

Clinical supervision helping reduce vicarious trauma for drug & alcohol nurses

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August 2019



Health
South Western Sydney
Local Health District

A group of five healthcare professionals are seated around a white table in a bright, modern setting with large windows. They are engaged in conversation. Two women on the left are wearing blue scrubs, one is smiling. A woman in the center is wearing pink scrubs. Two men on the right are wearing white lab coats. There are white mugs and a plate on the table. The word "Background" is overlaid in large blue text.

Background

What do we know?

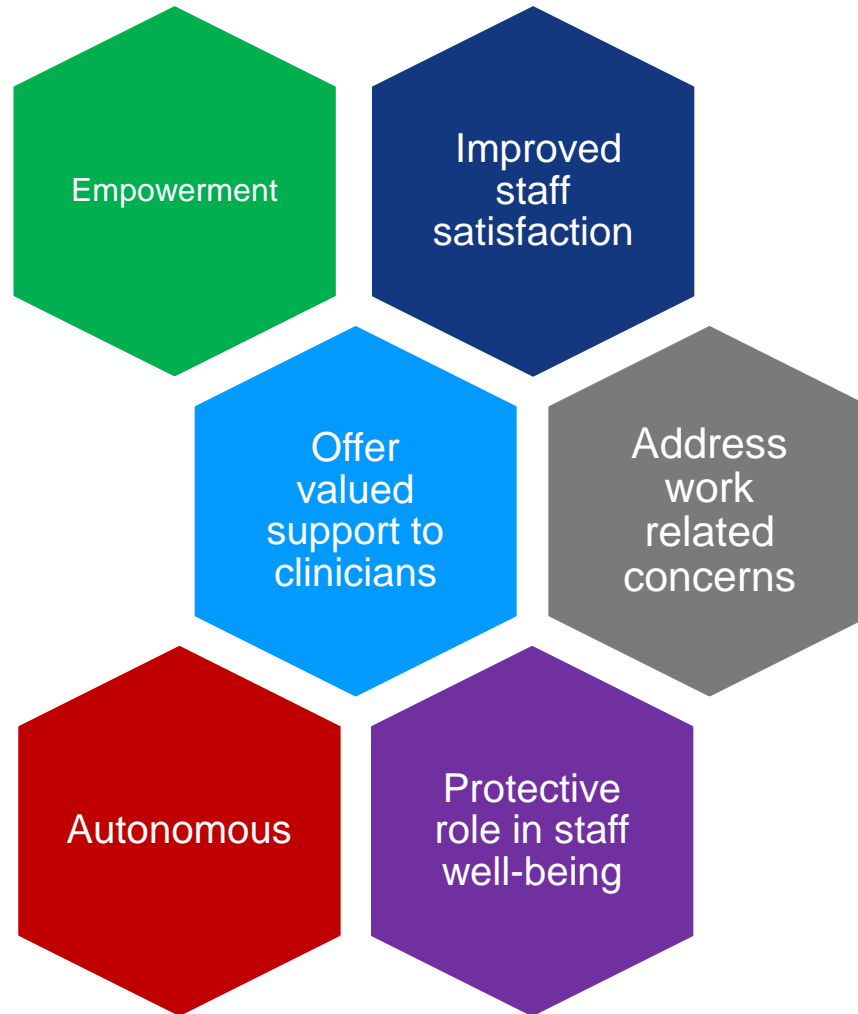
Clinical Supervision (CS)

- a formal structured arrangement between a supervisor and one or more supervisees
- constructed to provide a space for critical reflection on the work issues faced by supervisees
- supporting ethical practise through reflection and either 1:1 or group peer support

Vicarious
Trauma

Drug
Health

Why is clinical supervision important?



Clinical supervision - the dormant activity



How does clinical supervision help drug health nurses?

Role definition & identification

Develop ethical, competent and professional practice

Promotes Individual resilience

Effective coping strategies

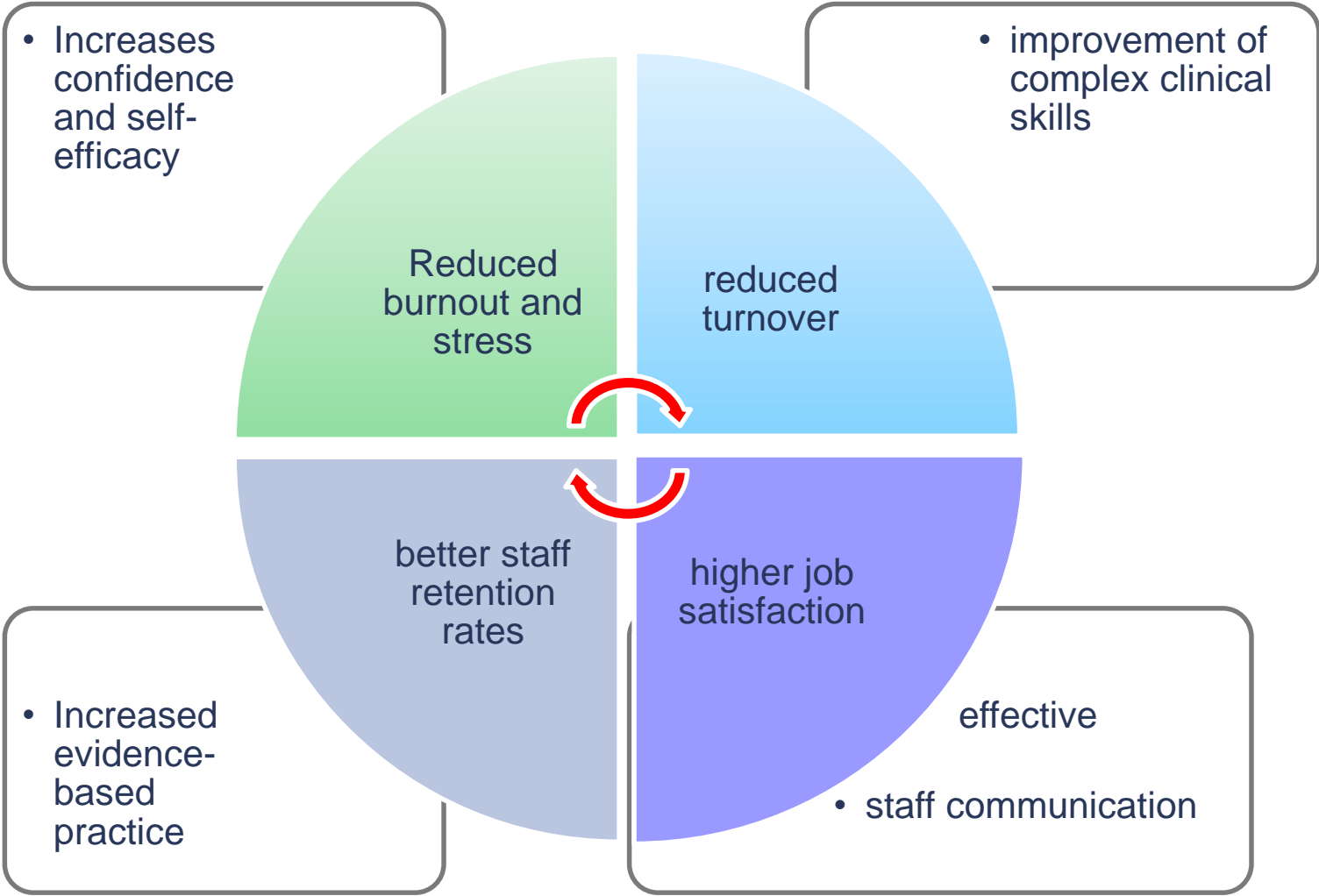
Reduce risk of anxiety & depression

Perspective & clarity

Reasons for advocating clinical supervision for drug health nurses



Clinical Supervision Benefits



Nursing staff stories on group clinical supervision

"..the sessions are very helpful"

"...always useful and opportunities to validate & improve clinical skills"

"..always useful for reflective practice"

"..gives staff a chance for staff to express their feelings and work ethics"

"..find it helpful to discuss some of the issues that arise"

Conclusion



Future direction for our drug health nurses



Reference List:

- Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Aust N Z J Psychiatry*, 43(4), 373-385. doi: 10.1080/00048670902721079
- Ewer, P. L., Teesson, M., Sannibale, C., Roche, A., & Mills, K. L. (2015). The prevalence and correlates of secondary traumatic stress among alcohol and other drug workers in Australia. *Drug Alcohol Rev*, 34(3), 252-258. doi: 10.1111/dar.12204
- Fulton, C. L., Kjellstrand Hartwig, E., Ybañez-Llorente, K., & Schmidt, E. (2016). Clinical Supervision in the Addictions Field: A Case Example of Effective Gatekeeping. *Alcoholism Treatment Quarterly*, 34(1), 48-62. doi: 10.1080/07347324.2016.1113106
- Joubert, L., Hocking, A., & Hampson, R. (2013). Social Work in Oncology—Managing Vicarious Trauma—The Positive Impact of Professional Supervision. *Social Work in Health Care*, 52(2/3), 296-310 215p. doi: 10.1080/00981389.2012.737902
- Lombardo, B., & Eyre, C. (2011). Compassion fatigue: a nurse's primer. *Online J Issues Nurs*, 16(1), 3. doi: 10.3912/OJIN.Vol16No01Man03
- Rasmussen, B. (2005). An intersubjective perspective on vicarious trauma and its impact on the clinical process. *Journal of Social Work Practice*, 19(1), 19-30 12p.
- Roche, A. M., Todd, C. L., & O'Connor, J. (2007). Clinical supervision in the alcohol and other drugs field: an imperative or an option? *Drug & Alcohol Review*, 26(3), 241-249.
- Schmidt, E. (2012). Clinical Supervision in the Substance Abuse Profession: A Review of the Literature. *Alcoholism Treatment Quarterly*, 30, 487-504. doi: 10.1080/07347324.2012.718966
- Sinclair, H. A., & Hamill, C. (2007). Does vicarious traumatization affect oncology nurses? A literature review. *Eur J Oncol Nurs*, 11(4), 348-356. doi: 10.1016/j.ejon.2007.02.007
- West, L. P. (2012). A Study of Clinical Supervision Techniques and Training in Substance Abuse Treatment. *Journal of Addictions & Offender Counseling*, 33(2), 66-61. doi: 10.1002/j.2161-1874.2012.00005.x