

*“Feeling heard,
feeling validated”*

The importance of
supportive relationships
in alcohol, other drugs &
mental health care



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Letlani Tallulah Knight, "U gonna listen now?", 2021

what is known

- AOD & MH service consumers benefit from holistic, person-centred care planning and ongoing support
- worker skills & communication practices are key to engagement
- quantitative measures alone may provide a poor picture of AOD & MH service effectiveness
- qualitative wellbeing improvements that stem from strong therapeutic relationships can be difficult to capture

study summary

A qualitative exploration of community AOD & MH worker:

- communication & engagement practices
- perceptions of the therapeutic relationship
- utilisation of lived/living experiences
- experience of mutual benefits

design & methods

- 37 AOD & MH workers from 6 NSW & Qld organisations
- Semi-structured online interviews
- ~ 60 minutes
- 36 identified living/lived experience (7 as consumer)
- 16 worked in designated peer work roles
- Data inductively coded and analysed thematically

engaging & communicating

“from the very first contact, we're building a relationship, we're building rapport and connection... [we're creating an] experience of what it's like to come to an AOD service...”

AOD social worker, regional Qld

findings: engaging & communicating

- service participants experience a range of life difficulties which can create barriers to forming trusting relationships
- past negative service experiences can be damaging, requiring careful navigation
- person-centred communication and trauma-informed care approaches are crucial in creating trust and providing emotional safety

developing therapeutic relationships

*“I've got no idea what you've been through...
I'm absolutely not here to tell you that you've
coped with it in the wrong way. I'm here
because you've asked me to be here.”*

AOD support worker, regional NSW

findings: developing therapeutic relationships

- showing unconditional positive regard, reflecting the person's expressed values and goals, and provide a sense of acceptance and safety are key
- workers provided options & support to help make informed choices, using collaborative & strengths-based approaches
- indicators of effectiveness included improvements in the therapeutic relationship or in service participant's lives
- setbacks were responded to with hope & support

sharing living/lived experiences

“I use my own lived experience to relate to people. I never try to take away from their own experience. And I kind of role model that...”

MH & AOD peer worker, regional Qld

findings: sharing living/lived experiences

- lived/living experiences are beneficial in developing trust, communicating with empathy, & instilling hope
- drawing on lived experiences is a learned skill, and workers can be vulnerable to stigma and burnout where workplace supports are lacking
- having a diversity of staff backgrounds, life experiences, and professions is important

sustaining worker wellbeing

“[supporting service participants] forced me to look in a good way at the things I did, instead of feeling shame or stigma about them – to look at them as a positive thing that I can actually [use to] help people ...”

MH & AOD peer worker, regional Qld

findings: sustaining worker wellbeing

Job satisfaction was reinforced by:

- modelling and expressing hopefulness and compassion
- being able to bring their authentic self to their work
- helping people to focus in --- to identify and pursue their desires and quieten negative external influences

link to theory

Carl Rogers – Client-centred therapy

The worker within a therapeutic relationship:

- Is congruent (communicates with genuineness & depth)
- Shows unconditional positive regard
- Experiences & communicates an empathic understanding of the person's internal frame of reference

adding the insights of AOD & MH workers

Carl Rogers – Client-centred therapy

The worker within a therapeutic relationship:

- Is congruent (communicates with genuineness & depth)
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- Utilises a trauma-informed lens
- Focuses on strengths
- Promotes the sharing of lived experiences

conclusions

Strong therapeutic relationships help to enable positive self-concepts and health-affirming behavioural changes

Living/lived experiences are valuable, particularly when workers are adept and supported in leveraging personal/experiential knowledge

recommendations

Further resource and promote the relational aspects of community AOD & MH support work

Prioritise service models and practices that promote therapeutic trust and improved self-efficacy

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