Perspectives: The Impact of Clinical Supervision on Supporting Non-Specialist Client-Facing Workers to Engage Clients Experiencing Co-existing Mental Ill Health and Substance Misuse

Fulfilling Lives

South East Partnership

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Introduction

The substance misuse treatment system is difficult to navigate for people with the most complex needs, in particular when their mental health needs are considerable. Many clients have needs that are undiagnosed or untreated. Current clinical pathways often require an individual to address their substance use before mental health treatment can be provided. Ongoing substance use can result in an assessment for statutory mental health support not commencing or being attempted. A lack of available mental health support frequently means that individuals with multiple and complex needs (MCN) are unable to remain in, or make progress in, their substance misuse treatment. Resulting in these people *'falling through the gaps'* between services.

Our interest in this area comes from our commitment to supporting people with MCN who have 'coexisting conditions' – mental ill health and substance misuse. Our case work between 2014 – 2021 has shown that 91% of all Fulfilling Lives South East (FLSE) clients had a co-existing substance misuse and mental health condition. What we know is mental health services should hold the lead role. According to government advice from NICE (National Institute of Health and Care) and the Office for Health Improvement and Disparities. Best practice is outlined as a 'no wrong door' principle to clients with co-existing conditions trying to access services. And it is a problem that this lead responsibility is not always something that happens.

"In 2012 the Improving Access to Psychological Therapies (IAPT) programme for people with milder mental health problems published a positive practice guide for working with people who use drugs and alcohol, and in 2017 PHE developed guidance on commissioning and providing better care for people with co-occurring mental health, and alcohol and drug use conditions, which stressed that there should be 'no wrong door' and this issue is 'everyone's business'. Both sets of guidance have been poorly implemented, and access to services remains deeply inadequate."

(Dame Carol Black, *Independent Review of drugs part two: prevention, treatment, and recovery*, 2021)

As part of our systems learning this led FLSE to take a deeper look at psychological interventions for this client group before entering substance misuse treatment. Through our 'Perspectives Project' work, we wanted to look at the systemic challenges and opportunities for change. A key piece of learning from the Perspectives Project work was how statutory mental health professionals could support non-specialist client-facing workers to more safely hold high levels of risk. We interviewed 17 professionals occupying a range of clinical, strategic, project leadership and client-facing roles (The Perspectives Project, The Perspectives Project: Interviews). Further to this we interviewed six people with lived experience of a co-existing condition (The Perspectives Project: part 2).

The following short report is a result of the Perspectives Project learning that encouraged us to look more deeply at the role clinical supervision plays, or could play, in providing a form of mental health specialist support via the worker to clients with a coexisting condition. We took a closer look at the ways in which clinical supervision may help to build confidence and knowledge in workers to better understand and respond to the behaviours of this client group; develop appropriate risk-taking methods, as well as how to appropriately share risk; managing worker wellbeing; and navigating complex support systems when advocating for clients.

Fulfilling Lives South East

FLSE works across Brighton & Hove and East Sussex and is one of 12 projects across England where National Lottery Community Fund investment is supporting people with complex needs. The purpose of this initiative is to bring about lasting change in how services work with people with multiple and complex needs and we collaborate with partners to work towards this objective.

We are committed to putting co-production into practice and value the voices of experience. We also recognise the value of trauma-informed approaches in our work and the work of others.

Website: www.bht.org.uk/fulfilling-lives
Blog: www.fulfilling-lives-se.org/

What do we mean by Multiple Complex Needs?

Multiple and complex needs (MCN) are persistent, problematic and interrelated health and social care needs which impact an individual's life and their ability to function in society. They are likely to include repeat street homelessness, mental, psychological and physical health problems, drug and/ or alcohol dependency, and offending behaviour. People with MCN are more likely to experience violence and abuse, including domestic violence, live in poverty and have experienced trauma in childhood and throughout their lives.

Method

To gather our data, we gave 4 participants from the FLSE Practice Development Team a set of survey questions to be completed individually. Two of the participants were client-facing Practice Development Workers, one was the Practice Development Service Manager, and the final participant was the clinical supervisor who facilitated regular sessions with the Practice Development Workers. The client-facing workers and the clinical supervisor were each asked six questions and the service manager asked four. The questions were similar with some variance reflecting each of the different roles and relationships to one another. The feedback was then analysed, and themes were drawn out from the surveys and clarified in a focus group with the team and compiled into the following short report.

Findings

Case planning and identifying attachment styles

The role of a client-facing worker providing support to MCN is one that is isolated and isolating. The risk of vicarious trauma and burnout are more likely in this type of role when you are immersed in your day-to-day work by complex trauma with no space to unpack feelings and emotions that the work might be bringing up for you. The system is more stretched than ever, the number of people requiring support continues to grow as the level of complexity people are presenting with increases. Giving meaningful professional support and development to non-specialist client-facing workers would be a decisive and welcome contribution to the system.

"I have worked in several places without this level of support and have often felt very alone and unsupported or like there is an expectation to almost be "robotic" we are expected to form supportive relationships with clients however the emotional impact of such work is often forgotten".
(FLSE Practice Development Worker)

Clinical supervision offers a space for workers to process the emotional aspect of the work and understand the interplay in the client-worker relationship. Workers are no different in that they have their own life experiences which are often a factor that draw people into this work to help those who are most disadvantaged. Therefore, being able to talk about what comes up when supporting clients to recognise transference and how this can conflict with your own attachment styles is vitally important.

"The impact [of clinical supervision] is to help hold the worker steady enough to do the work with the clients and identify what the workers' needs are in order to be able to do this work successfully. In summary, if workers feel anxious because they do not feel safe, the clients will not feel safe enough to be able to do any work".
(Clinical Supervisor)

Clinical supervision has given FLSE Practice Development workers an enhanced and comprehensive understanding of attachment styles and how to adapt engagement tools so that the client can manage their wellbeing and interactions with the worker. Clinical supervision has provided a form of specialist mental health support to the clients, indirectly, via the worker. For example, a FLSE worker reflected on the following:

"I started working with a woman who would talk in depth on phone but struggled to meet in person. From my own experience and exploring in clinical supervision I came to understand that she was finding it difficult to be seen by me, so we came up with plans that made the client feel safer. I was able to acknowledge this with her and we agreed that I would bring fidget toys so we didn't need to make eye contact and we would walk along the beach and talk. Through gradual steps this woman is now able to sit in a room with me and feel safe without feeling overwhelmed, this has been huge progress for her and we are able to do trauma stabilisation work as well as being able to guide other workers on how to build the relationship with her".
(FLSE Practice Development worker)

One FLSE Practice Development Worker also reflected that clinical supervision had allowed them to tap into the playful side of their clients and bring a lightness to relationships with clients who are often experiencing dire circumstances. They had learnt through the clinical supervision that the inner child is a good resource for people to use as a way of coping with trauma. Remarking that they had also gained great insight into what the clients they support can tolerate in order to move forward with the

worker, to try and make progress and improve their situation – this had a very positive impact on the ways in which they planned the support and engagement approaches for the client.

Language and understanding

Clinical supervision equips non-specialist client-facing workers with a framework of language to communicate client needs and behaviours to others in the support system; this gives confidence to these workers when adjusting to different audiences and situations. Firstly, it has helped FLSE workers advocate for clients using language that statutory mental health teams will recognise and listen to, as well more authoritative robust language to explain the risks and consequences of not responding to the needs of the client. Through clinical supervisions, plans have been developed to support arranging multi-agency meetings that illustrate to partners a clear trauma understanding and this has helped other agencies work in the same way. This has enabled clients to themselves participate in such meetings because the shared trauma-informed approaches has created environments where clients feel safe enough to participate in the meetings, as well modelling what good can look like when a multidisciplined team approach is adopted to working with complex needs clients.
Another way in which workers development of language has been important is learning through clinical supervision how to interpret the client's language as well as gauging what language is appropriate to use in response. This has again helped enhance the workers' abilities to engage with and build positive relationships with clients. For example, a FLSE worker reflected on the following:

"when supporting one client I used the words 'worried' and 'concerned'. Unbeknown to me these were terms that the client viewed as negative because they remined them of past trauma, I was able to recognise this in the client's demeaner and open a conversation on what language would be suitable. The client suggested they could tolerate the word 'care'."

Another example outlined by a FLSE worker where interrupting language has been crucial:

"…is when clients have described themselves as monsters even though they are the ones that have been subjected to traumatic experiences such as abuse from a caregiver. Having clinical supervision gave me the insight that people have had monsters in their lives and that letting the monsters out is often the imprint that has been left from trauma and abuse".

Innovative working & flexible time

During this research, workers reflected that a lot of their innovative work has come from discussions in clinical supervision or from ideas the worker has brought to the clinical supervisor to be refined following discussion with their line manager. For example, the FLSE Practice Development Manager reflected on the following innovative working around client endings:

"the worker was discussing how to manage the end of long-term positive relationships with the clinical supervisor and together they developed practical tools such as a learning passport (document co-produced with the client on how to best work with them that can be shared by the client and professionals), record of achievement (a strengths-based document the worker produced to remind clients of successes and examples of resilience) and multi-sensory endings packs (personalised to the client with quotes, smell and touch sensory items, photographs etc.)".

Through FLSE's work with people experiencing MCN, we have seen how services can be risk averse when working with this client group and this can stifle creative approaches to working with such clients. Paradoxically workers being less risk averse lowers client risk and during this research

workers reflected that clinical supervision has helped them feel better able to have a more positive approach to risks and feel better 'held' in their work with such clients.

"When situations become stressful and the client has become heightened as a worker, I am able to ground myself which, not only contains the situation, but promotes trust to the client. That is to say the client realises that when things become tense, I am not going to walk away but stay and support the client to regain control".

(FLSE Practice Development Worker)

These approaches require time to build the vital relationships that set the foundations for positive support work to take place. Training staff to have the confidence, knowledge, and skills to work in this way is key to working in a trauma-informed way and workers reflected that clinical supervision has helped enable this for them.

Managing wellbeing/burnout/worker safety

While clinical supervision is not therapy, it can be used for times when workers are triggered and to think about why that may be. Sometimes these discussions do not happen with managers until the worker has to go off sick and the reason for absence must be disclosed. Though not the optimal solution, during the research workers reflected that clinical supervision offers the opportunity to talk with someone who is not part of their day-to-day working life, this helps to create safety in disclosing things and any feelings of shame, worthiness or weakness is reduced by the containing space that is offered in clinical supervision. Often one-to-one line management supervision does not always afford the space for these conversations as time is focussed on operational priorities.

"I have found it invaluable [clinical supervision] in avoiding burnout from being surrounded by complex needs and the gaps and barriers they face".

(FLSE Practice Development Worker)

Counsellors, nurses, and other professionals have had clinical practice and or reflective practice many years, I am not sure why this isn't extended to substance misuse when we work with the same clients?

(FLSE Practice Development Worker)

For further reading about how clinical supervision can play a vital role, particularly in supporting worker wellbeing and performance, please read an academic paper, *'Could clinical supervision help us to support increasingly complex needs in the community?'* The paper is a collaboration between Kerry Dowding, FLSE Research and Evaluation Officer, and, Juliet Hough an independent researcher. First published online 15th February 2022, this paper presents qualitative research exploring the benefits of clinical supervision for workers supporting people experiencing multiple disadvantages. The paper illustrates how clinical supervision supported worker wellbeing, lessened compassion fatigue, and created space for workers to think creatively, manage risk and develop trauma-informed and reflective practice. The paper puts forward the idea that clinical supervision may be one solution to supporting non-specialist client-facing workers to tackle the growing demand that is being placed on services.

Placing a value on the role of non-specialist client-facing workers & organisational support

Staff are aware that clinical supervision is something that professionals with specialist qualifications receive, so it feels like the organisation is treating the vital work they do with seriousness. The investment in staff is validating making workers feel that their role in the support system and the

contribution they make is being rewarded by the organisation looking after their wellbeing and professional development.

One of the main impacts that can through form this study, was that clinical supervision gives a message to staff that the organisation genuinely cares about them and their work.
(Practice Development Co-ordinator)

Supervisor relationships and organisational attitude

One of the most important aspects of clinical supervision is the relationship between the line manager and the clinical supervisor as well as the worker. It is vital that the organisation is setting the tone for how things should work and there is an understanding that clinical supervision is not there to replace management support, it is complimentary.

"Clinical supervision is not there to dictate but to think through pieces of work and possible interventions/strategies that maybe implemented if the organisation agrees. Organisations need understanding that the role of clinical supervisor fits into the policies procedures and ethics of the organisation".

(Clinical Supervisor)

Though clinical supervision is confidential, an organisation should be able to facilitate and support in a collaborative way the clinical supervisor and manager coming together to discuss any concerns they may have. Rather than a hierarchy there is a difference in the roles between the direct line manager and the clinical supervisor that needs to be acknowledged.

"The organisation welcomes challenge and varied opinions and is curious about different ways of working with clients".
(Clinical supervisor)

The line manager and clinical supervisor having a clear agreement is crucial to managing the three-way relationship with the worker. Clinical supervision is confidential unless the supervisor is concerned about a worker's wellbeing, risk to themselves or risk to clients. It is best practice to get the workers permission before contacting their line manager.

Providing opportunity for periodic reviews between line managers and clinical supervisors to discuss the client group and ongoing support for the worker is a further key component of managing the dynamic of the relationship. If the worker thought, it would be useful to have a three-way meeting, and everyone is happy to participate then this should be accommodated.

"I've only spoken directly to the clinical supervisor once at the start of Gemma's current role. This was to set out my expectations and ideas for how this space could be used. We talked about the possibility to meet all together if there were strong differences of opinion, but I was conscious to avoid this and keep the space very separate for Gemma."
(Practice Development Co-ordinator)

FLSE reflections on the system

Supporting people who have experienced complex trauma is enabled through building trusting relationships with the client. Effectively building trusting relationships provides a safe landing pad for clients to build on where they can build their confidence and try new things. This work takes time, and many services are not currently set up in a way that allows flexibility, relationship-based work and understanding around attachment styles and working from this trauma-informed theory. Factors facilitating such environments often include lack of resources, out-dated monitoring and evaluation frameworks that have a focus on measuring outputs rather than outcomes and a lack of system-wide investment in cohesive trauma-informed approaches that thread through support systems (and beyond organisational boundaries).

This research has reaffirmed that the creative, trauma-informed approaches utilised by the FLSE Practice Development workers are supported through clinical supervision and requires time to set the foundation of the relationship for positive support work to take place with this client group. Investing in non-specialist client-facing workers to have clinical supervision to develop their confidence, knowledge, and skills to work in this way is key to working within a trauma-informed approach. Shoring up the support system with workers in an independent setting like clinical supervision will increase the durability of the support system, benefiting clients and services.

Recommendations for the support system

- Due to statutory mental health services being overstretched and access restricted to clients with a co-existing mental health and substance misuse issue, clinical supervision should be used to support workers and their clients as a form of specialist mental health input into support provision.

- Workforce development for non-specialist client-facing workers needs to be prioritised to avoid the continuation of the current situation whereby the least qualified staff carry a disproportionate amount of risk in their work without sufficient support. This requires statutory support and input from specialist mental health professionals as highlighted in the FLSE Perspectives Project.

References

Fulfilling Lives South East Manifesto for Change: changing systems for people facing multiple disadvantage (2019)

The Perspectives Project: Discussions on psychological support and complex trauma pre-substance misuse treatment (February 2021)

Ripple Effect: The Systems Change Principles and Methods of Fulfilling Lives South East Project (February 2022)

Could clinical supervision help us to support increasingly complex needs in the community? (February 2022)