

Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 3: September 2018

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CEO report

Larry Pierce

NADA

NADA has a long history of supporting its members through workforce development. This has taken various forms throughout the years, from the provision of small training grants to the development of specific resources, and research work with our membership. A new key area of work for NADA aims to support worker wellbeing.

Addressing worker wellbeing requires a systematic approach that integrates strategies to support workers at the individual level, and strategies to address wider environmental and cultural issues and practices within and across our organisations. So what will help with worker wellbeing? For starters, we know that well-resourced and managed professional development is crucial, as is having access to good clinical supervision, and flexible work practices at the agency level.

As you may recall, NADA undertook a workforce survey late last year in partnership with NCETA and Matua Raki to examine the health and wellbeing of the AOD/addictions workforce in NSW and New Zealand. The results show that while most workers fared well, half had thought about leaving their job, and as many as one in five were planning to look for work outside the AOD field. Unfortunately, this comes as no surprise considering the lower level of salary we can offer in comparison to government and broader health and social service sectors, and the job insecurity we have all faced because of short-term funding contracts (although it's encouraging to see this is changing). In an environment that is going to become increasingly competitive for staff,

we cannot ignore the impact that inadequate remuneration and job insecurity is having on the attraction and retention of our skilled and dedicated workforce.

In addition to this, we recently launched a workshop to help managers identify and develop strategies to address psychosocial risk factors in the workplace. We are now looking to develop resources targeted at the individual worker level to help them identify when their work and/or life may be taking a toll because of high personal and professional demands. Watch this space.

In an environment that is going to become increasingly competitive for staff, we cannot ignore the impact that inadequate remuneration and job insecurity is having on the attraction and retention of our skilled and dedicated workforce.

As always, NADA is very interested in working with our members to identify workplace factors that lead to worker wellbeing and to address as much as possible the organisational and structural needs of our workplaces that will better promote the retention and maintenance of a healthy and high functioning workforce. To this end we will also be focusing our advocacy efforts at the state and federal funders of AOD programs in relation to the sustainable funding levels our sector needs and for the appropriate resourcing of workforce development activities through these funding programs.

The art & science of worker wellbeing

Although AOD practitioners can face various challenges in their work, they feel very passionate about their clients and the job they do.¹ Manager of Guthrie House, Christine Duggan, shares how they use storytelling to activate core values and tap into a sense of common purpose to enhance workers' wellbeing.

Photo The Tribune, 2 October 1973, p5 via Trove

Can you tell us about Guthrie House and its history?

Guthrie House is a residential program for women involved in the criminal justice system, who have or are experiencing drug and alcohol issues, and/or are homeless or at risk of homelessness. Pregnant women, and women with children up to the age of one, are also able to come to our program.



The history of Guthrie House is based around two women, Bessie Guthrie (*pictured above*) and Sandra Willson (*left*). Bessie and Sandra came from very different backgrounds, but they had a common goal that brought them together at the

time the NSW women's refuge movement was in full swing during the 1970s.

Bessie Guthrie and a small group of women established the first ever refuge in Australia for women and children who were the victims of domestic violence. Bessie fought for the rights of oppressed, disadvantaged and marginalised women, and her activism inspired many services for women and children to be established.

Sandra Willson was found not guilty of the murder of a Sydney taxi driver in 1959 on the grounds of insanity; and she was sentenced to an unspecified term of imprisonment. Bessie and the Women Behind Bars group campaigned for the release of Sandra, and she was finally released after 18 years in custody. Sandra then took up the cause of prison reform and established the first halfway house for women coming out of prison—Guthrie House.

How do you feel the history of the agency relates to worker wellbeing?

Most NGOs have a history that's quite rich and comes from an idea of very grassroots social work. Usually it will be centred around one person who wanted to leave the world a better place than how they found it. We all come into this industry with an idea of what we would like to achieve.

Connecting staff to the history of the agency creates a sense of common purpose, connection and belonging, not only to the work that is being done today, but to our place within this history. Sandra wanted to support women to transition into the community post-custody; we carry on her vision, 30 years later.

At Guthrie House, Sandra and Bessie's story is part of our service delivery. Staff are told the story during orientation and the women are told during their stay. This idea of connection and belonging promoted through storytelling helps to build a cohesive team, which inspires and motivates. Evidence shows that workers motivation and job satisfaction can be enhanced through engaging their values and emotions.²

The women, the history and ethos that has shaped Guthrie House is inspirational for the staff—but do the women accessing the service also connect to it?

Absolutely. The women that we work with are assessed to be a high risk of re-offending. They are faced with a double stigma in our society, involvement in the criminal justice system as well as experiencing substance dependence. They have been told throughout their lives that they will amount to nothing.

The art and science of worker wellbeing

continued

When we share Sandra's story with our women, they're always surprised that not only a woman with a dependence on drugs—and had been in goal—was able to set up a service to support women who had similar experiences, but they were also humbled by the fact that she had wanted to. That she saw value in them and knew that with support anyone was able to turn their lives around.

What other strategies do you believe are useful to support worker wellbeing?

As a manager you need to get to know your staff, dynamics, roles within the agency and workers history in the agency, why are they here, why are they doing this job. Staff should be told the importance of their job because it's motivating knowing how valued you are in the workplace.³

I believe work life balance is vital for worker wellbeing and organisations hold responsibility to ensure that their systems allow for this. At Guthrie House we work on a time off in lieu system which allows for flexibility in working hours to meet life requirements that do not always fall between nine to five, Monday to Friday. We value mental health days where needed and work as a team to support each other on a day to day basis.

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Our systems allow for de-briefing, consultation and critical reflection both formally and informally. Where possible we try to make program decisions as a team to recognise that everyone brings something unique to the team dynamic that can make for a fantastic culture of collaboration and creativity. Facilitating team cohesiveness helps to reduce workers stress and create an outlet for sharing concerns.⁴

We have group supervision and individual supervision and smash down any silos that may develop as part of a multi-disciplinary team by steering clear of 'this is your client' and 'this is my client'—all of our women are Guthrie House clients. Group supervision has been found to validate and help normalise stress that many workers experience.⁵

We take the time to get to know each other as individuals, normalise any stressors and most of all try and find the fun and silliness of life. I am a firm believer that you should love your job and have fun doing it as life is too short for anything else. The stories that we hear each day are tragic and traumatic, however working together as a team to remind each other every day that our clients are inspirational and resilient and that we're so privileged to be in their lives can keep the passion for our work going.



Invitation to NADA members

NADA's 2018 annual general meeting will be held on **Monday 19 November**. This day will be an opportunity to celebrate and reflect on **40 years** of our work. Plus members will contribute to our position on justice reinvestment.

[Register now](#)

The ethics of self-care

Give a voice to the emotions that serves both you and the people you work with, implores Mary Jo Mc Veigh, CEO Cara House and CaraCare. Walk your emotional experience through the darkest part of the feeling to the light of ethics.

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It is said that the darkest part of the night happens just before the light of the dawn emerges. At that point 'the night, the light and the half-light' (WB Yeats) weave together. Neither one can exist without the other. The nature of working with people who are struggling is like these woven forms of dark and light. The emotions we feel in the work, from elation to doubt, from despair to hope, all exist because of each other. Moreover, as a worker we would not feel them if we are not present to the work. Here lies the power we can harness as part of self-care.

The emotions we feel from working with people—feelings like frustration, sadness or despair—tend to get labelled 'negative'. But they shouldn't be. While these feelings can cause discomfort within us, they are part of the complexity of the human condition. They are life telling you something, and they are waiting for a response. These emotions may impart negative effects upon you, depending on how you relate to them and the messages you attach to yourself, the work you do, and the people you work with.

It is vital for self-care to give a voice to these emotions in a way that serves both you and the people you work with. It is important to guard against the felt experience of the work either with self-blame (e.g. 'I should be more professional') or self-absorption (e.g. 'I feel totally despairing'). In approaching the emotions of the work with a sense that you should not be feeling them, adds guilt to already existing emotion. You may then add impatience as you feel a need to stop these feelings quickly, followed with a dose of critical judgement for feeling them in the first place. Adding guilt, impatience and criticism to a situation that was already causing you some discomfort, deepens our distress and strips away compassion for who you are.

In approaching the emotions of the work from a place of your own despair dishonours the clients' experience. While listening to someone's experience and feeling it, it is important to remember it's not your experience. If you focus on your own reactions too much, you risk losing the purpose of your work and placing your own feelings over those of the people you are working with. As the

emotional reactions to a client's situation arises, the first thing to recognise is the reason that you are feeling this emotion is because you are doing the work. Your presence in the work is already an ethical statement, it is saying for example, 'I am choosing to do this work to assist this person in front of me achieve their goals and hopes for the future.' Furthermore, there is another layer of ethics in this emotional experience. It speaks to you and to you as a worker. It is important that you locate what it is telling you, for example:

If you feel anger about a client's situation, could that indicate your belief in social justice?

If you feel sadness for a client, could that point to your compassion?

If you feel despair, could that be showing your hope for humanity.

The emotions we feel from working with people—feelings like frustration, sadness or despair—tend to get labeled 'negative'. But they shouldn't be.

Whatever the emotional experience, walk it through the darkest part of the feeling to the light of ethics. From this ethical position you can illuminate all that is powerful about you as a worker, all that is honourable and all that is worthy. And from this place you can choose time and time again, how you want to treat people, no matter how anyone else does. How you want to see the world, no matter what anyone else describes it as. How you want to be, no matter what anyone else says you should or should not be. That is a powerful way to walk through life, to be bringing to work and look after yourself. That is the wonderful weaving of light, night and half-light.

Cara House was one of the first trauma centres in Sydney and is still considered one of the leading trauma services to date. Cara House delivers creative and innovative services to children, young people and their families. These services are human rights, trauma specific, attachment, reclamation and renewal based. [Learn more.](#)



Getting the balance 'right'

Triple Care Farm's senior psychologist, Lauren Mullaney shares her thoughts on achieving work life balance, and how self-care strategies can help.

When you first learn how to drive a car and get behind the wheel there is so much to consider. The pedals, the steering wheel, the gears, the speed... the person next to you freaking out because you nearly ran up the gutter. After a period of time this process can become natural. We can get from A to B and we don't always even remember the drive. Gone are the very conscious thoughts about merging onto the freeway and turning a corner; it just becomes routine.

The same type of thing can happen in our lives, generally speaking. The things we do on a daily basis can become the things that we have always done and we develop a routine. Now, this isn't necessarily a problem unless the balance is a little off, and we start to learn 'unhelpful' patterns/routines and ways of responding. The problem is, if we push ourselves to get from A to B without thinking or run on empty for too long we can miss some important signs. Signs that might tell us we are not 'ok' anymore, or signs that tell us we are burnt out; feeling emotionally exhausted, detached from work or cynical about the work we do, or experiencing a reduced perception of efficiency or achievement in our roles.¹ Widely speaking, from an organisational perspective, burnout can also be linked to decreased morale amongst all staff, more personal leave days being taken, and can lead to an inability to retain organisational knowledge.² These concerns not only impact staff (and our family) but it can also impact the care and treatment that we are able to provide to our clients.

As AOD workers/managers we can be exposed to some pretty confronting things. These things can become normalised over time and we can forget that sometimes our jobs can be a little tricky... worth it absolutely... but tricky. If part of our routine has become unhelpfully normalised it is really important that there are other aspects in our lives that act as a counterbalance to ensure that we are looking after ourselves. Whilst we may feel weary of hearing the word 'self-care' all the time, it is important to acknowledge that self-care is essential for getting the balance 'right'; leading to improvements in our health, our wellbeing and higher levels of job satisfaction.³ Although it would be easy, self-care isn't just about

watching some TV at the end of the day and switching off. Achieving balance, and self-caring, is about actively nourishing and deliberately engaging⁴ in activities that contribute positively to our wellbeing. This includes time management strategies, having boundaries around work (i.e. turning the phone off), engaging in reflective practice and clinical supervision, and engaging in meaningful connections with others (just to name a few).⁵

We know these things. We teach our clients these things... and yet we aren't always that good at looking after ourselves. Presumably we like our work, and what it means, but it can't be all of us and who we are. Our ability to self-care doesn't only affect us, and it isn't 'self-indulgent' (Audre Lorde). Running on empty can affect other people on the road. Nonetheless, if we can't take care of ourselves for our own sake (even though this is enough as we are just important as anyone else), we should endeavour to take care of ourselves for our clients and our families. Achieving the appropriate balance and using self-care should 'refuel us, rather than take from us' (Agnes Wainman).

If we are able to achieve a balance that is right for us we can navigate things 'better' and more consistently, thus providing better outcomes for the people we work with and for, including ourselves.

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We asked you...

What do you find works for you in terms of self-care?

I don't have much time, so I value my downtime, like enjoying a cup of tea before the kids wake up.

Annie, Salvation Army Women and Children

Sport! I play football—or soccer, as it's known here—and I coach two teams, my son's under nine team and an over 30s women's team.

Denny Foundation House

I find nurturing relationships to be vital, which means being actively involved, not just your day-to-day.

James, Co.as.it

I use self-reflective exercises, like journaling.

Marie, Karralika

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Do we still need to talk about stigma in the workplace?

By Dr Caryl Barnes
MBBS, FRANZCP, MD
Consultant Psychiatrist
Black Dog Institute

In Australia, it's estimated that 45 per cent of people will experience a mental health condition in their lifetime.¹ The term 'stigma' means a mark or sign of disgrace or discredit, and stigma occurs whenever stereotypes or negative judgements are made about anyone with any form of mental illness. When someone with a mental illness is labelled as being 'incompetent' rather than unwell that's stigma; it has a hugely negative effect and greatly increases the burden of mental illness on the individual.²

Reducing mental health stigma

Over the past eight years, the Black Dog Institute, Sane and Beyond Blue have worked to reduce stigma around mental illness in our community with national campaigns. The organisations have also developed resources and training programs to address stigma and increase awareness in the workplace. In July 2013, the National Mental Health Commission launched the formation of Mentally Healthy Workplace Alliance which brought together representatives from the business sector, government and peak mental health bodies with the aim to *'encourage all Australian workplaces to become mentally healthy to benefit the whole community and business, big and small'*.³

So do we really need to talk about reducing workplace stigma five years on? One of the biggest concerns mental health professionals and GPs are asked when someone first comes to seek help for a mental health issue, is whether they should tell someone at work. Replying to that question should ideally be an emphatic 'Yes'. There are many good reasons why disclosing a mental health problem, even if it is not severe or formally diagnosed, can be helpful for the person involved.

Everyone benefits with disclosure

On a practical level, if the person is concerned that their interactions with others or their performance has been affected by their underlying mental health issues, then disclosure can bring about a sense of relief. It can reduce stress about having to keep difficulties hidden or negate the need to mask appointments with their treating psychiatrist or psychologist during the day. Disclosure also brings with it some protection for the individual under the Disability Discrimination Act 1992

which *'makes disability discrimination unlawful and promotes equal rights, equal opportunity and equal access for people with disabilities'*⁴ as mental illnesses are treated in the same way as a physical illness or disability under the Act.

Disclosure too can be helpful for a manager and team leaders as they can have open discussions with the individual about how best to support them at work: does anything need to change? has anything in the work load or environment contributed to the illness? and if so, how can this be addressed? Disclosure makes it much more straightforward for a manager to be able to tell others in a team why someone is off work, or explain why their hours have been reduced, or why they might be handing over that particularly long and complex project to you. When these changes occur and it's not clearly apparent why, it can cause friction between team members, and managers can be accused of showing favouritism.

Disclosure which then leads to clear support for the individual allows others to be more open about any difficulties they may be experiencing in the future. In turn this promotes early help seeking which is key to reducing the impact of mental illness on individual, their families, friends, work colleagues and community as a whole. Such disclosure and demonstrated support can help drive change in workplace culture—which in turn reduces stigma.

The high price of stigma

Disclosure and the benefits that come from disclosure cannot happen in a workplace that is unsafe, by this we mean a workplace that has demonstrated itself to have stigmatising attitudes towards individuals with mental health issues. This stigma can vary from use of stigmatising language through to management practices like 'moving on and out' that has been seen far too often, especially in the so-called 'high performance' industries. Rather than try to support an employee whose mental illness is causing them to struggle to maintain previous levels of productivity, such workplaces will seek to get rid of them—hence why many individuals fail to disclose they have a mental health problem, whatever the nature or severity. Sadly, many individuals report that they

Do we still need to talk about stigma in the workplace?

continued

would resign from a job, even if this results in financial hardship, rather than disclose in a workplace which would then expose them to the risk of losing their job due to stigmatising and unsupportive attitudes and behaviours.

For many people, having a mental illness does not impact on their ability to work; work provides routine, meaning and social connection that is much more helpful to them than staying home or being forced to take sick leave. They might not, however, be able to do night shifts, or may require time for appointments, or need to start later in the day due to medication side effects or the very nature of the mental illness which makes it harder to get up and go first thing in morning. A work environment that is not stigmatising, which is supportive, is one that can allow and support changes in timing, place and nature of that person's work which allows them to keep working through a relapse of their illness. Such adjustments are referred to as '*reasonable adjustments*' and the national

Disability Act makes this a requirement of all work places in order that they do everything (within reason) of supporting the individual remain at work.

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We often discover member activities too good to keep secret —we'll now share them here

Clever ideas

unearthed

Waverly Drug and Alcohol Centre facilitate a range of SMART recovery groups. One of their groups is called SMARTWALK—it's a social walk and talk for people experiencing AOD issues and/or depression. Held once weekly, they meet at Centennial Park and walk for an hour.

What's so clever about that?

This group is a low barrier way to help engage new clients to their service, and to keep them engaged whilst waiting for an initial assessment. Plus, evidence shows that regular walking enhances physical and mental health. The social aspect and leafy surrounds are the icing on the cake!

To contact Waverly Drug and Alcohol Centre, please email waverley.drug@optusnet.com.au.

Staff wellbeing plan

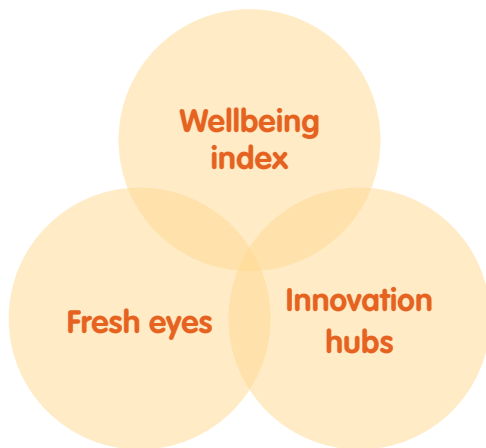
A pilot program to enhance the wellbeing of AOD workers

Adrian Webber

Clinical Director—Drug and Alcohol, St Vincent de Paul Society NSW Support Services

St Vincent de Paul (SVDP) Specialist Alcohol and Other Drug (AOD) Network has grown exponentially in the past few years. We now have 60 staff providing a range of services including community outreach, residential and non-residential programs, and once our new continuing coordinated care programs reach full capacity, we will have close to 90 AOD and other specialist clinicians working with us across the state.

Our staff are important to us, so to support them we developed a program to enhance their wellbeing. It was piloted at Freeman House (Armidale) and Rosalie House (Tamworth) with 45 workers in September 2017. Once evaluated, we hope it will be rolled out to all our AOD staff across the state.



Specialist AOD Network staff wellbeing plan

Staff wellbeing plan

The plan consists of three interconnected programs designed to raise individual, intra- and inter-team subjective wellbeing. The 'Innovation hub' and 'Fresh eyes' are mechanisms that give staff opportunities to be the drivers of workplace initiatives to enhance their daily work experiences. The 'Wellbeing index' is designed to measure the overall wellbeing, or 'pulse' of the service and is largely dependent on the success of the 'Innovation hubs' and the 'Fresh eyes' programs, as well as other routine staff development activities like training and project working committees.

Innovation hubs

At these events, workers are placed into groups with other staff who they would not regularly work or collaborate with. Each group reflects on different topics, for example what's working or what are the current challenges? They then work on projects for innovation and present the results to the larger group at a later date.

Some of the recent initiatives that have come from our 'Innovation hubs' include:

- improved debriefing during unplanned discharges. This has helped to ensure clients and key workers feel well supported during these times, which can involve complex situations.
- a brief team building activity every second week at the end of the handover meeting.
- internal peer support sessions. Staff are randomly allocated a buddy from across the inter-disciplinary teams to meet with on a regular basis to foster inter-team communication, information sharing and support.

'Doing projects with people you might not normally interact with much, has been really positive'. —staff feedback

Fresh eyes

All new starters are given a journal to keep for their first month of employment. They are encouraged to spend ten minutes at the end of each day to reflect, consolidate their learning, and consider how things are done at SVDP NSW compared to other workplaces (for example), and to challenge the way things are done at SVDP. The journals remain the property of the worker, and are not required to be shown to anyone else. After one month, staff are invited to complete a brief, three question survey with access via email linked to a Qualtrics survey.

1. Please describe your experience of your first month in your role overall.
2. How well does your role fit with your original expectation?
3. We are interested in your observations of your first month. What worked? What was challenging? What suggestions can you make to improve your work environment overall?

'The fresh eyes survey made me feel valued as a newcomer to the service. It allowed me a space to be able to feedback my opinions and I felt as though the organization genuinely wanted to ensure new staff settle in well'. —staff feedback

Staff wellbeing plan

continued

Wellbeing index

At each fortnightly staff meeting, workers are asked 'on a scale of 1 to 5 write down the number that describes your current sense of work wellbeing'. Staff write a number on a small card and place it in a cup and after the meeting the overall mean score, converted to a score out of 100 is calculated. At the meeting, time is allocated for a wellbeing discussion where staff are asked to volunteer their feedback about what they believe has contributed to their score and why it may have increased or decreased over the past fortnight. A brief discussion occurs to identify areas for the team to work on over the next fortnight. A chart tracking changes to staff wellbeing and significant events was placed on the staff lunchroom noticeboard and updated fortnightly. Since the commencement of the pilot the wellbeing index has increased from 68% to sitting currently at 80.4%.

Both the 'Wellbeing index' and 'Fresh eyes' are designed to be anonymous and voluntary. However all staff are reminded for any concerns too personal or if any issues are triggered by these activities, they can seek support with their team leader, the clinical director, or the employee assistance program.

'I can sometimes neglect the impact program changes/decisions can have on the broader team. Listening to the feedback from the wellbeing score at the staff meeting allows perspective and enables me to make a decisions [sic] that considers client services and individual, staff and the overall service'. —staff feedback



Members promote worker wellbeing

Vital wellbeing initiatives are in place in many NADA member organisations. These commonly include access to supervision, flexibility around time, and conversations around work life balance and burnout.

Member services build upon these with additional initiatives. Lou's Place staff may take courses (e.g. yoga) which they are encouraged to share knowledge gained with the team. During 'self-care catchups', Detour House staff divulge how they look after their personal wellbeing with practices like reflexology (*pictured*).

Bobby Goldsmith Foundation have introduced colour and plants to enliven the workplace. They've also tapped into the local community for free and affordable activities for staff (e.g. local gym, courses and services).

Watershed encourages their staff to regularly use their annual leave, take lunch breaks and to start and finish work on time—key ways to promote work life balance. Lives Lived Well send a monthly wellbeing email to staff; on the horizon is a co-ordinated wellness plan.

NADA gets healthy at work

Among the many initiatives NADA has in place to promote worker wellbeing, we recently took on board the free program [Get healthy at work](#), a joint initiative of SafeWork NSW and the NSW Ministry of Health.

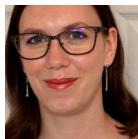
The program supports organisations to address workplace factors that contribute to increased risk of heart disease, type 2 diabetes and some cancers: healthy eating, physical activity, healthy weight, smoking (tobacco), harmful alcohol consumption and active travel (walking, cycling or catching public transport to work).

To begin, organisations identify one issue and develop an action plan to tackle this—we chose healthy weight. Some activities and strategies we've implemented include: chair yoga; 10,000 step challenge; sit stand desks; walking group; healthy plate day (*pictured*); fruit box subscription; and a review of our healthy workplace policies.

Leadership commitment and staff participation contributed to the program's success which is now incorporated into our work health and safety management systems.

Translating research into practice

The wellbeing of AOD workers in NSW



Victoria Kostadinov Research Officer
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Professor Ann Roche Director
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AOD workers dedicate their working lives to improving the wellbeing of their clients. However, although most find their work highly rewarding, work-related stressors may take a toll on their own health and welfare. Recent years have consequently seen increased emphasis on improving and maintaining high levels of wellbeing among the AOD workforce. This is important not only from a humanitarian perspective, but also because worker wellbeing can influence client outcomes, effect organisational functioning, and impact the bottom line.

The Network of Alcohol and Other Drugs Agencies (NADA) has been working with the National Centre for Education and Training on Addiction (NCETA) and Matua Raki to explore levels of wellbeing in the NSW and New Zealand AOD workforces. The first phase of our project was a literature review to identify previous studies which have examined wellbeing among AOD workers. We found that the subject was generally under-researched, and that most existing studies addressed psychological wellbeing specifically (rather than overall wellbeing more generally). These caveats notwithstanding, the literature indicated that a small proportion (10-30%) of AOD workers experience psychological distress. In particular, young workers, managers, Indigenous workers, and those with lower educational levels and lived experience of AOD use are at highest risk of stress and burnout.

The results of the literature review indicated that some AOD workers in NSW may be at risk of poor health and wellbeing. We therefore conducted an online survey of AOD workers in the NGO sector in NSW, in order to explore levels and predictors of wellbeing within this population in more detail. A total of 294 people responded; most were women (66%) aged 40+ years (60%) who were employed full-time (68%).

Our results showed that respondents were typically fairly new entrants to the AOD field: most (72%) had been in their current role for less than five years and 38% had been in their current role for less than one year. Just under half the sample (44%) had been in the AOD sector for less

than five years. Similarly, while 40% had undergraduate or postgraduate qualifications, almost one in five (18%) did not have an AOD-related qualification.

Levels of health and wellbeing among the sample were generally good. Most respondents reported that they were satisfied with their physical health and had a high quality of life. (However, rates of daily tobacco use were higher than the national average, and almost a quarter reported drinking alcohol at risky levels 1–4 times per week.) Moderate–high levels of resilience, engagement, job satisfaction, and confidence were also found, with burnout reported by only 2% of respondents. Most respondents reported that they were ‘satisfied’ (42%) or ‘very satisfied’ (24%) working in the NGO AOD sector and felt supported to undertake their role.

Despite these positive results, half of the sample had thought about leaving their job, with almost a third (30%) planning to look for a new job over the next 12 months and a fifth (20%) planning to look for a new job outside the AOD field. This may be due in part to challenging working conditions; although work/life balance, social support, job feedback and job clarity were perceived favourably, dissatisfaction was reported in several other areas.

Half of the sample had thought about leaving their job, with almost a third planning to look for a new job over the next year and a fifth planning to look for a new job outside the AOD field.

A third of the sample (32%) found their work to be stressful, and almost half (48%) reported high cognitive demands. Relatively large proportions also felt that staffing, communication, and leadership were unsatisfactory, and workloads were too high. Job insecurity and dissatisfaction with remuneration were also reported by many respondents. A quarter believed that there was at least a medium chance that they would lose their job in the next 12 months for a reason beyond their control, and more than half felt that they could not live comfortably on their pay (58%), and that they were not paid enough for the work that they did (68%). Given that the largest proportion

Translating research into practice

continued

of the sample earned \$50,001–\$70,000 (considerably less than the average Australian annual salary of approximately \$81,600) this dissatisfaction is not surprising.

In addition, supervision levels were quite low, with less than half of respondents having access to internal (37%) or external (42%) clinical supervision, and mentoring/coaching opportunities even scarcer (11%). This finding is particularly concerning given the relatively large proportion of respondents who had limited experience in the AOD sector, and/or did not have an AOD-specific qualification.

Our results indicate that personal wellbeing levels among NGO AOD workers in NSW are relatively high, which is broadly consistent with the conclusions of previous similar studies. However, there is an apparent contradiction between the level of personal wellbeing reported by respondents and the dissatisfaction reported with some aspects of their job. More than three-quarters reported being satisfied with their job, and yet half had thought about leaving. Our study isn't able to tell us exactly why this is: it is possible that the personal satisfaction that AOD workers gain from their role can act as a 'buffer' to maintain wellbeing despite challenging working conditions. Alternatively, workers may enjoy their role but plan to leave because of job insecurity or poor pay.

Encouragingly, most of the areas that respondents highlighted as problematic are amenable to change. Workplace policies and practices may therefore help to improve some of the issues identified in this study. For example, research indicates that organisational initiatives to improve worker wellbeing can be effective, including:

- worker wellbeing policies
- multifaceted health promotion programs
- programs to enhance worker resilience
- effective clinical supervision
- ensuring that organisations are well managed
- encouraging help-seeking behaviours in the workplace
- programs to prevent and reduce stress and burnout
- encouraging individual self-care approaches.

Importantly, any such initiatives should take into account the diversity of the AOD workforce; the specific health and wellbeing needs of workers are likely to vary considerably between occupation and demographic groups, and particularly between organisations. Similarly, different workplaces will have different resources, supports, and constraints in regard to implementing wellbeing programs. Organisations may therefore benefit from conducting a needs-analysis to inform the implementation of wellbeing initiatives.

The implementation of appropriate workplace policies, programs, and interventions may help to improve the already relatively high levels of wellbeing among AOD workers in NSW, and ensure that they are supported to undertake their role.



Do you have something to share

Contribute to the Advocate to connect with NADA members and stakeholders. Promote new services and projects, innovative partnerships, awards and achievements, or research activity.

Email an expression of interest to [Sharon Lee](#).



Leaning in, looking out

Collective wellbeing in 'Trauma informed practice'

Silvana Izzo, Mind health and wellbeing consultant, occupational therapist and educator, somatic experiencing practitioner
Somatic psychotherapy and trauma renegotiation

'Trauma informed practice' is a strengths-based framework which recognizes people's experiences at the centre of their social, political and cultural lives. Delivering trauma informed services requires practitioners to move away from an 'expert stance' and towards an interconnected understanding of the work, exploring and responding to 'what has' and 'what is' happening rather than 'what is wrong' with individuals and communities.

Losing balance and finding support

A trauma informed approach asks practitioners and services to be present to peoples experiences of suffering and oppression, to moments of overwhelm and reflections of loss, fragmentation and isolation. Rather than turning away from disorienting and dislocating experiences of trauma, practitioners are required to walk towards people in contexts saturated with the impacts of violations, withdrawals and oppression(s) to recognise and respond to acts of resistance, recovery, repair and resilience.

The dialectic of trauma constantly challenges the therapist's emotional balance...the therapist should expect to lose her balance from time to time...Judith Herman, Trauma and Recovery, 1992.

Research and practice show us that how a worker navigates this is deeply influenced by their internal resources, their capacity for critical reflection, their values framework, organisational culture, social and political awareness and systemic understandings in delivering ethical and just care.

Centring ethics and just practice as self care

Moving beyond individual self-care, Vikki Reynolds speaks about 'leaning in' with collective care as a strategy to promote workforce wellbeing, to ensure clients are kept at the centre of practice in sustainable justice work. Expanding the conversation around vicarious trauma, compassion fatigue, secondary stress and burnout, she reframes themes of individual wellbeing to reflections on vicarious resistance and justice doing. She asks "How can we move from individualist understandings of 'burnout' and 'self-care' and towards considerations of solidarity and 'collective care'?", Vikki Reynolds, Justice Doing in Community Work and Therapy: From 'Burnout' to Solidarity, 2017.

An interconnected approach

Organisational wellbeing and the psychosocial health of individuals and teams requires us to reflect on and pay attention to our embodied selves in the moment, to the relationships and resonance within our teams and to our ability to recognise and critically reflect on the context in which we work.

1. Checking-in: paying attention to an embodied self

'Checking-in' and paying attention to our own internal state can support us to stay present to the moment, as we reflect on our head, heart, gut and body to better understand our mental, emotional, physical and spiritual state as we engage in practice.

2. Leaning-in: taking care of each other

We work, regulate, rest and repair in connection. 'Leaning-in' invites us to look for collective ethics as we lean into each other's experiences whilst fostering genuine connectedness with others. Holding each other accountable and offering collective support as we practice from a stance of solidarity in sustainable practice.

'Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare. In moments of grief, crisis, or trauma, and in the time before and after, we need each other to survive and thrive'. Audre Lorde

3. Looking out: context and systems

'Looking out' enables us to critically reflect on the contexts in which we work promoting relational and systemic approaches to 'collective care'. Recognizing that ethical practice and vicarious resistance requires a connected approach that locates sustainability in our collective efforts of justice doing.

'Therapists who work with survivors report appreciating life more fully...This is particularly true of those who, as a result of their work ... become involved in social action...By constantly fostering the capacity for integration, in themselves and their patients, engaged therapists deepen their own integrity'. Judith Herman, Trauma and Recovery 1992.

Self-care, whilst important for individual wellbeing, is the beginning rather than the end in creating 'cultures of care' in justice work. Responsive and sustainable systems require processes that support checking-in, leaning-in and looking out, promoting embodied and critically reflective responses to collective wellbeing in just practice.



Want employees to give back?

When you entrust employees to be adults and deliver, the natural human response is to rise to the challenge.

By Lisa Annese, CEO, Diversity Council Australia.

Flexible work is a standard at Diversity Council Australia (DCA). It's a feature universally available for employees at all stages of their careers; for parents as well as non-parents.

It's so ingrained, I never realised how much it truly impacts lives until one of my colleagues, Tracy Hocking, [penned this blog](#) about how our flexible working arrangement helped her overcome a recent health issue, while still remaining employed, productive and a star contributor to the wider team.

The story itself is incredible. As is the successful outcome for Tracy and the wider organisation. But I think the mutually beneficial nature of flexible work is summed up in this one paragraph, where Tracy writes, '... not needing to do the one hour commute each way every day gave me the precious gift of time, which I sometimes kept for myself and the family, but also chose to give back some days, by starting and finishing work at the times I would normally begin and end traveling to the office'.

Yet, the mainstream view of flexible work is still as an inconvenience; as something to accommodate new mothers while offering little benefit to business. Employees that want—or need—flexible work are discouraged by a culture that views anything other than full-time 'face-time' work as second rate.

To address this, DCA's research team identified [commonly-held myths](#) about flexible working. I'd like to share the worst myths here, the ones I think we all need to address head on.

Flexibility is for HR, to help women balance work-life

It seems that flexibility is often viewed narrowly, as just an HR management policy which helps employees (or specifically new mums) achieve work life balance.

This limited view doesn't match the evidence that shows workplace flexibility is actually a powerful business tool which maximises the performance and wellbeing of organisations, teams, and individuals. We know from research that workplace flexibility is a key tool for meeting business goals in areas such as customer service, growth and efficiency.

One of the many examples we cite in DCA's myth-buster comes from Hewlett Packard. They introduced a compressed working week which resulted in a 200% increase in the number of transactions conducted on a daily basis, and a 50% reduction in overtime, nearly doubling productivity.

Flexible workers are less ambitious

Actually, it's the reverse! Employees' career aspirations are boosted when flexible work is provided, research shows. [Catalyst](#) [pdf] found that 90% of high potential employees who had access to flexible work reported aspiring to senior executive/CEO level compared to just 77% of those without access to flexible work. The difference was particularly stark for women—83% of women with flexible work aspired to the C-Suite level versus just 54% of women without access.

Flexibility just doesn't work in our backyard!

There's a vast body of research that shows flexibility drives financial performance and productivity, across all industries, job levels, and job types, and is linked to increased revenue, with positive impacts on client service.

The secret sauce is simply good design and implementation, and that revolves around:

- setting clear expectations of work and performance
- high levels of communication
- being flexible as employees' life situations change.

Ultimately though, the biggest challenge is overcoming the closed mindset and the myths, some of which are outlined here. *These* are major stumbling blocks to enabling more people to access flexible work and careers, and they should be addressed first and foremost.

Diversity Council Australia is the independent not-for-profit peak body leading diversity and inclusion in the workplace. We provide [unique research](#), inspiring events and programs, curated resources and expert advice across all diversity dimensions to a community of over 500 member organisations. Our members are estimated to employ more than one million Australians, representing around 10% of the Australian workforce.

Mitigating the risks of vicarious trauma

Marginalisation, stigma and discrimination

Dr. Cathy Kezelman AM

President, Blue Knot Foundation

Many people who seek treatment for substance use issues have histories of trauma. In Australia it is estimated that eighty percent of people entering AOD treatment have experienced at least one traumatic event in their lifetime and up to two-thirds of AOD clients suffer from post-traumatic stress disorder (PTSD). Additionally the 'Adverse childhood experience study' indicates that people with four or more categories of adverse childhood experiences have between four and twelve times the risks for AOD use, of those who don't.

Blue Knot Foundation, the National Centre for Excellence for Complex Trauma, recognizes the importance of trauma informed AOD services, which not only prioritises safety and recovery for clients but also the health and wellbeing of those working within those services, regardless of their role. Within a trauma informed frame, it is important to understand, identify and mitigate the very real risks of vicarious trauma. This is an 'occupational hazard' of supporting or working with traumatized clients.

Vicarious trauma can be defined as 'the negative transformation in the helper that results (across time) from empathic engagement with trauma survivors and their trauma material, combined with a commitment or responsibility to help them'.¹ Just as PTSD is perceived as a normal reaction to an abnormal event, vicarious trauma can be understood as a normal 'trauma response' to the stressful experience of exposure to traumatic material. The only reliable predictor for experiencing vicarious trauma is exposure to trauma material.

It is important to differentiate vicarious trauma from secondary traumatic stress or compassion fatigue and from burnout, with which it is often confused. Compassion fatigue refers to the predictable and treatable psychological consequences of working with, and proximity to, suffering people. Vicarious trauma is a more sustained cumulative transformative stress response which will look different between individuals, and may include impacts on a person's sense of safety, meaning and core beliefs about themselves and the world, their identity and relationships, and their psychological and physical health. Burnout, on the other hand is a response to chronic emotional, interpersonal, and organisational factors that operate in the workplace, and is not trauma-related.

Vicarious trauma can have a range of effects, many of which are similar to those experienced by trauma survivors. These include physiological impacts on the body, a perception of the world as being unsafe and a loss of hope. The symptoms and signs of vicarious trauma can be insidious and unless we are tuned into them we might not notice them, especially within the context of a demanding schedule with

competing priorities. The risks can creep up on us when we are working with traumatised people over time and for this reason it is important to be alert to the possibility of vicarious trauma and pick up the signs early. These signs will be unique to every individual, so understanding what vicarious trauma looks like at the individual level is important, as is the self-care plan to manage them.

We cannot do it alone; we need a range of strategies to mitigate those risks, within our own practice and within the context in which we work. These include: attention to organisational factors (culture, policies and procedures, interpersonal dynamics), team cohesion, support and supervision, and individual responses to managing stress (self-care). All of these strategies employ trauma informed principles, a systemic way of practice which prioritises safety for all and benefits not only our clients but also each one of us regardless of our seniority or role.

Although developing vicarious trauma is a very real risk of working with traumatised clients or trauma material, we also know that the work can also be positively transformative. This can lead to vicarious resilience, the positive impact of witnessing recovery and resilience in our clients which is as empowering and sustaining over time, as recovery is for our clients. It can also reinforce positive attributions for the meaning of the work. Making a difference in the world motivates many workers.

Blue Knot Foundation's Managing Vicarious Trauma training builds on this basic knowledge, provides insights and tools into safeguarding yourself in your work with traumatised clients within the AOD sector. [Learn more.](#)

Reference

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Useful resources

Understand what 'wellbeing' means

'Wellbeing' means different things to different people. Check out the *Wellbeing language and definitions guide* [PDF] from the Mental Health Commission of NSW, which provides an overview of key terms, and how language can have different meanings and effects in different contexts.

Learn about AOD worker wellbeing

Australia's National Research Centre on Alcohol and Other Drugs Workforce Development (NCETA) have developed a [range of worker wellbeing resources](#) including a [worker wellbeing guide](#) [PDF], [prevention handbook](#) [PDF] on stress and burnout, and a [resource kit](#) on Aboriginal and Torres Strait Islander Worker Wellbeing.

To learn about NADA's partnership work with NCETA and Matua Raiki on the health and wellbeing of the NSW AOD workforce, see the [literature review](#) [PDF] and the [final report](#) [PDF].

Promote worker wellbeing and self-care

There are some great self-care resources out there. Not sure where to start? NADA have developed an introductory worker wellbeing module (Module five, topic three) in the [Complex Needs Capable eLearning course](#). This [online learning module](#) from the Centre for Youth AOD Practice Development is also worth checking out, as is this module on '[Confronting vicarious trauma](#)' from Living Well. 1800RESPECT have also put together some great information on [recognising and preventing work-induced stress and trauma](#) and ReachOut have developed some fantastic resources for professionals, including this [self-care assessment](#) and [self-care plan](#) [PDF].

Get tips on how to create a healthy workplace

SafeWork NSW have developed [tip sheets](#) on addressing factors that contribute to work-related stress, as have the Black Dog Institute ([download PDF](#)) and Heads Up ([download PDF](#)).

Establish a workplace wellbeing program

Thinking of starting a workplace wellbeing program but not sure where to start? Try these organisations:

- [Heads Up](#) supports businesses to develop a workplace wellbeing action plan.
- The [Black Dog Institute](#) offers information and advice on how to create a mentally healthy workplace.
- [Get healthy at work](#) provides businesses with tools, resources and support to create a simple yet effective workplace health program.
- [SuperFriend](#) guides organisations to build positive, supportive and high performing teams through our suite of workplace programs and resources.
- [WayAhead Workplaces](#) holds networking meetings for those interested in workplace health and wellbeing.
- The [Heart Foundation](#) has developed a range of free resources for organisations establishing a workplace wellness program.

Also

Find For tailored mental health resources visit [Head to Health](#). For recommended mobile apps check out [Beacon 2.0](#) and the [Australian Drug Information Network](#).

Learn For face to face training, check out [Blue Knot Foundation](#) and [CCWT](#) which offer workshops on vicarious trauma and self-care.

Listen There are some great wellbeing podcasts out there. Start with [Mindfully](#) with Brett Kirk, Smiling Mind.

Watch Check out [this](#) Ted talk playlist on the importance of self-care.



Mindfulness

Michelle Ridley

Clinical Consultant, NADA

Over the past few years it seems like mindfulness has sprung up everywhere. There are apps for your phone, books, workshops in schools, workplaces and more. With increased awareness, people have questioned the validity of mindfulness not only for self-care but also in regards to its use in therapeutic settings. To investigate, I reviewed the literature and asked various NADA members for their thoughts.

What is mindfulness?

Mindfulness is firstly learning to focus attention on one thing and being able to bring your attention back when your mind gets distracted; and secondly it's about the attitude you bring to paying attention—being open, non-judging and curious about what you are focusing on.¹ It's not a new age phenomena; mindfulness is based on centuries old Hindu and Buddhist meditation and breathing practices.

For health, wellbeing and self-care

Various organisations assert that mindfulness may be used to improve personal health and wellbeing and as a strategy for workers' self-care. According to SANE Australia, 'mindfulness can help reduce stress, boost creativity, improve attention, working-memory, concentration and strengthen relationships.'² Black Dog Institute says mindfulness can help people to respond to situations rather than react, and in turn improve decision making skills and physical and mental relaxation.³

I practice mindfulness as a part of my self-care strategies, and all the NADA members I surveyed reported the same. I've used it with clients in therapeutic settings and they've reported positive effects. Half of the members I surveyed reported practicing mindfulness in the workplace with colleagues or clients. *Mindfulness (and other forms of physiological relaxation) can help reduce chronic stress by regulating the HPA Axis, leading to longer term health and reduced stress related health concerns* (Clinical Director, NADA member).

Mindfulness in AOD treatment

Mindfulness is used in AOD treatment in various ways, such as 'Mindfulness based stress reduction', 'Mindfulness based cognitive therapy' and 'Mindfulness based relapse prevention'. Research into mindfulness based therapy in clinical settings has reported encouraging effects, particularly to reduce anxiety, depression and stress.^{4,5} Studies also suggest that the practice may reduce substance craving and smoking urges.⁶ It supports emotional regulation—by creating a moment

of pause—clear thinking may be engaged so clients may make a considered choice, according to a Manager and Therapeutic Programs Manager.

Yet it has been acknowledged that further research is needed to completely understand what facilitates effective mindfulness based therapy.⁷ More work is needed to improve the rigor of the research into mindfulness, to ensure people's understanding of this practice is accurate.⁸ A NADA member agrees: We need to be clearer about what mindfulness is.

There's no one size fits all

No one therapy is 100% effective, and mindfulness cannot be delivered as a sterile, mechanical manual.⁹ Like any intervention or practice, there isn't a one size fits all. If mindfulness is being used as a therapeutic intervention, it needs to be delivered with compassion and wisdom, with a good understanding of any trauma your client has experienced, or it's not going to work.¹⁰ Moreover, some research has suggested that mindfulness and meditation can potentially be harmful and lead to psychosis, mania, loss of personal identity, anxiety, panic, and re-experiencing traumatic memories.¹¹

Overall it seems that mindfulness can be a useful self-care practice for workers, and with careful consideration of each client's situation, it may be effectively used in treatment. However as already noted it isn't for everyone. What is important however, is that we look after ourselves, our colleagues and clients in the work we do and day to day lives, especially when we're feeling overwhelmed or stressed. *'Without being aware of what we are doing in the moment we risk unhelpful emotions that impact on not only the quality of work provided, but forget the privilege that we have to be allowed to work with our clients who are amazing human beings'* (Manager, NADA member).

For practice tips see:

- [Smiling mind](#)
- [Reachout](#)
- [Healthline](#)



Clinical supervision

Dr Suzie Hudson

Clinical Director, NADA

Clinical supervision is defined as being different from that provided by your line manager and should ideally focus on equal parts of:

- reflective practice exploring your work with clients, reflecting on the therapeutic relationship, exploring the strategies you employ and ethical considerations, to name a few elements
- new learning examining best practice literature, new research and professional development planning
- self-care providing you with the tools to examine your own health and wellbeing within the work, personal safety and boundaries that will preserve your ability to adequately support your clients.

When sourcing clinical supervision, it's useful to have a good plan of the style of learning and support that suits you best. It is also important to engage with a supervisor that you respect and who can offer you an opportunity to extend and challenge your skills. The person who provides you with clinical supervision needs to be qualified and have competencies that are specific to the provision of ethical supervision. Clinical supervision competency means that they not only understand the processes that occur within a therapeutic relationship, but they can support you to reflect on the contextual factors that impact on a client's experiences and have advanced knowledge of the issues your clients may present with (problematic alcohol and drug use, mental health concerns, experiences of trauma, suicidal ideation, complex relationships, etc). They should also have a high-level knowledge around relevant legal frameworks and responsibilities.

Independent external supervision is considered gold standard in terms of ongoing professional development in the community services/health sectors. However, establishing peer supervision groups can also be a useful adjunct to individual supervision. Frontline client work can be isolating, therefore improving collegial support through case and constructive clinical discussions can assist with professional development while also enhancing client care. Peer supervision increases access to space for reflective practice and sharing current best practice approaches.

All supervision benefits from some structure to support the process and develop clinical skills. As with a well-articulated client care plan, documentation that supports supervision is extremely helpful, and may include supervision plans, case review work-ups, journal article Q&As and role play reflections. Clinical supervision planning and documentation is a joint activity, and supervisees benefit from taking an active role in their development.

Learn more

The Bouverie Centre has developed [clinical supervision guidelines](#) for the AOD and mental health sectors.

Find a clinical supervisor

- [Social work](#)
- [Psychology](#)
- [NADA](#)

Clinical supervisor training

- Australian Association of Social Workers [clinical professional supervision training](#)
- Australian Psychological Society [supervisor training](#)
- Centre for Community Welfare Training [supervision skills](#)

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NADAbase

Cassandra McNamara

Program Manager—Data Systems, NADA

Reporting

PHN quarter two April–June reports were submitted on 31 July 2018 on behalf of members who receive PHN funding. If you are a member who would like to opt out of NADA reporting on your behalf to your funded PHN, please contact either [Suzie Hudson](#) or [Cassandra McNamara](#).

What's been happening

The 'Reports and dashboard design' (RADD) working group held their first meeting where the terms of reference and group outcomes were discussed, including inviting expert guests to future meetings. The first item of business for the group is looking at existing reports in NADAbase, assessing gaps and discussing reporting fundamentals. There's still time to join the working group, contact [Cassandra McNamara](#) or [Tata de Jesus](#).

More than twelve months ago NADA incorporated the suicide, blood borne virus and sexual health, and domestic family violence risk screeners into NADAbase. Of those services entering data in NADAbase, more than 85% are screening clients for risk.

What's coming up?

Mid-September will see the rollout of the screener report to all services. Whilst the report has gone through rigorous testing we would welcome any feedback on changes or additions to the report, please email your feedback to NADAbase support.

NADA will be hosting a forum on **12 November** for all NADAbase administrators. The forum will present an opportunity for the administrators to share in data experiences, discuss your role as an administrator, provide an overview of all expansion work completed to date in NADAbase, data collection, quality and reporting, privacy and security, client outcome measures, and consultation on reports to feed back to the RADD working group. A link to register for the forum will be emailed directly to NADAbase administrators in late September.

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Profile

NADA staff member



Michelle Ridley
Clinical Consultant

How long have you been with NADA?

Nearly one year now. I provide clinical and advocacy support and advice to the recently funded 'Continuing co-ordinated care' (CCC) programs.

What experiences do you bring to NADA?

Over 18 years I've worked across AOD, housing, justice, domestic/family violence and child protection., with most of my experience in the AOD non government sector. I've worked in counselling positions, lead forensic AOD teams working with drug and Koori court diversion programs, co-ordinated outreach counselling teams, needle syringe programs, etc. I have qualifications in training and assessment and have a BA in criminology and am currently finishing the Masters of Addictive Behaviours.

What activities are you working on at the moment?

I'm organising a two-day forum for all the CCC program providers across the state to get together, network and develop their skills. I'm working with Dr Anni Gethin who is developing an evaluation framework for my role with the CCC program providers. I'm also on various advisory groups and working parties, like the the ministerial advisory group (MAG) on vulnerable children, young people and families. The MAG communicates directly to the Minister which gives me the opportunity to advocate for our members and clients who are involved with FACS.

What is the most interesting part of your role?

I'm really passionate about working in the AOD sector and especially interested in forensic diversion programs, human rights and advocacy, harm reduction, consumer participation and strength based practice.

What else are you currently involved in?

I'm a single parent of an 11 year old daughter who's amazing but at times seems more like she's going on 16 rather than 11. We're both passionate about social issues and were recently part of a promotional film campaign for Refugee Council of Australia [#KidsoffNauru](#).

A day in the life of...

Sector worker profile



Brittany Corkish AOD/MH Clinician
The Salvation Army—headfyrst

How long have you been working with your organisation?

I joined The Salvation Army in March 2017 within 'headfyrst', a program jointly run with headspace. It aims to support young people who have concerns about their mental health and their AOD use.

How did you get to this place and time in your career?

I began working in the AOD sector as a psychology intern within a residential rehab. It opened my eyes to the diversity of the industry.

What does an average work day involve for you?

I'm in a counselling role, so each day focuses on individual and group work programs.

What is the best thing about your job?

I feel privileged to work with a diverse range of young people, who like to have a voice in their treatment plans and goals. This means that each day can be different, and very collaborative.

What is one thing you would like to see different in the non government drug and alcohol sector? What needs to change to get there?

Young people I have worked with expressed wanting more opportunities for their participation in the creation of youth programs, and peer work in general. I think there is a lot that we can improve on, but it could be great if we could ask young people themselves this question and be more open to accepting their feedback and contribution to programs and services.

What do you find works for you in terms of self-care?

My dog, Frankie, is a big part of my self-care. Frankie helps me get outside to exercise and breath fresh air each day. Plus, she gives great cuddles.



Keep informed with quarterly updates from the Women's AOD Services Network, the Youth AOD Services Network, the NADA Practice Leadership Group and CMHDARN.

NADA

network updates

Women's AOD Services Network

Last year the network undertook a planning day and made 'increasing opportunities for information exchange and knowledge building' their key goal. Fast forward to today, data from the annual network survey shows they've made satisfactory progress.

To share with the greater membership, the network will hold a forum in 2019. They plan to showcase some innovative initiatives within their services.

You can download network member presentations on the [NADA Conference 2018](#) website:

- Establishing a hepatitis C treatment model through community partnerships for hepatitis C assessment and treatment in a residential drug and alcohol treatment facility for women
- Applying a trauma informed approach and attachment theory in therapeutic practice in a residential women and children's service
- Health promotions in the AOD sector.

Lastly, the network welcomes Scarlett Sevastopoulos, the new general manager of Detour House.

Youth AOD Services Network

The Youth AOD Services Network held a meeting in August 2018, and welcomed new network members: Drug ARM Australasia, The Buttery, Hunter Primary Care, Centacare New England North West, St Vincent Hospital AOD Service, and Karralika. We discussed the following key topics:

- The need to increase investment in treatment programs for young people.
- Resources, through Shopfront Youth Legal Centre, are available for youth workers wanting to help young people through legal matters, whether navigating through the criminal justice system or even to overcome barriers to gain employment.
- The network is currently compiling outcome measurement tools they have used in their individual programs to create a repository of the validated tools for knowledge sharing.

The Ministry of Health provided an update on the NSW Drug Package funding, and Shopfront Youth Legal Centre spoke with the network to discuss issues, gaps and supports available for young persons in the criminal justice system.

NADA network updates

continued

NADA Practice Leadership Group

The NPLG extend a warm welcome to the new members of the network:

- Early career candidate **Jessica Burgess** (MA Junaa Buwa!) brings a flexible approach to treatment with co-morbid mental health issues and focuses on CBT, DBT, and ACT therapeutic interventions to reduce substance use and rates of recidivism.
- **Paul Hardy** (Community Restorative Centre) is driven to advocate for change, particularly around access to services and working with people impacted by the criminal justice system.
- **Grace Ivy Rullis** (The Haymarket Foundation) offers human centred, harm reduction and trauma informed clinical expertise, working within the context of complex homelessness, specifically for at risk cohorts.
- **Jesse Taylor** (MA Junaa Buwa!) has a wealth of AOD and community practice experience and insight, and brings to the NPLG a drive for sector unification to support client transition between detox, rehab, aftercare, etc.
- **Belinda Volkov** (SDECC) brings years of clinical experience understanding the complexities that surround young people presenting for treatment including forensic clients, comorbid health issues, family systems, trauma and crisis intervention.

We would also like to thank Adrian Webber, who will be unable to continue with the NPLG, for his commitment, contributions and support. The NPLG and NADA are very fortunate to have had Adrian's wisdom in the room, and wish him all the best in his future plans.

CMHDARN

In 2017, CMHDARN awarded nine seeding grants which provided an opportunity for community based mental health and AOD organisations to access one-off grants. This aimed to build sector and cross sector capacity to undertake early research and become 'research ready' for more complex research endeavours.

During the CMHDARN Symposium, seeding grant recipients reported that access to grants enabled them to: build their organisation's research capacity; involve consumers in a co-design and development and evaluation research process; and, conceptualise and promote research into practice in a meaningful way. See the [evaluation report](#) of the 2017-18 CMHDARN Research Seeding Grants.

CMHDARN is pleased to announce the successful recipient of the first seeding grant to be made available in 2018-19 as Positive Life NSW (lead agency) together with the NSW HIV Supported Accommodation Program (ADAHPS). Their project seeks to investigate independent living among people with HIV where alcohol or other drug use and moderate to severe mental illness are present. The purpose of this study is to identify lived experience and competencies that enable navigation and stability in housing circumstances.

We envisage a second seeding grant round later in the year.

Member profile

Lou's Place

There are 47,735 homeless women in Australia and this number is predicted to rise but statistics can't capture everyone... or tell their stories.¹

Based in Kings Cross, Lou's Place was founded by the Marmalade Foundation in 1999. We're a community based daytime refuge for women impacted by homelessness, domestic and family violence, mental health and AOD issues. The foundation still operates Lou's Place, along with a small professional team of full-time staff and supporters. We've had more than 60,000 visits since we opened the doors.

Lou's Place is open from Monday to Friday. Around 24 clients visit us each day, and every day we welcome at least one new client. We work on a ratio of five women to one staff member, so we can provide a safe space and a high level of service.

Over the past six years, around 70% of women who visit us were homeless for the first time. Most of the women have experienced significant trauma in their life including abuse or neglect as children and have survived domestic violence and sexual assault as adults. Many have little, if any family support, and experience serious mental health issues.

Women come to our terrace house to rest, eat, shower, wash clothes and enjoy company. We provide them with a range of critical frontline services including crisis intervention, ongoing case management, referral support and legal advice. We also have programs to build self-esteem and life skills such as personal development sessions, 'fun in recovery' group, art, collage, sewing, jewellery making, music and DIY classes.

Our volunteer cooks prepare and serve up to 25 meals each day. The women enjoy their meals in our communal courtyard or upstairs in our lounge area.

We take a holistic approach to address the complex problems that the women may face. We also advocate for the women, and our team networks with service agencies and providers to achieve the best outcomes for them.

To learn more about [Lou's Place](#), or if you are interested in our Always Mum program, please contact Nicole (02) 9358 4553.



Lou's Place is proud to announce our new program, **Always mum**, which supports women who currently have children in out-of-home care, and seek to re-establish or improve these relationships. Always Mum provides parenting education sessions ('My kids and me'), legal education and advice from the Women's Legal Service NSW, case management, advocacy and brokerage. The program also provides an option for women to record a story and have professional photographs taken, which they can share with their children. We plan to start our first Always Mum program in October and would love to hear from any woman who are interested in participating.

This year Lou's Place featured in an ABC Compass episode which told the stories of several woman who access our service, highlighting the issue of homelessness for women across Australia.

[Watch ABC Compass, featuring Lou's Place](#)

Reference

1. Rousset, O (series producer) 2018, ABC Compass, Lou's Place, television program, ABC, May 2018.



NADA Practice Leadership Group

Meet a member

Belinda Volkov

Clinical Coordinator, Sydney Drug Education and Counselling Centre

How long have you been working with your organisation? How long have you been a part of the NPLG?

I've been working for Sydney Drug Education and Counselling Centre (SDECC), which was formerly MDECC, for the past 15 years. I have been newly appointed to the NPLG and am very excited to be part of such a great initiative by NADA.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?

I'm very passionate about working and developing youth specific AOD services that have a family inclusive approach. I'm committed to further increase my understanding in working with young people with AOD and comorbid mental health presentations and contribute to building this capacity within the sector. I am also passionate about clinical work with parents to provide stability, support and strategies to navigate services and survive what is often a traumatic time.

What do you find works for you in terms of self-care?

I am a big believer in self-care. If we don't walk the talk, it impacts our credibility and I think people feel it. For me down time is mainly at home (and when not parenting) as I love to read, listen to music and do puzzles. I also love short mindfulness exercises whether it be walking, three minutes of breathing or using one of the many mobile apps that are available.

What support can you offer to NADA members in terms of advice?

I have good knowledge in working with youth and family systems. I'm well versed in drug knowledge and have a training and teaching background in areas of harm reduction, managing comorbid presentations and working with parents.

New member welcome

AOD continuing coordinated care program Northern Sydney

Care coordination and support for men and women aged 18 and over who face barriers remaining connected to services.

The program aims to reduce AOD use to improve health and social functioning for people with substance use disorders who have complex needs. We can help with care coordination, support to access services, referrals, information, and advocacy to maintain connections with health services / community based AOD services, support in accessing housing, education, training and employment services. Support to improve physical health, wellbeing and improve social functioning and family and community connectedness.



Visit our [website](#) for more information. You can contact us by phone on 02 9480 2500 or by email northensydney@missionaustralia.com.au.

Celebrating NAIDOC week

On Wednesday 11 July 2018, the NADA team celebrated NAIDOC week with an afternoon tea and film screening.

NAIDOC week occurs in early July each year, and presents an opportunity for all Australians to celebrate Aboriginal and Torres Strait Islander history, cultures and achievements.

Our celebration was opened by Uncle Allen Madden who welcomed us to Country. We then watched the 2007 Trevor Almeida documentary 'My Home The Block'. The documentary tells the story of Joyce Ingram, an Indigenous elder living in the Redfern neighbourhood 'The Block', as she fights for her community and home. This film was selected because it connected with the NAIDOC week theme of "because of her, we can!"- celebrating the strength of Aboriginal and Torres Strait Islander women. We also enjoyed scones with wild rosella jam, lemon myrtle tea and bush tomato chutney from Indigiearth.

NADA events

12
October

Implementing feedback informed treatment: Masterclass by Scott D. Miller Ph.D.

Senior clinicians will learn the empirical foundations of 'Feedback informed treatment, evidence-based skills for improving client engagement and decreasing dropout rates in treatment services and more.

17
October

Engaging with families and significant others in the AOD sector—Glenbrook

Acquire insights into family/significant other experiences, gain knowledge of best practice principles and approaches to working with families from all backgrounds, increase awareness about local referral pathways, and more.

05
Nov

Get bloody serious: Make hep C history—a workshop from prevention to cure

Know the difference between hepatitis A, B and C; confidently discuss new Direct Acting Antiviral hep C treatment options; build and navigate local hep C prevention, testing and new treatment pathways; and more.

19
Nov

NADA 2018 annual general meeting

All members are welcome to attend the AGM. Also, join us to celebrate NADA's 40 years! This day will be an opportunity to reflect on the NADA's work and for members to contribute to our position on justice reinvestment.

20
Nov

Aboriginal cultural awareness training

Understand Aboriginal cultures; nations and protocols; family and kinship systems; discrimination, myths and stereotypes; how to improve communication with Aboriginal people; and more.

21
Nov

Aboriginal people and strength based practices within a drug and alcohol setting workshop

Understand traditional Aboriginal practices and AOD, the role of alcohol in Australia since colonisation, the impacts of alcohol consumption on Aboriginal people, the effects of high risk consumption of alcohol and more.

[Register now](#)

NADA highlights

Photo by Kris Ashpole

Policy and submissions

- NADA provided a brief submission to the 'National tobacco strategy' consultation.
- NADA's input in to the inquiry into the provision of drug rehabilitation in regional, rural and remote NSW has been included in the [final report](#) [PDF]. NADA has written to the Health Minister and the NSW Ministry of Health to discuss progressing the recommendations.
- Advice was provided to WentWest on their regional AOD plan.

Advocacy and representation

- Consumers of AOD treatment services gave their voice to informing NADA's upcoming strategic plan, with eleven consumers informing NADA of their needs and best practice.
- The focus of the NSW Ministry of Health NGO contracting working group over the next 12 months will be on the establishment of service level indicators. Members from each treatment group will be consulted on their development, with residential rehabilitation being the first focus.
- NADA attended the NSW PHN AOD Network meeting to discuss consistency regarding data and reporting. A working group will be established to further progress this.
- A number of enquiries have been made to the Department of Social Services regarding the changes Centrelink arrangements.
- NADA has responded to requests from members regarding concerns with Prime Minister and Cabinet contracting arrangements.
- NADA made a significant contribution to the NSW Ministry of Health Families project—such as the tools for de-escalation and the families AOD services online hub.

Sector development

- NADA held sector capacity building workshops on smoking cessation, family inclusive practice, NADAbase, research, and measuring impact.
- Additional modules have been added to the [Complex needs capable](#) eLearning course, as well as a module on the [Magistrates early referral into treatment](#) (MERIT).
- The 'Reporting and dashboard design' (RADD) working group has been established as part of the NADAbase expansion project.
- There has been a [new peer reviewed article](#) using NADAbase data in the Journal of Substance Abuse Treatment.

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Feedback **Training grants**