

## Effective clinical supervision

Clinical supervision is a foundation of considered, quality clinical practice. It provides accountability for the people who access our services, maintains organisational integrity, supports clinical practice, and provides a space for reflection and collaboration. It is a vital component of professional development for all client facing staff.

The term *practice* refers to the planning and delivery of interventions and may look like counselling, group work, assessments, psychoeducation, peer work, cultural mentoring, and case management. Ideally, clinical supervision is conducted by a person external to the organisation; alternatively, a person within the organisation whose sole role is to provide professional development, clinical supervision, and training and who does not work in a client contact or line management capacity. Clinical supervision uses reflective practice to address workplace bullying and lateral violence and build psychological safety.

### What it is not:

- Oversight by line management staff
- Performance reviews
- Part of a disciplinary processes
- Client Case review
- Critical incident debriefing
- Psychotherapy or counselling

### What is reflective practice?

- Honest and critical reflection on our work with clients.
- A deep understanding of our unconscious biases, thoughts, feelings, and reactions to clients.
- Processing transference and countertransference reactions, challenges to boundaries and ruptures in the therapeutic relationship.
- Reviewing the work through a trauma-informed lens, acknowledging the interrelationship between mental health and substance use, and the impact trauma has on attachment and the development of identity.

### Benefits of clinical and specialist supervision

- Investment into worker wellbeing
- Improved staff retention and morale
- Maintains the quality-of-service provision
- Clinical accountability and integrity
- Cultural competence and safety
- Psychological safety of work culture

### Specialised clinical supervision

In addition to clinical supervision, there are specialised practice supervision frameworks that expand the therapeutic and cultural contexts of work in the AOD sector. First Nations cultural, multicultural and peer work supervisions provide customised support of the specialised skills and experience in the sector which contributes to improving the experience of people accessing AOD services. As with clinical supervision, these specialised supervision frameworks are not internal, line or operational management mechanisms.

### Supervision formats

Clinical supervision is delivered individually or in a group. Unless there is an issue that requires management input, all information discussed in sessions is confidential. The allocation of clinical and specialised supervision is written into employment contracts, funding agreements and professional development budgets. NADA recommends the provision of cultural leave and the flexibility to participate in cultural events for First Nations and multi-cultural workers.

### **First Nations cultural supervision: Walking in two worlds**

Cultural Supervision responds to the reality of First Nations workers whose roles carry a cultural load and an expectation they will provide cultural mentorship and guidance, as well as the responsibilities of their roles. It also provides a forum for non-First Nations workers to reflect their practices when working with First Nation's clients, and facilitates the development of mutual respect, cultural empathy and understanding.

Combined group supervision sessions with First Nations and non-First Nations workers are an opportunity for knowledge exchange and proactively builds inclusive, respectful work cultures and a sustainable responsive sector. Cultural competence and safety are the responsibility of all employees of an organisation.

Cultural supervision is a forum for non-First Nations workers to deepen their understanding of the impact of colonisation on individuals and communities and to challenge assumptions and unconscious biases. This is crucial reflective work in the AOD sector, due to the introduction of alcohol, tobacco, and other substances to First Australian communities by early settlers and the legacy of transgenerational and intergenerational trauma that continues to impact First Nations people.

#### **Who provides it?**

An Elder, Cultural Mentor, experienced First Nations worker external to the organisation, or a formally trained First Nations cultural supervisor can deliver cultural supervision. Sessions may be individual or held in a group.

### **Multicultural supervision: Supporting a strong multicultural workforce**

Multicultural supervision is a specialised form of clinical supervision that acknowledges and encompasses a range of theoretical frameworks, models, and interventions designed to promote effective communication and understanding in a cultural context. The primary aims are to increase skills, promote reflection and self-awareness of biases and attitudes, which improves the client experience and maintains the cultural safety of services working with culturally diverse populations.

It provides a cultural lens through which assessment, treatment planning, and intervention are delivered. An external cultural supervisor can collaborate with a clinical supervisor, managers, and team leaders to comprehensively address the cultural safety and practice needs of the organisation.

#### **Who provides it?**

Multicultural supervision is provided by an external clinical supervisor with the relevant cultural background and clinical experience in the AOD sector. It can be delivered individually to workers or facilitated in a group.

### **Peer work supervision: Peer work practice support**

Peer work supervision is specialised clinical supervision and practice support for peer workers. It is a core component of professional development along with access to training and networking opportunities and an essential part of organisational readiness for the AOD sector services in preparing for the expansion and development of the peer workforce. It does not replace clinical supervision and is different to peer supervision when clinicians and workers come together in collegially led discussions about their work practices.

Peer work supervision uses reflective practice to explore the interactions between firsthand experiences and the scope of their role. It supports safe storytelling and self-disclosure, establishment and maintenance of relational boundaries and the opportunity to unpack ethical and professional dilemmas in a non-judgemental, safe forum. Quality peer work supervision provides the opportunity to reflect on unconscious drivers of thoughts, feelings, and responses, identifies strengths, and spotlights the value-add of the lived and living experience within the clinical and therapeutic context.

#### **Who provides it?**

A peer work supervisor is an experienced peer worker, often with supervision qualifications, who understands the work, values, challenges, and nuanced complexity of the role. Supervisors also provide practice support to whole of organisations to facilitate the integration of peer workers into the workforce and the broader understanding of the complimentary value of peer work in increasing access and efficacy of treatment.