Identifying perceived barriers and facilitators to accessing effective clinical supervision and the implementation of a clinical supervision exchange model in the alcohol and other drug sector

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Introduction and Aims: Clinical supervision is accepted as an essential component in the development and maintenance of professional proficiency across disciplines. Among alcohol and other drug (AOD) workers however, access to effective clinical supervision is limited. This study sought to examine the perceived barriers and facilitators to (a) AOD workers accessing effective clinical supervision and (b) effective implementation of a clinical supervision exchange model in the AOD sector.

Design and Methods: Qualitative interviews with frontline workers (n = 10) and managers (n = 11) from eight government and non-government AOD treatment services in Brisbane were undertaken and thematically analysed.

Results: There was a perceived need for all AOD workers to receive regular and frequent AOD-specific clinical supervision. Clinical supervision was considered to have a wide variety of benefits for workers, their employing organisations and people who access treatment services. Perceived barriers and facilitators to accessing effective clinical supervision included the cost of providers, worker caseloads, availability of skilled clinical supervisors, supervisor-supervisee matching and delivery format. Frontline workers and managers perceived the clinical supervision exchange model to be a resource-effective strategy for: increasing access to external, individual clinical supervision while also exposing workers to a greater diversity of perspectives; increasing sector collaboration and improving the perceived value of clinical supervision among the workforce. Potential barriers and facilitators to implementation were the perceived willingness of services to participate, and the sustainability and flexibility of delivering the exchange model.

Discussions and Conclusions: The findings of this study suggest that resources such as time, cost and availability of skilled supervisors are primary barriers to AOD workers accessing high-quality clinical supervision.

Implications for Practice or Policy: Implementation of a clinical supervision exchange model is a potentially resource-effective strategy for increasing access to high-quality clinical supervision among workers in the AOD treatment sector.

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