supervision is not

- Clinical supervision is different to administrative or managerial supervision, which focuses on the worker's day-to-day administrative issues. It is best if a worker's clinical supervisor is not also their manager or line supervisor.

This is because clinical supervision issues can get mixed up with administrative or managerial issues thereby complicating the supervision process.

- Clinical supervision is also not about providing counselling for workers on personal issues. If personal counselling is required, this should come from a qualified counselling service such as Employee Assistance Programs (EAPs).
- Clinical supervision is also not just having a friendly chat from time to time; rather, it is focussed on enhancing the clinical skills of the supervisee.

Supervision sessions should be centred on the needs of the supervisee. The supervisee should be able to "own" the process, rather than feeling that the process is being imposed on them.



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Copies of resources developed as part of the 'Feeling Deadly, Working Deadly' Resource Kit are available for download from the NCETA website: www.nceta.flinders.edu.au