Feeling Deadly, *Working Deadly*

S6. CLINICAL SUPERVISION

Theory Into Practice (TIP) sheet for managers/supervisors

This TIP sheet is intended for supervisors and managers of Aboriginal and Torres Strait Islander[1] alcohol and other drug (AOD) workers. It is part of a suite of resources that has been produced by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to enhance Indigenous worker wellbeing and reduce work-related stress.

The resources were developed following a review of relevant literature; and an extensive consultation process involving public submissions, a national on-line survey, interviews and focus groups. Quotations from the consultations appear in italics in the TIP sheets.

Introduction

Clinical supervision aims to develop Indigenous AOD workers' clinical practice skills through support and guidance from a more experienced supervisor. The unique nature of Indigenous AOD workers' role means it needs to be undertaken in an Indigenous-specific and culturally safe way.

Indigenous AOD workers also have a deep understanding of their communities which is essential in responding to the needs of their clients. These insights often come with feelings of grief, dispossession and community obligation, which are part of the experience of many Indigenous Australians.

The Indigenous AOD workforce overall is relatively young and inexperienced with clients who often have complex needs. Clinical supervision is a very important strategy to ensure that these clients receive the best possible care and that AOD workers are well supported.

> *"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 manager)*

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.

What is Clinical Supervision?

The clinical supervision relationship involves a regular and detailed exploration of a supervisee's work with clients. It is usually a working partnership between an experienced and less experienced practitioner. It can also involve two practitioners of equal seniority and experience. It is preferable that the clinical supervisor is not the worker's manager or supervisor.

Clinical supervision aims to:

- Improve clinical practice
- Help the supervisee meet required professional standards (e.g., ethical, best practice)
- Support and encourage the supervisee/s
- Meet the standards required by the employing organisation.

Clinical supervision has a range of benefits for workers and the organisation, including:

- Supporting supervisees and providing a forum to discuss clinical issues
- Maintaining clinical skills and quality practice
- Standardising core skills across the organisation and/or field
- Improving and/or attaining complex clinical skills
- Increasing job satisfaction and self confidence
- Improving communication amongst workers
- Improving worker retention
- Reducing professional development and administration costs.

Each supervisory relationship will vary according to the needs and experience of the supervisee and the style of the supervisor. It may also change over time and across different clinical settings. Clinical supervision may involve:

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

Clinical supervision can be undertaken in-house or externally.

- *Internal supervision*: usually suitable if supervisees can acknowledge some area for improvement in their clinical practice without having other aspects of their work performance viewed negatively by their manager/supervisor
- *External supervision*: (i.e., where a supervisor from a different organisation is paid on a sessional basis) may be more suitable if a worker's performance is viewed negatively by a manager or supervisor. External supervision is usually made available in addition to internal supervision. External supervision may be the only option available for workers in rural and remote locations.

Clinical supervisors can come from a wide range of backgrounds.

The "Four A's of clinical supervision" describe a good clinical supervisor as:

1. **Available**: open, receptive, trusting, non-threatening
2. **Accessible**: easy to approach and speak freely with
3. **Able**: having real knowledge and skills to transmit
4. **Affable**: pleasant, friendly, reassuring.

Regular clinical supervision sessions are more likely to occur if the clinical supervisor:

- Builds a solid working relationship with the supervisee
- Assesses the supervisee's counselling skills
- Writes a contract that ensures regular supervision sessions
- Determines the supervisee's learning goals.

Supervision sessions should be centred on the needs of the supervisee. The supervisee should be able to "own" the process, rather than feeling that it is driven and dominated by external factors.

Should Clinical Supervisors be Indigenous?

There are several advantages in having Indigenous clinical supervisors for Indigenous AOD workers. Indigenous clinical supervisors are more likely to have a deeper understanding of the issues being experienced by the client group and the pressures experienced by the supervisees.

Where it is not possible to have Indigenous supervisors for Indigenous AOD workers, at the very least, the clinical supervision should be undertaken in a manner that is culturally appropriate. Non-Indigenous supervisors need to understand the pressures that Indigenous workers experience from their family, community and workplace.

Indigenous workers may also need to be provided with cultural supervision to enable their clinical practice to be culturally appropriate. This may also help workers recognise differences between Indigenous and non-Indigenous ways of working. Cultural supervision may also involve cultural mentorship through the involvement of Elders.

For clinical supervision programs to be successful it is important that:

- The organisation is committed to ensuring that the supervisor and supervisee have the time and resources available to undertake clinical supervision
- Clinical supervision meetings occur regularly (e.g., weekly or fortnightly)
- Resources, such as a clinical supervision manual and a supervisee workbook for personal reflection are provided.

An effective approach to clinical skill development is to incorporate modelling/demonstration by "expert others" (i.e., supervisor) and action learning. As shown in Figure 1, clinical supervision should incorporate observation, action and critical reflection in the development of supervisees' skills, knowledge and experience.

Figure 1: Action learning in supervision.

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. To maintain an appropriate distance between administrative and clinical roles, many organisations use external supervision (i.e., sourcing clinical supervisors from another organisation).
- Clinical supervision is also not about providing counselling on personal issues. Personal counselling should be provided by 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 a highly structured activity focussed on enhancing the clinical and professional skills of the supervisee.
- Clinical supervision is not an add-on or optional extra. It needs to be viewed as a core component of an organisation's activities and a requirement for all frontline workers, which is costed into an organisation's funding structure.

"Supervision is sometimes incorrectly viewed as being an add-on extra. In fact, it needs to be viewed as a requirement for all frontline workers and should be costed into an organisation's structure." (Indigenous manager)

Establishing a Clinical Supervision Program

Setting up a clinical supervision program involves three stages:

1. **Program planning**

- Identifying and engaging with the target groups (including supervisors and supervisees)
- Establishing clear goals and objectives for the supervision program
- Recruiting supervisors and supervisees
- Developing a supervisor-supervisee matching strategy
- Ensuring sufficient training and support for supervisors
- Establishing an organisation's clinical supervision policy.

2. **Program implementation**

There are underlying protocols and guidelines that should be followed when implementing clinical supervision programs. These include:

- Confidentiality
- Professional boundary setting and conduct
- Therapy for supervisee's personal issues is not to be conducted
- Supervisors should not force the adoption of a theoretical clinical orientation
- Dispute resolution protocols should be clearly defined.

3. **Program evaluation**

Three key issues should be addressed in evaluations of clinical supervision programs:

- To what extent have the program objectives been achieved (as established in the planning stage)?
- Has the program met the needs and expectations of supervisors, supervisees and the organisation?
- Has the program produced benefits or improvements to work practice?

Reference

Todd, C. (2005). Mentoring. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard & C. Todd (Eds.), *Workforce development TIPS (Theory Into Practice Strategies): A resource kit for the alcohol and other drugs field*. National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide.

For a comprehensive guide on clinical supervision in the AOD field, refer to NCETA's Clinical Supervision Kit.

Components include:

An Overview Booklet containing information about the Kit

A Practical Guide including practical recommendations for conducting supervision programs and sessions

A DVD containing a scripted demonstration with discussion breaks and DVD Discussion Booklet

A CD Rom containing the Guide, PowerPoint slides with notes, and training booklet.

These are available at www.nceta.flinders.edu.au or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

Other useful sources include:

National Aboriginal Community Controlled Health Organisation (NACCHO) Aboriginal health workforce: http://www.naccho.org.au/activities/workforce.html

Australian Indigenous HealthInfoNet web pages on substance misuse and health workers:

http://www.healthinfonet.ecu.edu.au/health-risks/substance-misuse

http://www.healthinfonet.ecu.edu.au/health-systems/health-workers

National Indigenous Drug and Alcohol Committee (NIDAC): http://www.nidac.org.au/

Australia's National Research Centre on AOD Workforce Development

Flinders UNIVERSITY

www.nceta.flinders.edu.au

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Produced with funding from the Australian Government Department of Health and Ageing

This TIP Sheet forms part of the 'Feeling Deadly, Working Deadly' resource kit on Aboriginal & Torres Strait Islander Worker Wellbeing developed by the National Centre for Education and Training on Addiction (NCETA) and funded by the Australian Government Department of Health and Ageing. For further details and the suggested citation please see the document 'About This Kit' in the full Resource Kit.

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