

7.12 Professional and Personal Self-Care

7.12.1 Supervision of Supervision

Having a reflective space to review one's clinical supervision work is essential to the wellbeing of supervisors. It is also a principle of accountability and good practice. This is present in some services in the form of individual supervision sessions between clinical supervisors and their own managers, though one faces the same potential challenges here as when a worker's line manager functions as his or her clinical supervisor. Nevertheless, just as with this latter duality, the former can have benefits and can work well, depending on the quality of the working alliance and the ability of the senior manager conducting to distinguish between the roles and to avoid mixing them.

Supervisors have to have supervision; the reflection time is crucial to the work. (Manager, AOD Service)

... there's a heavy emphasis in the provision of supervision to supervisors on ethical decision making. ... A huge component of supervision (of supervision) is ensuring that there is absolute due diligence given to reflect on and look at every single potential possibility and what our duty of care is to the consumer but also, what our duty of care is to the counsellor undertaking the work. (Manager, CMMH Service)

It really provides a forum to consider and hold the tensions that can emerge in meeting the needs of various stakeholders (consumers, counsellors and the organisation). (Manager, CMMH Service)

Other options for supervision of supervision include:

- Engaging the services of clinical supervisors external to the organisation
- Supervision-of-supervision groups, facilitated by an external supervisor
- Peer supervision-of-supervision groups, in which clinical supervisors meet to review their work practices together, and to offer one another feedback and support

7.12.2 Self-Care Planning

In addition to engaging in supervision-of-supervision, a well-considered self-care plan is an essential component to a comprehensive work management portfolio. A good self-care plan should be achievable, concrete and designed to attend to a particular source of stress.

Examples of categories in creating a self-care plan include:

Organisational: strategies that may involve negotiating changes in your work place (e.g., seeking to diversify your work life, or accessing supervision for yourself).

Professional: strategies for attending to your professional development and career path needs (e.g., undertaking further training that will assist you in dealing with a particular client group).

Personal: strategies that assist you on a personal level (e.g., improving nutrition, reading non work-related books, etc.)

References for this section: The Bouverie Centre (Moloney, Vivekananda & Weir 2007).

7.12.3 Compassion Fatigue and Vicarious Trauma

Given the experiences of their clients, it is likely that workers in human service organisations will hear about and witness severe trauma and distress in performing their roles. Research has demonstrated that listening to stories of trauma and having a responsibility to respond with compassion and care can have a cumulative negative effect on workers' wellbeing. These cumulative effects can be the cause of compassion fatigue, or burnout, and are not related to a worker's inherent weakness, inexperience, psychopathology, or lack of professionalism.

Generally, it is understood that one's risk of being negatively impacted (including traumatised) by the work increases when:

- working in the field for a long time
- working with children
- working with clients who have been sexually abused
- working with clients for whom society has little compassion, or who are blamed and scapegoated (e.g., homeless clients, clients with substance abuse problems, sex workers, refugees)
- having little variety in the work
- having a history of unresolved personal trauma
- experiencing currently stressful life circumstances
- having personal coping strategies that lead to avoidance and internalisation of problems

Figley (1995, cited in The Bouverie Centre [Moloney, Vivekananda & Weir 2007]) notes that the more compassionate and empathic a worker is, the more likely he or she will be affected by compassion fatigue. The answer is not to make workers less compassionate, obviously, so effective self-care strategies become paramount.

Focus on self-care in the trauma field can be usefully translated to other areas, such as the CMMH and AOD sectors. Clinical supervisors can help themselves by being aware of the potential hazards of the work and developing effective self-care plans to deal with these.

Good supervision also requires that workers are helped to understand the potential impact of the work that they do; to assess their personal risk factors and resources; to recognise

the signs of compassion fatigue and vicarious trauma, and to develop a self-care plan that monitors and addresses negative effects should they arise.

References for this section: The Bouverie Centre (Moloney, Vivekananda & Weir 2007); Center for Substance Abuse Treatment (2009).