



Our Healing Ways

SUPERVISION

**A CULTURALLY
APPROPRIATE MODEL**

For Aboriginal workers

Victorian Dual Diagnosis Initiative: Education and Training Unit
Auspiced by St. Vincent's Hospital, Melbourne

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A. INTRODUCTION

Culturally appropriate supervision has been identified as a need by Aboriginal¹ workers in Victoria. In 2010 the Social and Emotional Wellbeing (SEWB) state-wide forum facilitated by the VACCHO SEWB Unit held a panel session on supervision. Workers raised many issues during this session that further highlighted the supervision needs of the workforce.

The Our Healing Ways research completed by the Victorian Dual Diagnosis Initiative: Education and Training Unit (VDDI ETU) identified successful strategies for working effectively with people who have both mental health (MH) and alcohol and other drugs (AOD) issues. This research also showed up the importance of supervision that matches the needs of the workforce. Workers identified issues of concern in their work with often complex presentations. The research also identified the very complex context that Aboriginal workers negotiate and highlighted the challenges and risks that workers experience on a regular basis. It provided a rich source of information to draw from to develop a culturally appropriate model of supervision.

Supervision may provide many benefits for clients and community, workers and Aboriginal Community Controlled Health Organisations (ACCHO's) including;

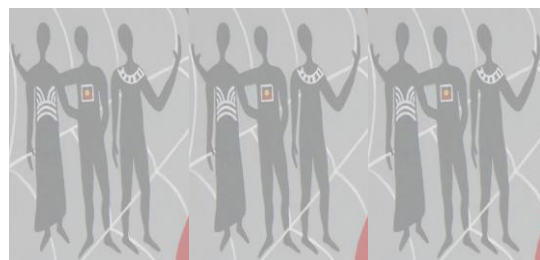
- Help to increase the length of time workers stay in their position and organisation (cost effectiveness)
- Offer professional development for staff
- Increase opportunity for ongoing development of a skilled and experienced workforce
- Increase the level of service provision to community members

- Assist workers to better manage the stresses involved when working with complex issues
- Support workers to further develop and maintain their commitment to their work and organisation

This model began with workers on the ground stressing their need for appropriate supervision and it was with their needs in mind that this model was developed.

We also considered that if managers and organisations are to support the provision of supervision it was essential that the model also met their expectations. We tried where possible to create the balance between workers needs and managers expectations.

The project was jointly developed through discussions between VACCHO's staff at the SEWB Unit, the Education and Training unit and the Victorian Dual Diagnosis (VDDI) Education and Training Unit. We consulted with the SEWB workforce and staff from VAHS Family Counselling Program to develop a model of supervision that was culturally appropriate, relevant and practical.



¹ The words Aboriginal and Indigenous are used to refer to Aboriginal and Torres Strait Islander peoples, both words are used throughout this document to reflect the language of the workforce.

B. WHAT IS SUPERVISION?

1. Definitions

Supervision is defined in a range of ways for different professional groups according to the needs and roles of each group.

People also refer to supervision in different ways such as;

- Clinical supervision
- Professional supervision
- Practice supervision

In this document we use the word supervision.

The following four definitions are those most relevant in the Victorian setting.

Bringing Them Home/Link up Counsellors

“Clinical supervision is the formal provision, by approved supervisors, of relationship-based education and training that is work-focused and that manages, supports, develops and evaluates the work of colleagues”.

Australian Institute of Health and Welfare (2010)

Mental Health field

“Clinical supervision refers to a formal, structured process of professional support. Supervision assists staff to understand issues associated with their practice, to gain new insights and perspectives, and to develop their knowledge and skills while supporting staff and improving consumer and carer outcomes”.

Victorian Government Department of Human Services (2005)

Alcohol and other drugs field

“Clinical supervision is directed at developing a less experienced worker’s clinical practice skills through the provision of support and guidance from a more experienced supervisor. The clinical supervision relationship is characterised by regular, systematic and detailed exploration of a supervisee’s work with clients or patients. Clinical supervision is usually a collaboration between an experienced practitioner and one or more less experienced practitioners”.

Australia’s National Centre on AOD workforce development (2005)

Community Health field

“Clinical supervision is a formal process, between two or more professional staff, creating a supportive environment which encourages reflective practice and the improvement of therapeutic skills. The supervisory relationship provides an opportunity to address ethical, professional and best practice standards and to promote appropriate, respectful and effective client care”.

Victorian Healthcare Association: Clinical Governance in Community Health Project (2009)

2. A culturally appropriate definition

Taking into consideration state-wide workforce consultations and the Our Healing Ways research outcomes, supervision for Aboriginal workers may be defined as having the following parts:

The purpose: to provide the best possible service to clients and community by building worker's knowledge, skills, insight and wisdom in how to support and care for clients and themselves, in the cultural context of working with community

The process: reflective, holistic, open, validating, non-judgemental, two way learning

The relationship: is with a skilled and experienced person who is respectful, trustworthy, caring, honest and knowledgeable about the subject matter and the local Aboriginal community

The Context: regular, by agreement and supported by the worker's organisation

Supervision is the process of being with a skilled, experienced and wise person who respectfully, caringly and honestly supports a worker to reflect on their work in a meaningful way, learn and grow as an Aboriginal worker in the context of working with community.



C. CONSULTATIONS AND OUTCOMES

1. SEWB Gathering 2010

In 2010 VACCHO's SEWB unit facilitated a session on "What is Supervision?" at a state-wide gathering of Bringing Them Home, Link Up and AOD workers. Workers raised many issues including;

- . How do we make managers understand the importance of it
- . How do we get funding for it
- . Who can we go to for culturally appropriate supervision
- . Workers stressed how valuable it would be for them and how limited an opportunity for supervision they actually had

2. Our Healing Ways research

In January 2011 the VDDI Education and Training Unit completed the Our Healing Ways research. This research identified the healing strategies used by skilled and experienced Aboriginal workers when working with people experiencing both mental health and alcohol and other drug issues. There was an enormous amount of information gathered from interviewing workers including the challenges they experienced in their work.

The research highlighted the very complex context that Aboriginal workers negotiate on a regular basis because their clients are often people who are their family, friends, colleagues and other community members that they are likely to already have a relationship with. This research identified important strategies and challenges that informed the development of a culturally appropriate supervision model.

Some of the challenges and concerns identified by workers included the following;

- managing risks involved in their work and keeping themselves safe
- working with their own family members
- understanding the impact of loss and grief on peoples' mental health and relationship to substance use
- understanding the complex issues faced by Stolen Generations
- managing challenging behaviours that clients at times display
- setting boundaries "bottom lines" with clients
- being mindful of boundaries to ensure their own safety
- attending work with the right attitude and not carrying their own issues that may be transferred to the client
- managing the challenging behaviours of clients who were also family members
- going at the client's pace so that the worker does not push the client beyond what they are able to manage at any given time
- managing work demands outside of regular work hours
- managing their own concerns "worry" about clients
- juggling the roles of community member and worker
- the importance of getting recognition from the community if workers are working in a mainstream organisation

These issues and many others have been considered in the process of developing this supervision model.

3. SEWB Gathering 2011

VACCHO's SEWB unit staff incorporated a workshop on supervision at the May 2011 state wide SEWB Gathering of workers. This was an important workshop where workers were provided with an opportunity to explore the issue of supervision in more depth and contribute to the development of the model.

Questions the group discussed were;

- . What does supervision mean to you?
- . What would you like to get out of supervision?
- . What qualities, skills and experience would you want a supervisor to have?

There were over 50 workers present from a range of professions and disciplines including Bringing Them Home, Link Up, AOD, MH and SEWB workers. We documented the very rich discussion during the workshop and also collected written feedback from participants which were compiled.

The following is a summary of the analysis.



What does supervision mean for you?

There were three main themes around this question;

To improve service provision to clients

This would be achieved through the opportunity for workers to review their work within a holistic approach to the wellbeing of clients. This enables a better understanding of the person's needs and mapping out the journey to achieve realistic goals. This strengthens the worker's skills to better advocate for the client's needs.

To support the worker to reflect on the work they do in order to keep on top of things and to care for themselves

Debriefing, reviewing and reflecting on their work helps workers to follow through on the work and achieve better job satisfaction by keeping on top of things. Getting support, acknowledgement and reassurance helps to maintain worker's wellbeing and prevent burnout.

The importance of the supervisory relationship

To build a relationship with the supervisor based on respect, honesty, trust and confidentiality that allow a two way learning.

What would you like to get out of supervision?

Workers were asked to list three things that they would like to get out of supervision. The responses fell into the following themes:

Time to reflect on work

- Reflection serves the purpose of evaluating what worked and what didn't with the client and whether workers are on or off the path
- Reflection also increases awareness and insight on what is happening for the client and for the worker
- It allows the worker to set direction and boundaries

Suggestions, solutions to problems and setting boundaries

- Workers want the opportunity to receive support to work through issues and find solutions
- They want to hear different perspectives, ideas and options from the supervisor

Validation

- Workers would like supervision to provide acknowledgement of a job well done
- They want to be heard, understood and supported
- It is also important to receive positive reinforcement in order to have job satisfaction

The strength of the supervisory relationship is essential

- The relationship needs to be based on honesty, empathy, respect and trust
- It would be useful to have a sharing relationship between the supervisor and supervisee
- Confidentiality is essential in order to establish safety in the relationship

For the worker to know they are achieving goals

- It is important to have successful outcomes and achieve goals in order to have job satisfaction

Information on resources

- It is valuable to be able to get information on tools and identify any training options
- It also enables more of a team approach by highlighting needs and resources needed to improve the service

Reduce stress / debrief

- There can be a lot of stress involved in being a sole worker or a part-time worker so keeping this stress in check means workers can keep on top of things
- Debriefing on a regular basis is really important to get sensitive issues out and not keep them locked up inside

Develop skills & learn new skills

- Improve skills through a relationship with a professional mentor
- It is an opportunity to develop new skills, techniques and strategies that are culturally appropriate
- To develop cultural knowledge and understanding of the community
- To feel more confident with decision making through increased knowledge and skills

To keep helping my client

- A good understanding of client's needs helps to get good outcomes for both the person and the worker and supervision would enable the ongoing good support of each client

Honest feedback both positive & negative

- It is important to be able to get objective feedback that is both an acknowledgement of what the worker has done well and what they may be able to improve on

Other Comments

- To be consistent and progressive
- It is useful to have supervision externally if that was possible and it needs to be regular. It would also be useful if it is formally agreed upon and contracted so that the supervisee, supervisor and the organisation know up front what to expect
- Some workers spoke of never having had the opportunity for any supervision
- Understanding and respect for the role that the worker is undertaking
- Reassurance of ongoing funding for worker's positions

Techniques and strategies to use in my position and when faced with stressful situations

To be listened to

Debriefing about community issues and ways to improve

To feel safe and comfortable and knowing that everything is confidential

To have a good understanding of your clients

To learn more skills that are culturally appropriate

What qualities, skills and experience would you want a supervisor to have?

The following themes were raised:

Caring for the relationship

The supervisor needs to be someone the supervisee can connect with, who understands the worker and who looks after the relationship.

Skills

The person needs to be focused and committed.

They need to be available and responsive.

They need to be able to provide constructive criticism, be objective, use language that is appropriate whilst being upfront and understanding.

A supervisor needs to demonstrate active listening skills, use assertive statements and know how to validate people's experience.

They also need to be able to keep confidentiality, be professional and use an appropriate approach.

Qualities

The supervisor needs to have the qualities of honesty, honour and respect.

They need to have empathy and be non-judgmental.



Knowledge and experience

The supervisor needs to have knowledge and experience of Aboriginal issues, the local culture and community issues.

It is also important for them to have an understanding of the worker's role and the programs they are involved with.

The supervisor needs to have experience in the field they are supervising, that is in the work subject of the supervisee.

Other Comments

Would like to have a choice of supervisor. Consideration may also need to be given to the gender and age appropriateness of the supervisor.

What stood out most from this analysis is the importance of the supervisory relationship and having a skilled and experienced supervisor who can create a safe place for the worker to reflect on their practice so they may provide the best service possible for community.

4. Individual consultations

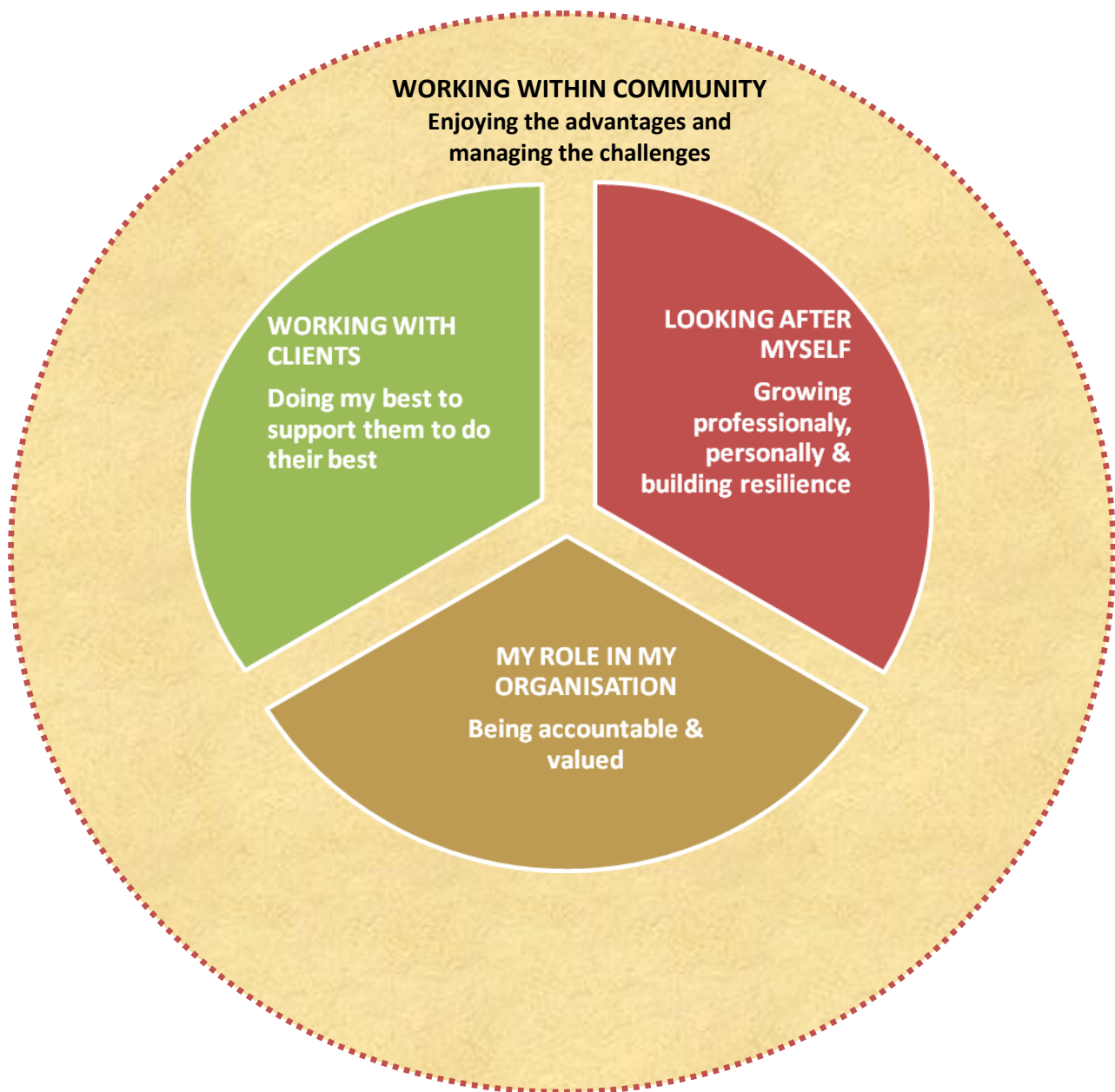
Throughout the process of developing this model we raised the issue of supervision with workers and allowed the discussion to open and unfold. We took into consideration these discussions and added them to our understanding of the needs of the workforce.

Workers continually told us the importance of supervision for keeping on track and on top of things and looking after themselves.

They also spoke of the importance of choice over who the supervisor is and that the supervisor needs to be a skilled and experienced person.

D. THE MODEL

1. The parts of a culturally appropriate supervision model



**Working within community:
Enjoying the positives and
managing the challenges**

- Understanding how community underpins all the work we do in order to work effectively within community
- Managing the challenges and pressures of working with family, friends and community
- Build the skills to manage the professional and the personal relationship in a way that maintains our wellbeing and effectiveness
- Understanding and working with community dynamics

**Looking after myself:
Professional development and
building resilience**

- Time to reflect on the work done, set direction to keep on top of things and feel productive
- To continue to build confidence in our abilities
- To continue to build professionalism and commitment
- Ongoing learning on setting good boundaries to maintain our wellbeing
- Managing stress and understanding our self care needs
- Managing the challenges and pressures of working with family, friends and community

**Working with clients:
Relationship, treatment and healing
issues**

- Improving service provision to clients and community
- Developing strategies and skills to better manage the healing process
- Finding solutions to problems
- Setting useful boundaries for clients and ourselves
- Finding the words to describe what we are doing in practice and exploring how that fits with what others do and the theory around the practice e.g. How does what I am doing fit with what is considered best practice
- Managing the challenges and pressures of working with family, friends and community

**My role in my organisation:
Being accountable and valued**

- Building strength in our identity in the role we are employed and how we fit within our team and organisation
- Building a sense of commitment and belonging that will act as both a validation for the work we do and a protection for ourselves
- Understanding organisational process and policy to be able to work comfortably and safely within the organisation's guidelines

2. The Supervisory Relationship

The relationship between the worker and the supervisor is considered the core to effective supervision. This relationship needs to be built on trust, respect and care for the worker. It needs to be a safe, confidential and validating space for the worker to explore the work they are doing and get honest and useful feedback.

The supervisor is required to be skilled and knowledgeable in the area they are supervising. It is also important for them to have an understanding of the local culture and community issues.

It is suggested that where possible the supervisory relationship not be one where the supervisor is a family member of the worker. This can make work within community even more complex for workers who may be working with family members and it may also risk a breach in confidentiality.

However there are times;

- When a family member is the only person available for supervision
- Where the supervisor is a family member and meets all of the criteria for a good supervisor
- When a worker is happy to go to a family member for supervision because they are considered a strong mentor or respected elder

Making decisions around this issue may not always be easy. The following are a few tools, strategies and considerations that may be useful;

- Is it in the best interest of this particular client and myself
- Does it maintain the person's right to confidentiality
- If working with a family member is there a secondary supervisor available to go to
- Can I use any audio-visual equipment to get supervision from someone else or join a peer supervision group
- Check the Guiding principles in Appendix 1
- Check the Ethical guidelines in Appendix 2

3. The Process

The supervision process needs to be reflective with the opportunity for the worker to learn from their own experience as well as from the supervisor.

What is a Reflective Process?

A reflective process in supervision is about being able to think back on our experience, what we did, how we felt and what we thought at the time. Then to be able to look at it in a way that helps us to learn about our selves, so looking at the experience from another window. The next stage in a reflective process is to make sense of that learning and how to apply it to our work so that we may make changes to our practice if necessary and do it a little differently next time to make our work even better.

Reflection is the process that helps us to learn from our own experience and to then apply that learning so that we continue to grow professionally and personally.

**“Reflection is the process that
turns information and knowledge
into wisdom”
M. Carroll 2010**

Learning

There are many ways to learn. Sometimes we need to reflect; sometimes we want some direct feedback and other times we just want to be shown how to do something.

Workers in the early stages of their professional development may need a more mentoring and hands on approach whereas an experienced worker may prefer a more reflective style of supervision.

It is important for supervision to be flexible enough to be responsive to each worker's needs and different stages of development.

4. Working through the challenges

It is important to build on the skills and experience of the worker to enable them to manage challenges and build their resilience to the stressors of the job. Supervision supports workers to build strength on the inside and the outside.

One approach may be to use a set of guiding principles and ethical guidelines to work through the difficult issues. This way the worker has a process for sorting through issues that they may use next time. It is also helpful in the decision making process especially when a supervisor is not readily available.

See Appendix 1: Guiding principles
Appendix 2: Ethical guidelines
Appendix 3: A culturally appropriate approach

NOTE: These principles, ethical guidelines and approach were developed from the Our Healing Ways research and are part of the resource manual Our Healing Ways: Putting wisdom into practice.

5. Supervision Agreements

A Supervision Agreement may seem a little overwhelming at first however it is really a document that can be brief and simply outlines what the worker and the supervisor will do together and includes;

- . What skills the worker wants to further develop
- . Learning goals
- . A regular agreed upon time for supervision, how long it will run and how often
- . Managing any disagreements or conflict

If it is also signed by the organisation it becomes written support for the worker to attend supervision.

Organisations and managers may require some reporting back from the supervisor regarding the progress of the worker towards their learning goals so reporting requirements may also need to be included in a Supervision Agreement.

See Appendix 4 for an example Supervision Agreement

6. Options for Supervision

External supervision was the option that seemed to be preferred by most workers who were consulted. However this is not always available to workers. The following is a range of possible supervision options.

External Supervision

This is supervision where the worker goes to see the supervisor outside of their own work place. The person is generally separate from the organisation; they may be from another organisation or a consultant in private practice. For some workers it may be difficult to find a supervisor who has both cultural knowledge and clinical expertise so it may be necessary to have a secondary supervisor, one with the cultural knowledge and wisdom and one with the clinical.

Internal Supervision

This supervision occurs within the organisation and is usually by a more senior worker. However the supervisor is not the worker's line manager.

Peer Supervision

Peer supervision occurs when two or more workers get together to discuss client and related issues. This is with people who are peers and it is a relationship of equality where people provide different perspectives on how to work with client issues. It may involve case discussions, professional development and training issues, reviewing articles on relevant subjects and sharing understandings of community and organisational issues.

Group Supervision

Group supervision is usually carried out with a group supervisor who is a senior worker. This involves a number of workers coming together for supervision over their client work. Usually a number of people present a case they are working with and are given the opportunity for feedback from the group. It may also be workers from different professions and training e.g. SEWB, AOD, MH, social workers, psychologists and nurses or it could be a group of workers from the same profession e.g. alcohol and other drug workers. This is learning with and from peers.

The group supervision may be an internal or external group so a worker from one organisation may join with a number of workers from other organisations for supervision or it may be a group of workers coming together from the same organisation. The supervisor may be an internal or external person. It may be a senior worker from inside the organisation or it could be a senior worker from another organisation or a consultant who is separate from any of the organisations that provide that service.

Some groups may choose to have two supervisors, one who has the cultural expertise and one with the clinical expertise.

On-line Supervision

For some workers in rural and remote areas supervision through audio visual communication such as web cam is becoming more accessible. On-line supervision as with face to face supervision can take place with an external supervisor on an individual basis, with peers or in a group.

Line Management Supervision

Supervision for client work is provided by the worker's line manager. The manager who supervises the worker also supervises all their client work. This is generally considered case management rather than clinical or practice supervision.

Issues to consider

With every form of supervision there are advantages and disadvantages and a range of considerations may need to be taken into account including:

Organisation:

- Is there an organisational policy on supervision
- Is the organisation supportive and encouraging of workers getting supervision
- Do organisations have the relationships to enable supervision to take place across organisations so there is a pooling of resources/supervisors
- Does the organisation have money or other resources to pay for supervision

Supervisor:

- Are there people within the organisation with the skill, experience and wisdom to provide supervision
- Does the organisational culture provide a safe enough space for supervision to take place internally
- Are there senior workers externally with the skill and experience to provide the supervision
- Does the line manager have the skill and experience to provide the clinical supervision
- The majority of workers would prefer external supervision with a choice of supervisor that provides safety and confidentiality in the relationship. Many organisations tend to provide internal supervision often by line managers. This may become a tension for workers and organisations if concerns are not well managed.

E. TRAINING OPTIONS

1. Introductory, intermediate and advanced training in supervision

This training may be in the form of professional development for senior workers or managers and is generally provided by private consultants. It may or may not be accredited training. For example; The Bouverie Centre runs a 6 day course in Clinical Supervision.

Various professions such as; AOD, social workers, nurses, psychologists and mental health provide supervision training specifically for their profession. This training is also often not accredited training rather in the form of professional development.

The search for training options revealed minimum opportunity for supervision training that would meet the needs of the Aboriginal workforce. The following options may be a useful guide to what is available.

2. Certificate IV in Counselling Supervision

Previously there has been a Certificate IV in Supervision run by the BASA Education and Counselling Services however they are no longer running this course and we have yet to find a place in Victoria that does.

In longer term planning for workforce development this may be a course that in the future VACCHO find resources to develop and facilitate which would ensure it was culturally appropriate. Senior workers may be supported and encouraged to complete the Certificate IV in Supervision.

1. Vocational Graduate Diploma in Counselling Supervision

For those wanting higher qualifications they may complete a supervision course at a Diploma level. This course is currently being offered in Victoria by BASA Education and Counselling Services. www.becsonline.com.au

This is a mainstream course and may be undertaken in a number of ways such as;

- . Work-based training
- . RTO based training
- . Distance education
- . Combination of the above including RPL

The course is 36 weeks at 12hrs a week or part-time equivalent.

Again this may be a course that in the future VACCHO may be able to develop and run specifically to meet the needs of the Aboriginal workforce.



F. RESOURCES AND REFERENCES

Australian Institute of Health and Welfare (2010) *Aboriginal and Torres Strait Islander health services report, 2008-9; OATSIH Service Reporting- key results*. Canberra. Cat.no.IHW 31

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Bakos. K. (2012). *Our Healing Ways: Putting wisdom into practice; Working with co-existing mental health and alcohol and other drugs issues Aboriginal way*.

Victorian Dual Diagnosis Initiative: Education and Training Unit. <http://dualdiagnosis.ning.com>

Carroll. M. (2010). Levels of reflection: on learning reflection. *Psychotherapy Australia*. Vol 16 NO 2 February.

Carroll's work specialises in clinical supervision. The website has a range of free articles including the original copy of the Supervision Contract that has been modified in this document.

www.supervisioncentre.com

Clinical Supervision Resource Kit: for the Alcohol and other Drugs field, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, 2005-

A kit to raise awareness of the importance of clinical supervision and increased support to the AOD workforce and practical resources to assist organisation's to implement quality clinical supervision.

Available at:

<http://nceta.flinders.edu.au/workforce/key-workforce-development-issues/clinical-supervision/>

This website also has the supervision resource kit for the AOD sector that can be easily downloaded

http://nceta.flinders.edu.au/workforce/publications_and_resources/nceta-workforce-development-resources/clinical-supervision-kit/

Practice supervision for health professionals in the mental health services, Practice Supervision Resource Centre for Mental Health Services, Queensland Government, 2007- Policy and guidelines for supervision, including a sample agreement between supervisor/supervisee and sample agenda(s). Available at:

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Mental Health Branch (2005). Victorian Government Department of Human Services. Document No.

PMCO5111 www.health.vic.gov.au/mentalhealth/pmc

Victorian Healthcare Association (2005). *Clinical Supervision in Community Health: Introduction and Practice Guidelines*. http://www.vha.org.au/uploads/Clinical%20Supervision_Background%20_Final_.pdf

Their website has some great resources including a template policy on supervision in community health organisations http://www.vha.org.au/?c_id=1012

Workforce Development Resource Kit- A guide to workforce development for Alcohol and Other Drugs Agencies, Network of Alcohol and Other Drugs Agencies (NADA), Australia-

Discusses clinical supervision, mentoring and coaching. It provides an example of best practice for a clinical supervision program. Available at: www.nada.org.au/downloads/WFD/clinicalsupervision.doc

G. APPENDICES

NOTE: Appendix 1, 2 and 3; the principles, ethical guidelines and approach were developed from the Our Healing Ways research and are part of the resource manual Our Healing Ways: Putting wisdom into practice.

Although these principles and ethical guidelines were developed for working with people with both mental health and alcohol and other drugs issues they are relevant to working within community generally.

APPENDIX 1: Guiding Principles for working with complex issues

a. Do the work in a way which is in the best interest of the client's healing

This includes;

- Having a yarn, finding out about that person and who they are. What's made them come in to the service at this particular time and what is it they want from the worker
- Going at each person's pace, working as fast or as slow as they need
- Meeting them at their place of comfort. If outreach is not part of the workers job description then make the environment as non-clinical and welcoming as possible. Make the person comfortable, help them to relax and feel safe
- Encouraging clients to do only what they can handle at that time. They may not have achieved much and don't believe or feel like they can. Set them up to succeed as they may have felt failure often
- Be mindful of the age and gender match of the client and worker in the engagement and healing process. If it is not ideal consider how it may work best for them. Encourage the client to bring in a support person to meetings if this is helpful

b. Treat clients with respect

- As one worker said " ...if you are there to engage with that person and to help them, you got to gain their trust and part of that

means to respect them and to help them, not for what they did but for who they are at that moment....treat them like they are somebody"

(Participant 4: Our Healing Ways research)

- The worker is non-judgmental and leaves what they might already know about the client and their family aside. When the client is ready they will tell the worker what they want them to know
 - Be respectful not only to the client but all their family members
- #### **c. Be honest about what you can and can't do**
- To stay true to their word it is best for workers to promise only what can be delivered
 - It is important for workers to know their strengths and their limitations. This way they may be honest with the client and link them into seeing someone else when the issue is outside of their own skill and knowledge base
- #### **d. Explain confidentiality and be upfront**
- Confidentiality is about keeping information the client shares private
 - Tell people what can and can't be held private when they first come to the service, this way it is upfront and honest
 - It is also useful for workers to explain how they fit into the community themselves. This provides the person with the opportunity to limit their responses if they choose
 - Being open about confidentiality is essential to building a trusting relationship
- #### **e. Let people do as much as they can and support them to do what they can't do**
- Self determination and self reliance are important principles in the community especially over health and wellbeing, let the client determine what they want to do
 - Self reliance is about encouraging and or teaching people how to do things themselves
 - If clients are supported to develop their "Life skills" they take these skills away with them and may use them to better manage other life experiences

f. Make a good assessment of the person's needs; plan your support to match their needs

- . Working together and having a big picture of what is going on for the client helps to make a recovery plan that best fits that person's needs
- . A good assessment done in a yarning way will help the person to reflect on what is going on for them and to think about their options. The assessment may assist people to make better choices for their own healing process

g. Be dependable and reliable

- . A worker who is dependable and reliable is likely to have more respect for themselves and get more respect from their clients
- . Reliability builds the reputation and credibility of the worker and the organisation
- . This sets an example for clients so eventually they give it back. They learn to be reliable

h. Remember change is a process, be there through that process

- . Help to break old patterns and cycles and build new ones
- . Remember this is often longer term work where people lapse and relapse

i. Involve the family and significant others wherever appropriate

- . It is important to check with the client who they want involved in their healing and how they want them to be involved
- . Family is often the strongest support for clients, but sometimes people are not keen on having family involved because they feel shame or angry. Workers need to make treatment and the healing process work for each person so it is important to check what they want
- . Some people are away from their families so it is equally important to check who their significant others are who may support them in their healing

j. Have a no wrong door policy

- . A no wrong door policy means if someone comes to the service for their AOD issues and the worker thinks it is really the mental health issues that's a priority, they would see the person anyway and together work out a way to have the other issues taken care of
- . This means people are less likely to fall through the gaps between workers or services
- . People usually go for support to a worker or a service they trust, with the issue they have identified as one they need support with.
- . A no wrong door policy means they will get the service for both issues

k. Take good care of yourself so you can take good care of your clients

- . Working in a complex environment with sensitive and difficult issues can take its toll on workers. It is important for workers to find ways of looking after themselves so they may continue to look after clients well
- . A worker who is experiencing too much pressure at work or at home may be putting their own wellbeing and their clients at risk in a range of ways. Self care is essential for good practice
- . Use debriefing and supervision as appropriate
- . A worker who is able to take good care of themselves also models wellbeing practices for clients and community

APPENDIX 2: Ethical Guidelines

a. Do no harm

The first and most important ethical guideline is to do no harm to clients and their families. That is;

- . No harm to their emotional, mental, physical, social and cultural wellbeing
- . Not using or abusing people in any way
- . Not putting them at risk of any sort
- . Keeping their reputation and standing in the community protected
- . Not engaging in any lateral violence
- . Working towards building a person's self esteem and keeping it strong

b. Maintain confidentiality

Respect people's right to confidentiality in the workplace, out in the community and at home with family. Confidentiality has also been discussed in the previous section and is connected to the "do no harm" principle. It is important to regularly discuss the concept of confidentiality in the workplace so that people's understanding and limitations are clear and continually updated. Confidentiality in a small community can be a challenge so regular discussion and explanation helps people to keep it in mind.

c. Care for the dual relationships

A dual relationship means having a relationship with a client outside of the working relationship e.g. friend, family member or co-worker. Having a personal and professional relationship with clients is often the "norm" in the Aboriginal community, however it is not always easy for a worker to know when being close to someone is too close to be their worker. Each relationship has to be judged on its own.

There may be risks if a worker takes on a client they know or have an existing relationship with and there may be risks if they don't take them on. People, family, friends and the community have expectations of their workers and more often than not they go to see particular workers because they know them so it is a tricky situation.

It is important to ask "is this relationship in the best interest of the client?"

It is not only the wellbeing of the client that is important here but also the wellbeing of the worker. Aboriginal workers are at risk of burnout because of the complex nature of their working relationships. Making good decisions about who it is OK to work with is an important strategy that helps workers to look after their own wellbeing, even when sometimes the pressure is high from co-workers and community.

Some guiding questions;

- . Am I the best worker to help out this person
- . Do I see them too regularly in my private life, would I be talking work all the time
- . If I make a mistake or aren't able to help this person, can I deal with the consequences with them and their family and maybe even the community
- . Does working with this person carry any risk of losing the personal relationship in any way
- . Does being the persons' worker put me at risk, make me vulnerable or maybe hurt me in any way

Sometimes workers may not have a choice of whether or not to see someone as their client especially in rural and remote communities. If a worker decides to take on a person they know well or are close to as a client, it may be valuable to check for the following;

- . Do you have a co-worker who can work alongside you
- . Does your manager know about the challenge the relationship may pose and are they able to support you
- . Do you have someone to debrief with on a regular basis to make sure you are caring for yourself and the relationship in the best way possible

d. Respecting the person's place in the community

This is about paying respect to each and every client and particularly to those who are elders in the community. Anyone can develop mental health issues or have substance abuse problems, no matter how young or old, no matter whose family they belong to. The elders in the communities are likely to be the ones who have been most affected by the Stolen Generations and experienced higher levels of loss and grief.

Workers have expressed the difficulty of sometimes working with an elder when they themselves are much younger. A guiding principle here is they have come to the worker and that organisation for help and support, so pay the respect for who they are and support them to explore their choices, providing options rather than solutions. Allow them to find their own solutions using their own experience and wisdom; be the support they need.

Sometimes workers have to work in a particular way and do certain things because their organisation, policies and job role requires it. It is important to be honest and open about organisational requirements and worker limitations with each client no matter who they are.

e. Respecting each person's cultural beliefs and traditions

Aboriginal peoples are not all the same. People come from different communities with different histories, traditions and ways. This is especially true when it comes to spiritual beliefs and stories. Pay respect to each person's belief system, that which helps them to be strong, to belong, to build themselves up and to heal.

Equally it is important when a worker is working with a community that isn't their own they are upfront about that. Let those whose community it is, be the expert about their community.

f. Be accountable to your client, workplace and your community

Being dependable and reliable goes a long way to building the relationship with clients. A worker's reputation reflects back on the workplace and it goes out to the wider community. Being accountable may also help workers to manage any risk of lateral violence towards them.

People experiencing mental health and alcohol and other drugs issues can sometimes be challenging clients who aren't always reliable and may not always do what they say they will. Workers need to set an example that they are trustworthy and follow through. If workers are accountable for their actions, they are more likely to provide the best possible service to the client, to the organisation and to the community. It is a simple principle where everyone wins when workers follow through on what they say and step up to their job role.

g. Debriefing and supervision

Organisations have a responsibility to proactively care for their workers and make sure there is some form of debriefing and supervision available. This is essential for workers' wellbeing, especially if they are dealing with clients who are presenting with complex issues.

Workers have a responsibility to seek out debriefing and supervision whether from a manager, a co-worker or an external person when they are dealing with complex issues and presentations. This also falls into the principle of accountability to our clients, to our organisation and to our community.

Ultimately this is about self-care; the more on top of things workers are the better the work with clients, families and community.

APPENDIX 3: The Cultural Approach

a. Holistic

The common approach of Aboriginal workers is to work holistically with all of the issues a person comes along with. This is what clients and their families expect. It gets a little challenging when in fact a worker does not have the skills to attend to everything and there are limitations within their role and organisation.

Holistic means working with the client's physical health needs, their mental and emotional health needs, social needs and of course their spiritual and cultural needs.

It is important to have strong networks and be familiar with the best ways to refer and support clients to link them into a worker or service who can attend to their other needs.

People with lots of trauma, loss and grief, mental health and AOD issues may often be experiencing a crisis. Crises are best attended to in a planned way to minimize the risk of the same thing continually happening without any real change to the person's situation. Housing, legal, protective services, finances, family, physical health issues all need attending to. This is likely to make room for the client to think more closely about their mental health and alcohol and other drug issues.

Working holistically is especially important when working with dual diagnosis issues as they affect each other negatively and the more severe either issue the more likely the person is to have lots of worries and other presenting challenges.

Working holistically does not mean the individual worker doing everything for the client, it means assessing and understanding all of the person's needs and developing a holistic recovery plan.

b. Client focused

This is about supporting people to identify their needs and what they want to do about them. It means going at their pace and working on their goals together, letting them do as much as they can and being there to support them to do what they can't. A goal of client focused work is to support people to be self reliant so they can learn to depend on and trust themselves.

When a person first attends a service they may not be clear about what they want to do or how to achieve it. It can be a slow process especially for people with many and complex issues affecting their lives.

It is not always easy to support clients to make meaningful goals as some people are used to feeling that they have failed and may not see any point in goal setting. Some people simply do not have any hope or belief in themselves to make change happen. Workers may sometimes carry the hope for them until they are able to carry it for themselves.

If a worker assists a client to focus on the goals they identify and help them to make the goals realistic and achievable there is a greater chance the person will continue their healing journey.

Aboriginal organisations and communities continue to work towards self determination. It is a process that builds and strengthens cultural resilience in individuals, families, organisations and at the community level. Self determination is also a process that motivates and empowers clients to decide on and participate in treatment and a healing process that best meets their needs and goals.

c. Recovery Focused

This approach promotes treating people respectfully and allowing people the self determination to achieve their own level of wellness and reach their full capacity. It identifies that people go through the process of change and may have an identity shift when they have been diagnosed with a mental illness and are recovering from addictions.

The Recovery focused approach is presented here because it fits with what workers said were important strategies for working effectively with people experiencing a dual diagnosis.

The following is a summary of the guiding principles of Recovery focused work;

- Empowerment of the consumer to choose and determine their own recovery path
- Person-centered; recovery is designed to meet each person's needs
- Empowerment; people have the right to make decisions for themselves and are supported through information provision
- Holistic includes all aspects of the person's health including body, mind, spirit, family and community
- Non-Linear means there is recognition that it is not a step by step process rather it includes ups and downs and learning from any setbacks
- Strengths-based; focuses on the person's strengths, capacity to be resilient, abilities and their inherent worth
- Peer support recognizes the power of support between consumers

- Respect is the acceptance by workers, organisations and communities of the client's rights and to be free of discrimination. Respect for self and others is important to recovery
- Responsibility; consumers are responsible for their own care and recovery journey
- Hope is an essential message that motivates people and tells them it is possible to recover

Reference: Erney, J. (2005). A call for change: Towards a recovery-oriented health service system for adults. Pennsylvania Office of mental health and substance abuse services.

“Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members”
Erney, J. (2005)

d. Strengths Based

People who experience a more severe and complex issues may not be used to achieving very much in their lives so as workers it is important to help people identify;

- . What their strengths are now
- . What keeps them strong
- . Who their supports are
- . What are they good at
- . What are their hopes and goals
- . What have they done in the past that has helped them get well

Focusing on a person's strengths and achievements no matter how small helps to build hope in themselves, the possibilities and the future.

Focusing on strengths is not about talking up a person and what they can do in a false way. It is about realistic encouragement and motivation using the strengths and achievements of that person in a way that is meaningful and honest.

The Strengths Model says that as a society we tend to focus on the negatives especially when it comes to people with mental health and alcohol and other drugs issues. While people are stuck in what's missing and the negatives about who or what they are, they might find it difficult to look at their possibilities and strengths.

The Strengths Model focus is on assessing people's strengths in two main areas

1. Individual strengths

- a. Aspirations: the person's dreams, goals and hopes
- b. Competencies: what is the person good at, abilities, skills and resources
- c. Confidence: this is about the person's belief in themselves, their personal power, how much they think they can influence the situation

2. Environmental Strengths

- a. Resources: including food, furniture, appliances, income, computer, transport
- b. Social relations: meaningful relationships with family, partner, friends and community
- c. Opportunities: what opportunities are available for the person to help them to meet their goals and their dreams

The role of the worker is to gather information in these areas in a yarning way in partnership with the client and develop a recovery plan focusing on using the strengths of the person.

Reference: Rapp and Goscha (2006). The Strengths Model: Case management with people with psychiatric disabilities. 2nd Edition. Oxford University Press N.Y.

APPENDIX 4: Supervision Agreement Template

This is an example supervision agreement; people can take out or add in what they choose.

This is a supervision agreement between

and (Supervisor).....

From theuntil its review on the

What is supervision?

The purpose: to provide the best possible service to clients and community by building worker's knowledge, skills, insight and wisdom in how to support clients to be well and care for themselves, in the cultural context of working with community

The process: reflective, holistic, open, validating, non-judgemental, two way learning

The relationship: is with a skilled and experienced person who is respectful, trustworthy, caring, honest and knowledgeable about the subject matter and the local Aboriginal community

The Context: regular, by agreement and supported by the organisation

Purpose of Supervision for me:

.....
.....
.....

My Learning Goals are:

.....
.....
.....
.....

Practicalities:

We will meet for (How often supervision will happen)..... which will be arranged at the end of each supervision session. Ours is a non-smoking environment and we have agreed that each of us will ensure that there are no unnecessary interruptions (mobiles, phone and people).

Procedures:

We have agreed that the following arrangements will take place in the following situations:

1. Where there are disagreements, disputes or conflict areas between supervisor and supervisee/s
Each person has the responsibility to raise issues of concern as they arise and work towards a speedy resolution with a respectful attitude (Can add any other dispute resolution process)

2. Agreements with others e.g. an organisation or manager

..... will pay for supervision sessions and will respect the privacy within which they are held

The organisation will have no access to supervision files

The supervisor will provide a brief outline every..... (Number of months)... on the supervisees progress towards their learning goals. (Can add here any other organisational issues to make sure things are clear between the supervisor, worker and the worker's organisation)

Guidelines:

Reflective

Confidential

Open/honest

Any line management issues that need to be addressed

Gossip (any leakage of information in the systems)

Using feedback to learn

Roles and Responsibilities:

We have agreed that as supervisor I will take responsibility for:

- . Time keeping
- . Giving feedback
- . Taking care of the supervisory relationship
- . Creating a safe place
- . Following up any ethical issues
- . Keeping notes of sessions
- . Providing a..... (Timeline) ... progress report.....

We have agreed that as supervisee you will be responsible for:

- . Preparing for supervision
- . Presenting in supervision
- . Your learning (objectives)
- . Applying learning from supervision
- . Feedback to self and to supervisor
- . Keeping notes of supervision sessions

Evaluation and Review:

We have agreed that informal evaluation of Supervision will take place every session

Formal evaluations will take place every six months or as requested by either supervisee or supervisor

Re-negotiation of Agreement:

At any time the supervisor and/or the worker may initiate discussion around re-negotiation of the agreement or any part of it. This will be done in advance so that there is time available to prepare.

Supervisee: Date:

Signed:
(Supervisee)

Supervisor: Date:

Signed:
(Supervisor)

Manager: Date:

Signed: (Others e.g. organisation)

The Story:

Aboriginal communities and people have an ever present connection with one another due to a shared history of struggle, oppression and triumph. The web throughout the painting is symbolic of this connection. It also symbolizes how complex and intricate it can be for workers to manage an environment where they often have dual relationships with the people they work with.

The three health workers standing together at ease are demonstrating and acknowledging the existing strength, skill and confidence that workers have to be able to work within this environment.

The two figures within the centre red circle is a magnified view of what is happening within the heart of organisations and community. A worker is listening to somebody with a dual diagnosis who needs to share their story. The other red circle suggests the isolation that can come with this diagnosis and the need for people to reach out.

The stepping stones within the pathways are symbolic of the workers moving forward to continue assisting people with their healing journey. The two figures coming together are portraying hope and friendship and showing the ongoing connection that remains even while people are healing.

The Healing Ways manual is a resource that validates and acknowledges the skills that already exist amongst workers. Hopefully it will be a stepping stone for newer workers to continue developing good working practices to ensure they can continue to provide a deadly service for their mob.



Artist: Joanne Dwyer

Title: Our Healing Ways

Medium: Acrylic on Canvas

Year: 2011



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