

Clinical Supervision In the Alcohol & Other Drugs Workforce Sally Ryan The Bouverie Centre

Since 2004, The Bouverie Centre has provided training to the AOD field in the area of Clinical Supervision. To date 196 people have completed the six day training with a further two courses offered in 2009. In order to assist the implementation of the training, The Department of Human Services has funded The Bouverie Centre to;

- establish a support network for supervisors by organising Supervision of Supervisors Groups for graduates of the course
- understand and document current clinical supervision practices
- investigate the impact of the training
- make recommendations about the supports required for good clinical supervision practice in AOD services based on the above findings.

What do we mean by Clinical Supervision?

There are a range of definitions of supervision that reflect the complexity of the task. A central idea is that it is based on a working alliance between supervisee and supervisor, in which supervisees offer an account of their work, reflect on it and receive feedback and guidance where appropriate.

Supervision aims to increase the competence, confidence and creativity of the supervisee in order to enhance the service delivered to clients and meet the clinical governance goals of the employing organisation. Clinical supervision may be individual or group based and is distinct from line management meetings that may focus more on administrative tasks.

Supervision of Supervisors Groups (SOS Groups)

Graduates of the Clinical Supervision training course were invited to join one of four pilot Supervision of Supervisors Groups. This has been an opportunity for supervisors to receive professional support from peers, build on knowledge gained in the course and to share practice wisdom with other graduate supervisors through reflective processes, case presentations and discussions.

We have established two groups comprised of supervisors from a range of agencies clustered together by region, one being in Barwon South West and the other covers Eastern and Southern Metropolitan Regions. Three additional groups are either planned or have commenced that are based in specific agencies. Since their commencement the groups have met monthly for 2 hours.

The facilitator's role has been to provide administrative coordination to the group, facilitation of every second meeting and to offer guidance and consultation during the sessions.

The group participants have commented on the value of such a meeting in reducing isolation and providing an avenue for further developing supervisory skills and sharing ideas about clinical supervision.

Understanding what supports good Clinical Supervision practice in AOD services

We are undertaking a range of enquiries to understand what workers, supervisors and managers in AOD services think supports best practice in the area of clinical supervision. We have held focus groups with supervisors who have completed the training at The Bouverie Centre, are conducting individual interviews with service managers and are about to survey all workers involved in the provision of AOD services.

We are interested to hear about people's experience of supervision, their perceptions of what is useful, what gets in the way of giving or receiving great supervision and what they think still needs to happen to truly establish a culture where supervision is a useful and valued support to organisations, staff and clients. The findings will be reported in full around the middle of the year, when data collection is complete.

AOD Workers...we need you!

In early March we will be launching an online survey to gather information from AOD workers about their ideas and experiences of clinical supervision. The confidential survey will take about 15 minutes to complete and we hope to get as many people to respond as possible, to ensure that we hear about a representative, wide variety of situations and agencies. You will be contacted at the beginning of March, with further details about how to access the on line survey.

For More Information

If you would like to know any more about this project, or would like information about joining a SOS Group, please contact Sally Ryan on 9385 5100 or s.ryan@latrobe.edu.au

Manual Handling and Musculoskeletal Disorders (MSDs) & Infectious Disease



Musculoskeletal disorders or MSDs are injuries associated with manual handling or the physical configuration of the work environment. They can be caused by poor workplace design, repetitive movements, lifting or by maintaining the same posture for extended periods. Manual handling is by far the most common cause of workplace injuries in the community sector with sprains, strains and other musculoskeletal disorders accounting for almost 60% of all injuries in 2006 – 2007 (WorkSafe Victoria, 2008).

The Alcohol and Other Drugs (AOD) sector has specific manual handling risks associated with working in the industry. This includes the increased risk of injury caused by working in crowded and sometimes poorly designed work spaces. These situations can lead an increased risk of injury including:

- Injuries to muscles, ligaments and disks,
- Cuts and abrasions,
- Hernias,
- Slips and falls.

There are also specific situations in the drug and alcohol sector where there may be an increased risk of manual handling injuries. Working in residential detox, outreach and other uncontrolled working situations, for example, can increase the risk of manual handling injuries. In these situations workers may find themselves having to lift clients or undertake risky lifting tasks. There are also a number of hazards associated with occupational violence that can increase the risk of strains and sprains. Dealing with clients who may become violent can increase the chance of physical injury when moving away to avoid injury as well as when lifting or restraining clients.

Preventing injuries caused by manual handling should involve:

- hazard identification through assessing possible risks,
- consultation with staff about the risks and ways to control them,
- controlling the risks (including the provision of appropriate equipment and training),
- measure and assess that hazard controls are working.

The following publications can be downloaded at:
www.worksafe.vic.gov.au/

Officewise - A guide to health and safety in the office
Working Safely in Visiting Health Services
Working Safely In Community Services

Infectious Disease

Another area where AOD workers can be directly exposed to physical injury is through sharps injuries and the risk of exposure to blood borne viruses.

Drug treatment workplaces need to be proactive in implementing workplace policies that will control the risks associated with transmission of blood borne viruses.

It is important that workplaces in the AOD sector consider all possible ways employees may be exposed to infection, which can be done by:

- completing a workplace inspection with employees to identify infection hazards;
- reviewing injury records to identify whether anyone at the workplace (including members of the public) has become infected in the past;
- asking employees if they have any concerns about possible exposure to infectious diseases
- checking with the Department of Human Services and other providers of similar services about infectious diseases that employees may be exposed to in the course of their work

Workers in the AOD sector are at increased risk of exposure to blood borne viruses through the direct contact with infected blood/bodily fluids, with broken skin or splashes to mucous membranes. There are a number of standard (universal) precautions for dealing with blood or bodily fluids that can help prevent exposure to blood borne viruses. These standard precautions are work practices required for a basic level of infection control.

These include:

- personal hygiene practices, such as hand washing and drying before and after all significant client contact;
- use of PPE (personal protective equipment), which may include gloves, plastic aprons, gowns, overalls, masks, face shields and eye protection;
- appropriate handling and disposal of sharp instruments and clinical waste;
- correct cleaning and disinfecting of non-disposable equipment;
- appropriate use of cleaning agents; and
- environmental controls, such as workplace design and maintenance, cleaning and spills management.

Employers should also consider the provision of training for staff in infection control such the correct processes for working with sharps and appropriate hygiene processes. Employers could also consider the provision of staff inoculation against infectious diseases such as hepatitis B.

The following publications can be downloaded at
www.worksafe.vic.gov.au/

Needlestick injuries can be prevented



| DATE | EVENT |
|---------------------------------|--|
| February 25 | Alcohol...Considering Change? - Moreland Hall Programs This free 2 hour education program is delivered in a relaxed, informal and non-judgemental environment. The session provides information on: The potential harms of alcohol use: The risks associated with your pattern of drinking: Strategies you might use to reduce these risks including, drinking less harmfully, cutting down or stopping altogether. The program is open to anyone concerned about their own drinking or another person's drinking (including family members & friends)and runs once a month at Moreland Hall on the last Wednesday of the month from 6—8 pm. To register please call 9386 2876. |
| February 27 | Heroin use in the local Vietnamese community: Different perceptions of risk - Talking Point Peter Higgs, NHRMC Post Doctroal Fellow, Viral Hepatitis Epidemiology & Prevention Program, National Centre in HIV Epidemiology & Clinical Research, Universit of NSW. 1-2pm Training Room, 142 Gertrude Street Fitzroy. Bookings essential, Call Turning Point: 03 8413 8413 |
| March 4 | Cautious with Cannabis - Moreland Hall Programs Cautious with Cannabis is a free 2 hour education program. It was originally designed to provide information and support to people who had been cautioned by the police in relation to their cannabis use. However anyone (including family members & friends) who wishes to know more about cannabis and strategies which can help to reduce the harms, cut down or stop using may find the program useful. Information can also be found at www.cautiouswithcannabis.com.au To register call 93862876. The program also runs at other Providers in Victoria. To register call DirectLine on 1800 888 236 or go to www.cautiouswithcannabis.com.au This program runs on the 1st & 3rd Wednesdays of the month at Moreland Hall. |
| March 18 | 7th Annual Allied Health and Homelessness Outreach Forum Keynote Speakers include: Professor Helen Keleher, Monash University/ Peninsula Health. Dr Alex Holmes Senior Lecturer & Consultant Psychiatrist, Royal Melbourne Hospital Also: Amy Barry-Macaulay Homeless Person's Legal Clinic/Public Interest Law Clearing House "Harnessing the Charter of Human Rights for the Homeless" WHERE: Peninsula Community Theatre, Mornington Corner Wilson's Road & Nepean Highway, Mornington WHEN: Wednesday March 18th 2009 (NB, This is an all day event)COST: FREE For further enquiries please contact: Carolyn Flanagan, Youth Health Worker, Frankston Community Health Service - Ph: 9784 8167 |
| March 18 | Cautious with Cannabis - Moreland Hall Programs Cautious with Cannabis is a free 2 hour education program. It was originally designed to provide information and support to people who had been cautioned by the police in relation to their cannabis use. However anyone (including family members & friends) who wishes to know more about cannabis and strategies which can help to reduce the harms, cut down or stop using may find the program useful. Information can also be found at www.cautiouswithcannabis.com.au To register call 93862876. The program also runs at other Providers in Victoria. To register call DirectLine on 1800 888 236 or go to www.cautiouswithcannabis.com.au This program runs on the 1st & 3rd Wednesdays of the month at Moreland Hall. |
| Advance Notice April 20 - 23 | Harm Reduction 2009 – Thailand The conference will be held at the Imperial Queen's Park Hotel over four full days - Monday 20th April –Thursday 23rd April. More information is contained in Professor Stimson's letter. Please visit www.ihra.net/Thailand/News to view the open letter from Professor Gerry Stimson. |
| Advance Notice May 27 - 28 | Reconnexion National Conference 2009 Following on from the overwhelming success of Reconnexion's 2008 conference the 4th National Conference on Anxiety & Depression is scheduled for Wednesday 27 May and Thursday 28 May 2009 at the Melbourne Exhibition & Convention Centre. A workshop conducted by Associate Professor James Bennett-Levy will be held on Friday 29 May 2009 at the same location. Cost of registration \$440 with a reduction for early bird registration. For more information contact Education & Training Manager janet@reconnexion.org.au /phone 03 9886 9400. |

February 09

AOD Blueprint

Clinical Supervision In the AOD Workforce

OHS Update

AOD Blueprint - Sam Biondo VAADA Executive Officer

In late December 2008, the long awaited AOD sector Blueprint was released by Minister Lisa Neville. The document has been through a 4-5 year gestation period and has its roots in the earlier service system reviews undertaken around 2003/04. While these earlier reviews looked at the adult, youth, and regional service systems, the current report refers to a set of 'Client' and 'Service' principles which guide future development of the Victorian AOD service system.

These two areas are divided into six priority areas namely: Clients; Children and Families; Young People Prevention; Improving access; Excellence and quality. Each section considers a specific theme and series of key actions/outcomes which are then linked to a timeline of activity.

Disappointingly the document does not spell out any additional financial investment for the Victorian AOD sector other than announcements previously made as part of the Victorian Alcohol Action Plan. It is these allocations which appear to be seeding the Blueprint's reforms and driving some key initiatives over the next four years.

Some of the previously announced financial allocations outlined in the VAAP include:

- \$1.9 million to provide improved treatment options and stronger support for young people and their families through access to specialised family therapeutic interventions
- \$2.7 million for a new model of medium-intensity community-based rehabilitation support for people leaving withdrawal programs who require extra support
- \$4.5 million to develop and support online and telephone screening and self-help resources for people at risk of harm from drinking
- \$2 million to provide addiction medicine specialist support to GPs delivering shared care arrangements to clients with complex support needs
- \$3 million for a targeted community awareness campaign on the risks and harms of excessive alcohol consumption.

While we are still in the process of analysing the Blueprint's content, we note that it does not hold great surprises. It seeks to build on a range of State government announcements around family, housing, youth and children.

The emphasis on prevention and early intervention echoes government priorities in the areas of mental health reform, youth policy and broader health policy developments.

Despite the general positive tone of the document there remain some fundamental concerns. A basic and essential one is that of resources.

While there is an expectation that the AOD sector as currently configured will improve its response to Indigenous people, Culturally and linguistically diverse communities, families, children, and to people with multiple needs and co-occurring conditions; the issue of human and financial resources will certainly test what is possible.

VAADA is mindful that changed economic circumstances combined with a desire for system change, existing capacity constraints, lack of new investment, persistent workforce issues, and changing drug markets will provide very real challenges for us all. The sector is eager to see a detailed implementation plan which outlines responsibilities, accountabilities and timelines.

While many of the strategic directions may be supported by AOD agencies, improvements will simply not occur by goodwill alone. Organisational change requires training, capacity building, and linkage and pathway development, none of which occur in a vacuum.

It remains incumbent on VAADA to facilitate discussion between the sector and DHS. It is also vital to support the sector into concerted action in pursuit of what it sees is required to make things work in addressing the needs of clients and more broadly our community.

The success or otherwise of the Blueprint will depend on what transpires in practice. VAADA would be most interested to hear from readers about their views in relation to the Blueprint and would welcome your feedback.

Sam Biondo EO.

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