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Preparation for Supervision - A Case Referral for the issue of Grief and Loss in Social Work practice.

Introduction
In the preparation for student supervision in an educational field placement, this assignment is a two part demonstration of firstly, the role that supervision has in social work education and secondly, the result of research into the issue of grief and loss and how this knowledge is applicable in the counsellor client relationship in social work practice. Part A defines the social work supervisory relationship and explains the relevancy and benefits of supervision for the student and also beyond the completion of tertiary studies. Part B examines the issue of grief and loss in an Australian context, the characteristics, features, current theories and historical perspectives of grief and loss and how it would inform an individual practice framework. Additionally, further discussion outlines sections of the AASW Code of Ethics; how these sections are of importance in the practical and ethical interactions of grief and loss work between counsellor and client and also how these considerations are important in student placement education.

Part A: The student role in social work supervision
Social Work supervision is a critical and compulsory component of completing the third and fourth year placement as part of the Bachelor of Social Work (Central Queensland University 2009). As a student, supervision will assist to develop the skills required to practice after graduation. The supervision is undertaken with an experienced practicing Social Worker with which the student is able to reflect on their learning and feelings about the placement. During supervision is the time for students to debrief around cases they have been involved in, also question the professional frameworks chosen for their practice (Chenoweth & McAuliffe 2008).

Before commencing in the field placement, a meeting would need to take place involving the student and supervising Social Worker to agree on particulars of the placement. One of these particulars is to sign off on the Learning Contract. The contract outlines the student’s learning objectives for the placement ensuring that they align with the Australian Association of Social Workers Practice Standards (Australian Association of Social Workers n.d.). Other information to be contained in the contract are desired practice frameworks to be trialled, days and hours of work and areas of personal growth the student endeavours to promote.
Frequency of supervision is also agreed upon at this stage, the contract is signed off by both parties however is able to be amended and additions made if required throughout the course of the placement. Both parties are required to use open and honest communication at this point or the detail required will be lost from the contract and therefore may lead to confusion or misinterpretation of duties (O’Connor, Wilson & Setterlund 2003).

Ensuring the contract is explicitly detailed with the student’s learning objectives as well as the level of support and guidance required by the supervisor will assist the supervisor in setting aside appropriate lengths of time with the student to ensuring they are not left without leadership for long periods of time. In the same context, the supervising practitioner’s expectations of the student will be outlined, it is of utmost importance that these are understood and abided by to meet the criteria of the placement. In addition, the success of mutual commitment and comprehension will outline the supervisor’s expectation and also that of the employment organisation (Coulshed & Mullender 2001).

After tertiary studies are completed and now practising as a Social Worker, it is still extremely important to continue supervision with the manager or supervisor. As this is where practice issues, workload queries, debriefing and reflection on cases can all take place in a safe and confidential manner. This is also the time that the supervisor would raise positive feedback to the graduate regarding their practice to assist in empowering them to move forward with their skills and abilities, and importantly raise any issues or criticism with the practice frameworks and ethical boundaries if required to assist with new graduate’s development. During this time, training or professional development requests can be submitted and discussed for suitability (McMahon & Patton 2002). This relationship can be very positive and rewarding for both parties if utilised effectively.
Part B: An overview of current social work literature and the AASW Code of Ethics that informs the preparation for a referral.

Features of Grief and Loss

Historically grief and loss has primarily been associated with the loss of a beloved person. Therefore approaches to grief and loss issues were mainly drawn from the psychoanalytical sources of Freud and his followers and attachment theories including Bowlby’s (Kellehear 2002). These sources of works emphasised the role of emotions and psychological defenses and led to the popularity of practitioners approaching grief and loss issues as a ‘process of stages or phases’ which people move through when they grieve (Kellehear 2002). The relevance of these early works is still important and forms the basis of present practitioners understanding of personal control and adaption in the face of loss (Kellehear 2002).

In recent times professionals have moved to a more expansive approach to grief and loss that does not focus just on psychological perspectives. The entering of historians, sociologists and anthropologists in the field of grief and loss has influenced how professionals understand grief and loss by turning attention to the different ways people grieve according to their own social norms, cultural prescriptions and personal styles (Kellehear 2002). In other words, the broadening of theoretical approaches to grief and loss has resulted in social constructionist views incorporating postmodern ideas to become more prominent in how professionals approach helping a bereaved person (Payne 2005). For example, professionals in contemporary Australia have a greater awareness that people can not only grieve the loss of a loved one but also grieve the loss of a diversity of experiences and contexts (e.g., role in life, activity, planned future, relationship, financial stability, pet and their health) (Spiedel n.d, p. 5.). Thus in the last few decades professional understandings of grief and loss issues have grown to include a multitude of diverse contexts of the psychological, biological and the psychosocial.
Characteristics of Grief and Loss

The purpose of grief and loss counselling is to help individuals work through feelings and memories associated with the loss of something from their life. It is important to not try and minimise a person’s grief by saying things like, ‘you’re not the first person to experience this’ (Elkhuizen et al. 2006). There are primary and secondary losses. Primary losses are noticeable immediately and the effects can be felt straight away. Secondary losses may only become evident over time, such as the loss of a place in the family or income (Grief link 2008).

Grief is an individual experience and reactions to loss vary in each circumstance (Goldworthy 2005). According to Griefwatch (2003) people can experience physical and emotional reactions.

Physical symptoms of grief include:

- dry mouth (dehydration from crying).
- loss of appetite or over eating,
- lack of sleep,
- recurring thoughts of loss.
- pain near heart or difficulties breathing.
- extreme tiredness,
- lack of concentration.
- increased sensitivity to loud noises
- confusion

Emotional symptoms of grief can include:

- a feeling of unreality,
- shock.
- numbness.
- guilt.
- anger
life is meaningless

depression or relief.

a sense that others lack understanding or care.

Recently, there have been calls for grief and loss counselling to focus less on stages and professional interventions and refocus on the importance of social relationships, contexts and cross cultural issues. There is now greater attention focused on the need for a letting go period and how grief differs for each individual (Kellehear 2002).

Accepting the feelings that accompany grief is a necessary part of the healing process; also importance is given to connecting and sharing emotions, so grief is not experienced alone. The time taken to grieve differs for everybody and it is not unusual for people to still be grieving years later (Helpguide 2008).

Relevancy of the AASW Code of Ethics.
The commitment to clients well being, self determination, cultural sensitivity, confidentiality and respect is guided by a code of ethics outlining standards of practice for providing ethical practice. These are guidelines, not rules for conducting social work practice and set core values upon which to base ethical decision making (Pomeroy & Garcia 2008). Equal priority is ‘given in respect to human dignity and worth of clients and the pursuit of social justice demonstrated through service to humanity, integrity and competence’ (Australian Association of Social Workers (AASW) 2004, p.8).

Valuing human dignity and worth: Every human being has a unique worth and a right to well being, self fulfilment, self determination consistent with the rights of others’ (AASW 2004, p. 8). by maintaining an open and respectful perspective towards the values an opinions of others [including colleagues] and acknowledging the individual rights and needs of the client (RMIT 2008).

4.2.1 Priority of clients’ interest (AASW 2004).

- The counsellor-client relationship is prioritised (National Association for Loss and Grief (NALAG) 2006).
- Sensibilities, preferences and traditions of each individual mourner are respected demonstrating empathic understanding by the counsellor (Gamino & Ritter 2009).
- Non judgemental acceptance of the person apart from the problem.
4.2.2 Conflicts of interest (AASW 2004).

- Preserving boundaries helps prevent conflicts of interest and facilitates a focus on the client’s interests and trust (Hepworth et al. 2005).

4.2.3 Client self determination and autonomy (AASW 2004).

- Respects and promotes clients individual grieving and decision-making (Gamino & Ritter 2009).
- 4.2.3 (1) Informed consent (AASW 2004). A continuous consensual process between the counsellor and client, based on full disclosure of the information needed to make decisions about participation, including exceptions to counsellor client confidentiality, are understood at the onset (Gamino & Ritter 2009).

4.2.4. Cultural awareness (AASW 2004).

- Different communities and cultures grieve differently and interpret loss in different ways. Misunderstanding cultural needs and traditions can contribute to further sadness and distress (Conroy 2008). Obtaining a working knowledge of the clients’ culture, beliefs and values, addresses issues of mutual comprehension and allows consideration of personal prejudices which may affect the relationship (AASW 2004).

Social Justice: ‘Each society has an obligation to pursue social justice...to provide maximum benefit... [and]... protection from harm...’(AASW 2004, p.8). Social Justice acknowledges the connection between individual problems, public issues and structural disadvantage by observing current debates, social issues, relevant legislation, policy frameworks and politics which influence practice (RMIT University (RMIT) 2008). The circumstances behind the client situation may involve issues that can be addressed through advocating for social change, for example job loss and indigenous loss of culture issues.

Service to humanity: ‘The fundamental goals of social work service are to meet personal and social needs and enable people to develop their potential’(AASW 2004, p.9). Social workers use their skill and knowledge to achieve these goals for clients.
Integrity: ‘Social work values honesty, reliability and impartiality in practice’ (AASW 2004, p.9).

4.2.5 Confidentiality (AASW 2004).

- Only when clients fully understand the limits to confidentiality can they make an informed decision consenting to counselling. Ethical practice requires that counsellors have thorough knowledge of circumstances that breach confidentiality (client authorised, danger to self or others, neglect or abuse, complaint litigation, court ordered) (Gamino & Ritter 2009). A means of providing the clients with safety (instilling trust) and privacy (non disclosure of personally identifiable material) and protection for client’s autonomy. Limits on the degree of confidentiality are likely to diminish the effectiveness of counselling (NALAG 2006).

- 4.2.6 Records (AASW 2004). Observing issues of privacy and confidentiality in ethical management of client records including relevant legislation and agency policies.

- Competence: ‘proficiency in social work practice’ (AASW 2004, p. 10)

Practitioner competence involves developing constructive relationships with individuals, groups and communities, including colleagues and professionals to deliver services to clients and understanding the local and wider context in which the organisation operates. Additional requirements are an awareness and adherence to duty of care, risk management and organisational policies, including legal rights of consumers, use of knowledge in practice and understand theories and methodologies relevant to practice and having the ability to reflect critically on their use and application (RMIT 2008).

4.2.7 Termination/ Interruption of service (AASW 2004)

- Counsellors work with clients to reach a recognised ending when clients requirements have been delivered, are inadequate or when they wish to discontinue. Social workers may provide referral to another service (NALAG 2006).

The interactions between client and counsellor in the ethical practice of grief counselling are conducted adhering to the highest level of professional standards and values. Grief counselling must start from a position of personal integrity and responsibility; social workers must be aware of and follow ethics, codes and statutory regulations that pertain to the realm of practice (Gamino & Ritter 2009).
Conclusion

Overall this paper has highlighted that the supervisory relationship is a key professional activity not only for social work students but also for professional practitioners in the field. It was discussed how approaches to grief and loss theories were originally primarily psychoanalytical but in the last few decades in contemporary Australia have shifted to include constructive perspectives. The inclusion of both psychoanalytical and constructive theoretical approaches to grief and loss issues have resulted in professionals better understanding bereaved individuals cultural and historical contexts. Moreover the inclusion of a range of theoretical perspectives in grief and loss issues have further shaped models for clinical practice to take into account that individuals who experience losses often have a host of feelings and behaviors which are different for each person. For a student to effectively approach grief and loss issues in practice requires the student to investigate social work literature and the AASW Code of Ethics to gather a understanding of how standards and principles guide their behaviour in relation to clients who are experiencing grief and loss issues. Of significance were the values of human dignity and social justice which can be achieved through service to humanity, integrity and competence. In brief it can be suggested that supervisory relationships and participating in researching a social issue informed by *AASW Code of Ethics* prepares the student for effective practice in a supervised field placement.
References


Appendix A

Questions that relate to grief and loss which can assist in the student’s preparation for a potential referral

Q.1 What is the right balance between compassion for a client’s grief and loss situation and professionalism?

Q.2. What support will be allocated for debriefing and discussions if the social worker encounters complex issues arising from the potential referral?

Q.3. What references, theories and practice frameworks do you often use in this area to inform your practice?

Q.4. What is the structure of the organization? (chain of command and communication procedures)?

Q.5 What types of clients (children, adults, individual, families, groups etc.) does this organization primarily deal with?