Trauma Informed Supervision

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Program Objectives

- Participants will understand and explain the key components of Trauma Informed and Recovery Oriented Systems of Care.
- Participants will gain an understanding of the impacts of secondary trauma on clinicians, case managers, and peer recovery supporters, and the benefits of trauma-informed supervision in mitigating these impacts.
- Participants will learn to implement a trauma informed model of supervision.
- Participants will identify at least 3 specific interventions that can be used immediately to promote wellness in individual and/or group supervision.
Creating a Model of Trauma-Informed Care (TIC)

- According to SAMHSA, “a program, organization, or system that is trauma-informed:
  - **Realizes** the widespread impact of trauma and understands potential paths for recovery
  - **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved within the system
  - **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
  - Seeks to actively resist **re-traumatization**” (2011)
Recovery Oriented Systems of Care (ROSC)

- Recovery Oriented systems support person centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery (SAMHSA).

- Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The system in ROSC is not a treatment agency, but a macro level organization of a community, a state, or a nation (William White).
Creating a Model of Recovery-Informed Care

- An organization or system that is recovery-informed:
  - **Realizes** addiction is a disease, not a deficit in morality or willpower, and understands that recovery is possible for everyone
  - **Recognizes** symptoms of addiction and the potential impacts of these symptoms on the individual, families, treatment centers, and recovery community.
  - **Responds** by fully integrating knowledge about addiction and recovery into policies, procedures, and practices and utilizes evidence-based approaches for treatment and recovery support services.
  - Seeks to actively resist reproach and relapse
Why Trauma Informed, Recovery Oriented Care?

- The majority of the population (50%-60%) report a traumatic experience (SAMHSA)
- An overwhelming amount of patients (90%) coming into a behavioral health setting have experienced a trauma (SAMHSA)
- These patients are at high risk for deteriorating health, mental health symptoms, and re-traumatization.
- Behavior related to trauma can interfere with patient access to services, patient-provider communication, impede compliance with treatment regimens, and generally, frustrate the practitioner.
- Individuals who experienced trauma require trauma specific interventions
How does this impact supervision?
Potential Outcomes

- **Compassion Fatigue**
  - Profound feeling of sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause

- **Vicarious Trauma**
  - Collective process of change in the counselors’ emotional and cognitive experiences that is a direct result of connecting on an empathic level with their clients

- **Burnout**
  - State of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations
  - Results in having a sense of depersonalization and detachment from the job, and a decreased sense of personal accomplishment (Maslach, 2003; Shoptaw, Stein, & Rawson, 2000).
Organizational Risk Factors

- Lack of clinical supervision/supervisors
- Lack of resources for clients
- Lack of support from colleagues
- Not acknowledging STS exists and that it is a normal reaction of counselors dealing with clients with trauma (SAMHSA 2014)
Organizational Protective Factors

- Adequate training in trauma-specific interventions/care
- Support from colleagues
- Trauma-informed supervision
- Culture of empowerment within the agency (SAMHSA, 2014)
Individual Protective Factors

- Male gender
- More years of experience
- Training in trauma-informed practices
- Lack of personal history of trauma
- Healthy coping skills
- Resiliency; ability to find meaning in stressful life events (SAMHSA, 2014)
The Discrimination Model
Discrimination Model of Supervision

- Counselor Competencies
  - Intervention
  - Conceptualization
  - Personalization
Discrimination Model of Supervision

- Supervisor Roles
  - Teacher
  - Counselor
  - Consultant
Trauma Informed Supervision
Research to Support Trauma Informed Supervision

- Supervision is a critical strategy in helping practitioners to prevent, mitigate, and heal vicarious trauma (Bell, Kulkarni, & Dalton, 2003; M. Cohen & Gagin, 2005; Pulido, 2007; Sexton, 1999).

- When supervisees experience a stronger working alliance with their primary supervisors and feel safe enough to share trauma-related reactions and receive feedback, vulnerability to vicarious traumatization decreases and, consequently, the quality of services to clients is anticipated to improve (Bober & Regehr, 2006; Bordin, 1983; Hunter & Schofield, 2006; Pearlman & Mac Ian, 1995; Shulman, 2010; Toren, 2008; Tsui, 2005).
Developing a Trauma Informed Approach to Supervision

- Trauma-informed supervision combines knowledge about trauma and supervision.
- Focuses on the characteristics of the interrelationship between:
  - the trauma,
  - the practitioner,
  - the helping relationship,
  - the context in which the work is offered (Etherington, 2009)
Basic Assumptions of Trauma Informed Supervision

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
Trauma Informed Supervision Process

1. General case consultation
2. Specialized consultation in specific and unusual cases
3. Explore reactions to traumatic material revealed in session
4. Assess secondary traumatization
5. Addressing boundaries in the therapeutic and supervisory relationship
6. Counselor self-care and stress management
7. Personal growth and professional development of the counselor
Explore Reactions to Traumatic Material Revealed in Session

- Allow time for supervisee to discuss the traumatic material disclosed in session
- Explore reactions to client’s report of traumatic events
- Normalize
- Self-care
- Maintain appropriate boundaries/supervisor roles
  - Are you taking on the role of supervisor or counselor?
Assessing the Impact of Trauma on Supervisees

Professional Quality of Life Assessment

(Hudnall-Stamm, 2009)
The ProQOL is the most commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, compassion fatigue which includes burnout and secondary trauma.
Advantages and Disadvantages of Using Psychometric Measures

- **Advantages**
  - Increase self-awareness
  - Time to reflect on personal reactions and identify triggers for secondary traumatization
  - Examine alternative coping strategies and open up conversation to self-care and resources

- **Disadvantages**
  - If not presented in a nonjudgmental way, supervisees may feel as if they have “failed” if their scores are above average in secondary traumatization section or below average in the compassion satisfaction section (SAMHSA 2014)
Advice to Supervisors: Recognizing Secondary Traumatization

- Traumatic stress reactions and distress from exposure to another individual's traumatic experiences

- Risk Factors
  - Pre-existing mood or anxiety disorder(s)
  - Personal history of trauma
  - High caseload of clients with trauma
  - New to the field
  - Disconnection from co-workers
  - Unhealthy coping strategies (ex. Substance use)
  - Individuals in Recovery – (possible relapse of substance(s) or mental health symptoms) (SAMHA 2014)
Addressing Secondary Trauma in Supervision

- Address immediately
- Create an individualized plan, with specific self-care strategies, to address secondary traumatization
- Allow counselor to express personal preferences and process feelings and thoughts
- Regularly assess, and if issues arise, revise self-care plans accordingly (SAMHSA 2014)
Strategies for Preventing Secondary Traumatization

- Normalize STS
- Implement clinical workload policies and practices
- Increase the availability of opportunities for supportive professional relationships
- Provide regular trauma informed supervision
- Provide opportunities for behavioral health professionals to enhance their sense of autonomy
Promoting Ethical, Trauma-Informed Boundaries: The Supervisor’s Role

- Educate supervisees on how trauma may impact a client’s perception of healthy boundaries (e.g., feelings of abandonment)
- Educate supervisees on behaviors that may be perceived as boundary violations by clients with a history of trauma (e.g., canceling appointments, making external referrals, ending a session early).
- Assist in creating and reinforcing agency-specific, trauma-informed policies that adhere to the ethical code and Ohio law (e.g., self-disclosure, receiving gifts)
- Discuss, model, and role-play provision of informed consent and use of immediacy to address boundary concerns within the therapeutic relationship
Recognizing Boundary Confusion in Supervisees

- Signs of Boundary Confusion in Supervisees:
  - Reluctance to discuss details of client’s tx in supervision
  - Expressing or showing feelings of overresponsibility for a client’s welfare
  - Excessive/Unusual advocacy for a specific client
  - Reluctance to explore emotional reactions toward a client
  - Defensiveness toward suggestions from supervisor or peers regarding case conceptualization or methods of tx.
  - Increased self-disclosure to client with an unclear therapeutic purpose
Self-Care: What Counselors Need

- All counselors need a comprehensive self-care plan that includes activities to nourish the following life areas:
  - Physical
  - Psychological and mental
  - Emotional and relational
  - Spiritual

- Attending to Balance is key, including the balance between:
  - Home and work
  - Focus on self and focus on others
  - Rest and activity
  - Vulnerability and integrity/worldview preservation
Self-Care: The Supervisor’s Role

- Promote self-care
- Create opportunities for self-care
- Support self-care
- Monitor self-care
- **Model self-care**
Promoting Supervisees’ Self-Awareness and Self-Care: Mindfulness

- **Mindfulness (The How):**
  - Introduce formal/informal mindfulness activities as a part of individual/group supervision sessions
    - Loving-Kindness Meditation
    - Mindful Eating
    - Cloud Meditation (Mindfulness of Thoughts)
  - Provide time and/or a place for supervisee practice during work hours

- **Mindfulness (The Why):**
  - Increases counselors’ awareness of own physical needs, emotional reactions, and thoughts both during and post-practice
  - Reduces stress, increases use of coping skills, promotes resiliency, and decreases impacts of STS
Other Activities for Promoting Self-Awareness and Self-Care

- Journaling
  - Directive, prompt-driven journaling assists counselors with exploring professional needs/goals and investigating personal vulnerability/resiliency factors
  - Non-directive, free journaling increases emotional intelligence, promotes emotional release, and strengthens self-confidence

- Genogram
  - Helps counselors identify their own family history of trauma, mental health, and/or substance use as well as its potential impacts on their work with clients and/or vulnerability for STS

- Intentional/Assigned Exposure to Non-Trauma Work
  - Strengthens self-integrity; Helps decrease negative impacts of trauma work on counselors’ worldview or faith
Patient Death and the Grief Process

- Due to the overwhelming amount of client death related to opioid epidemic
- Normalize
- Bring in Supports
- Use Humor
- Listen, Reflect, Summarize
- Self-Care
- What do you need?
  - Time off
  - Closure
Case Example


