


TRAUMA INFORMED SUPERVISION


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Trauma Informed Supervision

OBJECTIVES


- Awareness of trauma including identification, prevalence, and impact
- Understand the principles of trauma informed care versus traditional care
- Recognize implications of trauma in field education
- Apply principles to field instruction and supervision

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Trauma Informed Supervision

- **TRAUMA**


Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically and emotionally harmful or threatening with lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

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- **TRAUMA**

- Intense experiences causing serious physical and/or psychological threat
- Traumatic experiences may be single, repeated, or multiple events
- Traumatic experiences may overwhelm coping leading to harm

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- **TRAUMA**

- Physical, emotional, sexual abuse, exploitation
- Abandonment, neglect, lack of basis needs
- Death, divorce, separation, incarceration
- Violence, addiction, mental illness
- Serious, invasive, distressing medical illness and procedures

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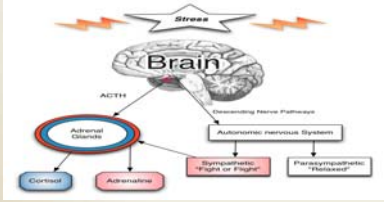
- **TRAUMA**


- Examples
 - Terrorism, war, civil unrest, torture
 - Disasters, loss of people, pets, home
 - Violent crime, accident, serious injury
 - Child abuse, neglect, multiple placement

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- **TRAUMA and the BRAIN**




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- **IMPACT**

- Traumatic events are neurological, biological, psychological and social in nature.
- They include:
 - Changes in brain neurobiology
 - Social, emotional & cognitive impairment
 - Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence)
 - Severe and persistent behavioral health, health and social problems, early death.

(Felitti et al, 1998)


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- **PREVALENCE**

- The majority of adults and children in psychiatric treatment settings have trauma histories
- A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety
- A sizable percentage of adults and children in the prison or juvenile justice system have trauma histories

(Hodas, 2004, Cusack et al., Mueser et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)


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- **PREVALENCE**

- A growing body of research on the relationship between victimization and later offending
- Many people with trauma histories have overlapping problems with mental health, addictions, and crime both as victims and perpetrators
- Victims of trauma are found across all systems of care

(Hodas, 2004, Cusack et al., Mueser et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)

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Diagnosis DSM-5


- Exposure to actual or threatened death or serious injury or sexual violence
 - Direct exposure
 - Witnessing in person
 - Indirect to close person
 - Repeated or extreme exposure to details in the course of professional duties

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Diagnosis DSM-5

- Re-experiencing the event with intrusive symptoms
 - Recurrent, involuntary, intrusive memories
 - Traumatic nightmares
 - Dissociative reactions including flashbacks and loss of consciousness
 - Intense or prolonged distress after exposure to reminders
 - Marked physiological reactivity after exposure to stimuli

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Diagnosis

DSM-5

- Persistent avoidance of distressing stimuli
 - Thoughts or feelings
 - External reminders
- Negative thoughts and moods
 - Inability to recall features of the event
 - Persistent negative beliefs
 - Persistent blame of self or others
 - Persistent negative emotions
 - Marked diminished interest in activities
 - Feeling alienated from others
 - Constricted affect/inability to experience positive emotions

Trauma Informed Supervision

• Trauma Informed

- Recognition of prevalence of trauma
- Recognition of trauma diagnoses
- Assess for trauma and triggers
- Recognize re-traumatizing cultural practices
- Minimize power and control
- Address training needs of staff
- Behavior understood as adaptive coping
- Objective, neutral language
- Transparent systems
- Collaborative responsibility

Trauma Informed Supervision

• Not Trauma Informed

- Lack of education on trauma
- cursory or no trauma assessment
- Emphasis on compliance and rules
- Over diagnosis and labeling clients
- Problem and symptoms are synonymous
- Absence of symptoms is primary goal
- Services are crisis, cost, risk driven
- Power hierarchy between provider and client
- Safety and trust are taken for granted
- Consumer is disempowered or blamed

Trauma Informed Supervision

• Professional Response

- ▶ Often have their own traumatic histories, including historical, cultural or generational trauma
- ▶ Seek to avoid re-experiencing their own emotions
- ▶ Respond personally to others' emotional states
- ▶ Perceive behavior as personal threat or provocation rather than as re-enactment
- ▶ Perceive client's simultaneous need for and fear of closeness as a trigger of their own loss, rejection, and anger
- ▶ Often experience vicarious trauma as a result of their work

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• Professional Response

- ▶ Exposure to client trauma can trigger our own
- ▶ Repeated processing can have the same effect
- ▶ Treating trauma may lead to similar symptoms
 - ▶ Dulling affect or emotion to protect from further exposure
 - ▶ Denial, depression, and withdrawal from work/social life
 - ▶ Substance abuse used as coping with difficult material
 - ▶ Risk taking behavior that triggered by or reliving trauma

Trauma Informed Supervision


• What does trauma-informed supervision look like?

- A face-to-face conversation customarily scheduled once a week minimum.
- Supervision focuses on raw data from a students' continuing practice
- Supervision may include direct live observation, co-written clinical notes, audio and video recordings, and live supervision.
- It is a process clearly distinguishable from personal psychotherapy and is contracted in order to serve professional goals.

(AAMFT Supervisor Handbook, 2007)


Trauma Informed Supervision

- **Trauma-informed Supervision**
 - Telling students what you are going to do before you do it
 - Recognizing a student being triggered/ flashback/ vicarious impact and managing it with words
 - Seeing trauma responses as adaptations rather than manipulations
 - Does not mean accountability or expectations need to be compromised

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- **Steps to working with trauma**
 - A trigger is something that sets off an action, process or series of events (such as fear, panic, upset, agitation)
 - What are action steps you have taken to prevent your student from being triggered?

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- **Trauma-informed Strategies**
 - time away from a stressful situation
 - going for a walk
 - discussing the issue in treatment team
 - debriefing time
 - time off
 - creating a calm physical work environment

(Joan Gillice, PhD: National Association of State Mental Health Program Directors
National Center for Trauma Informed Care)

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- **Trauma Informed Care**

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou

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Please complete evaluations and pick up your certificate.

THANK YOU FOR YOUR PARTICIPATION

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10 Principles of Trauma Informed Services

1. Recognize impact of violence and victimization on coping skills
2. Establish recovery from trauma as primary goal
3. Employ empowerment model
4. Maximize choice and control over treatment
5. Based on relational collaboration
6. Environment designed to ensure safety, respect and acceptance
7. Highlight strengths and resiliency
8. Minimize possibility of re-traumatization
9. Culturally competent and understand the client from context of their life experience
10. Solicit customers input and feedback in design and evaluating services

Elliot, D.E, Bjelajac,P., Fallo, R. D., Markoff, L.S., Reed, B.G. (2005) Trauma Informed or Trauma Denied: Principles and implementation of trauma informed services for women. Journal of Community Psychology, 33, 461-477

TRAUMA INFORMED SUPERVISION SKILLS AND TOOLS

1. Turn informal supervision into formal supervision and schedule it
2. Give examples of what happens or what to talk about in supervision
3. Do both individual and group supervision and make supervision notes
4. Empathize and validate
5. Ask, “What do you need from me?”
6. Offer resources
7. Reiterate protocols and the steps to take
8. Explain in terms staff use for their jobs
9. Be positive
10. Bond with staff
11. Listening
12. Reflecting
13. Brainstorming
14. Modeling
15. Motivational Interviewing
16. Ask, “What can I do to help?”
17. Find strengths
18. Offer training
19. Reiterate responsibilities
20. Distinguish between professional and personal