

# The Trauma-Informed Supervisor



Trauma-Informed  
Community Network

Part of the Partnership for a Healthier Fairfax

**Fairfax County Trauma-Informed  
Community Network  
3rd Edition, 2018**

# The Trauma-Informed Supervisor



**BUILDING A TRAUMA-INFORMED  
HUMAN SERVICES SYSTEM**

**TRAUMA-INFORMED COMMUNITY NETWORK  
3<sup>RD</sup> EDITION, 2018**

This training is just one part of a larger strategy to develop a shared language and understanding across the Fairfax County Human Services System (County Government, Fairfax County Public Schools, Private and Non-Profit Partners). For the clients interacting with various agencies and service providers across our system to reap the full benefits of the implementation of trauma-informed care, our entire system must be engaged in moving this change forward, and in establishing a new standard of care.

As a supervisor in our Human Services System, you are in a unique position to help influence the culture of your organization. Staff looks directly to you for guidance in a variety of areas, and as the work of making our system trauma-informed moves forward, this will be another area in which you will have the opportunity to prepare staff to have a positive impact on client outcomes. To do this successfully, you will need to acquire some new knowledge, tools and strategies yourself. Fortunately, there is a lot of great information available on how to move this type of system change forward at different levels, and you will have the benefit of hearing much of that information today.

We hope to bring the information to life for you on a variety of levels throughout this training. How do you provide trauma-informed supervision to your staff? How do you ensure that the work environment at your site is safe and welcoming for clients and staff alike? How do you help your staff develop the competencies that a trauma-informed workforce needs, and sustain a standard of care moving forward using

trauma-informed hiring and staff development strategies?

These are just a few examples of the types of conversations that we will have today. Through our discussions, you will have opportunities to inform the system change that is already underway, and to identify ways to bring the key principles of trauma-informed care to life in your own setting.

On that note, we feel it is important to mention that, while we will not be getting into too much detail about trauma itself today, this topic in general can sometimes be one that is difficult to discuss. Please take care of yourself and feel free to step out of the room if you need to, or to take a break at any point. Also, please take advantage of the toys and coloring pages available on your tables.

## Building a Trauma-Informed Human Services System

### Ongoing efforts across Human Services/FCPS

- ❖ Existing work-groups within multiple organizations
- ❖ Pilot projects underway in various agencies
- ❖ Training for front-line staff
- ❖ System-wide collaboration through the Trauma-Informed Community Network (TICN)



As you all know, the implementation of trauma-informed care currently has a lot of momentum across the country, and here in Fairfax County. Various government and community organizations are engaged in efforts to train their staff and to implement policies, procedures and practices that are in line with the principles of trauma-informed care. We will talk more about those principles as the day goes on.

Throughout this workbook, we generally use the term “client.” Please substitute whatever word is most commonly used in your work setting (student, patient, participant, etc.) as you think through these concepts.

First though, lets talk about working in Human Services settings in general, and then get into what it means to be a supervisor.



## What draws people to the work?

Can be stimulating both personally and professionally

Moral appeal: Service work for worthy causes

Personal appeal: Working to help others stretches and challenges individuals to grow

Adventurous appeal: Direct service staff often serve in the midst of extreme and challenging situations

Headington Institute, 2007



How and why do people become supervisors? Natural career progression, desire for increased pay and benefits, expectations from agency leadership to keep moving up? How do we prepare people to become supervisors? Technical knowledge aside, how do we know that our workforce is ready to move from direct service into a supervisory role? Lets think about that as the day goes on. For now, lets take a look at some of the challenges, for the workforce and for the organization itself, of working day in and day out with people impacted by trauma.

## Potential negative effects of involvement in the work

- Exposure to upsetting stories of personal tragedy
- Not enough resources available to combat the problems
- The work environment
  - \* Conflicts amongst team members; lack of time, skills, heavy work load
- Moral and/or ethical dilemmas
- Continuous exposure to trauma



*Headington Institute, 2007*

## How does the work impact front-line staff?

Requires continual listening, responding, and assisting

Intensity of the work may create emotional or cognitive depletion

Ultimately impacts client care and leads to reduced quality of life (for staff)

- ❖ **Leaving the job or the field**



## How does this impact the organization?

- Increased absenteeism (health problems, lost productivity)
- Impaired judgment
- Unwillingness to accept extra work or assume responsibility
- Low motivation
- Lower productivity and poor quality of work (poor client outcomes)
- Decreased compliance with organizational requirements
- Greater staff friction
- High staff turnover (ongoing training costs)



So what can you do to help? Let's get into some specifics about one of the areas that you are primed to influence in your role as a supervisor, building a culture of self-care through some very intentional supervisory practices.

# What does it mean to be a supervisor in Human Services?

## Educating staff

Job specific knowledge, skills and abilities. Organizational policies, procedures and practices. Best practices and standards of care.



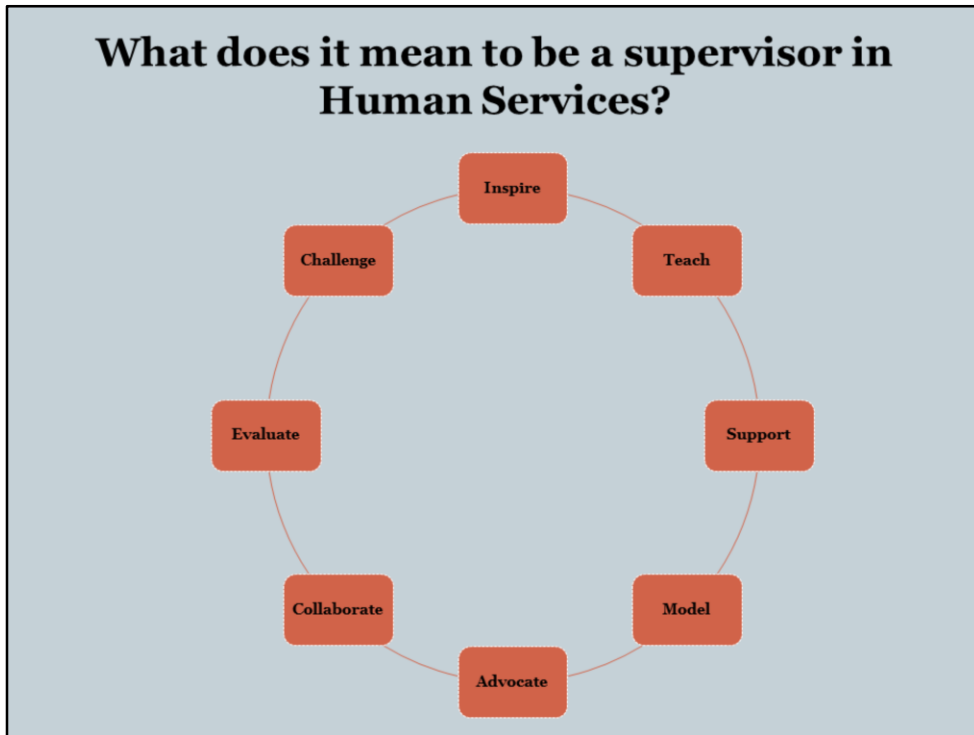
## Managing Staff

Time and attendance. Job performance. Employee growth and development. Providing organizational structure and resources.

## Supporting staff

Relationship building. Offering support and resources to help staff manage the difficult work they face related to working with clients impacted by trauma.

## What does it mean to be a supervisor in Human Services?



### Supervisory Functions

A skillful supervisor needs to take on different roles and draw from a variety of approaches dependent on the circumstances. The most common supervisory functions include being able to:

**Inspire** – create conditions that instill hope and promote adherence to the mission and goals of the organization

**Teach** – impart content knowledge; supervisor should use innovative methods to communicate knowledge in addition to written materials such as modeling, role--playing, and role---reversal

**Support** – provide encouragement, empathic responses, examples from personal experience; build rapport, relieve anxiety, and build supervisee’s self---awareness and insight; supportive approach especially helpful when individual makes mistakes as it fosters open learning environment and promotes risk---taking

**Model** – demonstrate how knowledge translates into practice through applying specific techniques; supervisors regularly model behaviors informally through boundary setting, handling conflict, self-care practices

**Challenge** – provide corrective feedback, point out discrepancies between supervisee’s

stated goals and one's actions, interpret, most effective when provided in constructive manner in context of an established positive supervisory relationship

**Evaluate** – review and assess performance; key part of supervision but often problematic for many supervisors due to discomfort with hierarchy, approval, and power; evaluative role often is minimized; best to acknowledge and address evaluative role with supervisee from the very beginning

**Collaborate** – encourage the problem-solving skills of the supervisee and facilitate his/her professional development; used especially with supervisees who have advanced knowledge and experience; role is more collegial and consultative than evaluative

**Advocate** – “provide a voice” on behalf of supervisees regarding matters of workplace safety, input into organizational decisions, access to needed information, technology, and resources, a “living wage” and adequate benefits, grievances, opportunities for professional growth, and so forth

***Peterson, 2015***

## Why Trauma-Informed Supervision?

- Promotes staff retention and reduces turnover (Barak, Nissly, & Levin, 2001; Knudsen, Roman, & Abraham, 2013)
- Reduces levels of vicarious trauma experienced by staff (WCSAP, 2004)
- Influences supervisee ability to more effectively cope with their work (Sommer & Cox, 2005) and is associated with greater resilience among workers (Turner, 2009)
- Enhances worker well-being by strengthening ties to the organization and increasing affiliation with the larger field (Knudsen, Roman, & Abraham, 2013)
- Facilitates and supports effective dissemination and sustainability of best practices (Miller et al., 2006; Schwalbe, Oh, & Zweben, 2014)



## **What is trauma-informed supervision?**

Supporting staff. Relationship based supervision.

Best practice guidelines exist for reflective supervision, which has been identified as a trauma-informed supervision model.

This model is very much in line with the skills and principles emphasized in motivational interviewing.

Supporting staff, or offering relationship-based supervision, is different from clinical supervision. This supervision model is based on newer ideas about the healing power of relationships. Genuine sharing and empathetic responses sometimes strike supervisors as going against the grain when it comes to what they may have learned about boundaries in school or in their early job training.

This type of supervision model, and trauma-informed care in general, deemphasizes hierarchy and power differentials, and puts self-disclosure and more emotional responses to client/worker sharing in a new light. As a supervisor, your “clients” are the people that you supervise. They can benefit from a supervision model that incorporates many of the same elements as the practice model that you are asking them to implement with the adoption of trauma-informed care. For example, viewing behaviors as coping strategies and symptoms as adaptations when considering how to address issues.

Typical supervisory roles like mentoring, coaching, supporting professional development and building competency in new approaches and best practices can only be enhanced by offering staff support regarding stressors in and outside of work, and by helping them to identify and address emotional exhaustion.

## Motivational Interviewing Spirit and Skills

- Collaborative approach
- Shared expertise
- Reflective listening
- Affirming strengths to build confidence

See Using Motivational Interviewing Skills in Supervision Handout. **(Appendix)**  
*Peterson, 2015*

# Reflective Supervision

A way to help staff think about, understand, and put in perspective:

- the information shared by clients
- the emotions experienced from that sharing
- the feelings generated by their own life experiences



Regularly scheduled meeting without interruption so that the worker knows when to expect support (it is important to also be available in the event of crisis)

Discussion of the supervisees beliefs about change. How they view their clients will influence how they treat them

Invite worker to share feelings about the work and their clients, and to explore how their own experiences may be impacting their responses to clients and situations

See Best Practices for Reflective Supervision Handout (**Appendix**)

See Questions to Consider During Supervision Handout (**Appendix**)

A primary goal of Reflective Supervision is to help the worker gain increased insight into their belief system. How they view their clients will influence how they treat them. What are their beliefs about how change happens for people? As front-line staff learns to start viewing client behavior through a trauma lens, they will need support and guidance related to learning to view behaviors and symptoms as adaptations. For many survivors of trauma, what looks like acting out to us, looks like surviving to them. We know from the Adverse Childhood Experiences (ACE) study that it is not at all uncommon for survivors of trauma to engage in high-risk behaviors and to adopt coping mechanisms (substance abuse, over-eating, risky sexual behavior) that can lead to poor health outcomes later in life (organ damage, addiction, heart disease, diabetes, STD's). Finding ways to help front-line staff recognize these behaviors as the adaptations that they are can go a long way towards helping them to develop appropriate supportive responses to their clients; responses that have the potential to interrupt the negative trajectory that these clients might otherwise find themselves continuing on.

See A Framework for Supervisory Sessions Handout. (**Appendix**)

## Building and maintaining a supportive supervisory relationship

Observe staff members in action so that you can use examples of actual events in discussion.

Understand staff members investment in the work. What do they personally find challenging and rewarding about the work? Help them find meaning.

Encourage the sharing of reactions to the work, and invite discussion of strategies to deal with stresses and challenges that arise.

Assist staff with the development of self-care plans, and check in with them regularly regarding their implementation.



Staff should feel comfortable exploring challenges and concerns, and showing vulnerability without fear of judgment. To continue to develop competencies, staff need to be engaged in an ongoing process of learning where they can share their experiences, and be transparent about their mistakes and biases.

Supervisors often ask for “tools” that they can use. When we talk about the power of the supervisory relationship, it is important to recognize that as the supervisor, YOU ARE THE TOOL! You have the skills and position to intervene on multiple levels and to have an impact on your organization, and on the people that you supervise. You can use your knowledge about trauma to inform the environments that you create (physical and cultural), the relationships that you build with your supervisees, and the decisions that you make about how you respond to behaviors.

When we are talking about client interactions, we ask front-line staff to look at behaviors as adaptations or coping skills. As supervisors dealing with employee behavior in a trauma-informed organization, you will be challenged to do the same thing. Let’s review some of the basics of what trauma is before we get into more specifics about how trauma can impact the workforce.

## What is trauma?

**Hint: It is NOT necessarily PTSD**

Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being. (SAMHSA 2014)

Results in a feeling of HELPLESNESS

**FACT: NOT Everyone who experiences or is exposed to trauma, even severe trauma, will develop Post-Traumatic Stress Disorder.**

People throw around PTSD as a term to describe exposure to trauma pretty frequently in common vernacular. PTSD is actually a mental health diagnosis that requires clinicians to check off several areas/components of distress. Not everyone who experiences trauma, even severe trauma, will develop Post-Traumatic Stress Disorder (PTSD). **In fact, only about 7% of people exposed to horrible incidents develop PTSD.**

Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Many people who go through traumatic events have difficulty adjusting and coping for a while, but they don't have PTSD — with time and good self-care, they usually get better. But if the symptoms get worse or last for months or even years and interfere with functioning, they may have PTSD.

Even if someone does not meet the diagnostic criteria for PTSD, their functioning and health can still be impacted by exposure to trauma.

Now lets give some attention to how trauma impacts the brain. This information is important to consider in order to ensure that the people that you supervise are in the optimal learning zone when you are meeting with them.

## What can a traumatic experience do to the brain?

If trauma is prolonged, extreme, or repetitive, it can physically injure the brain.

The Amygdala (*"The Body Guard"*) can become **STUCK!!** in an **alert** state. The Body continues to sense danger when there is none and sends out **Stress Response Signals!**

The person who experienced the trauma, keeps living **"IN THE MOMENT!"**

Long after the trauma ends, the person may become unable to separate **"NOW/SAFE"** FROM **"THEN/DANGER!"**



**The Autonomic Nervous System Regulates Functions of Internal Organs that Function **INVOLUNTARILY AND REFLEXIVELY****

**SYMPATHETIC NERVOUS SYSTEM: "HEY! I AM IN DANGER HERE!!"**

**PARASYMPATHETIC NERVOUS SYSTEM: "I am off duty now and I am hungry!"**

**System that responds to FIGHT, FLIGHT, FREEZE!**

**Takes care of body when it's not fighting for survival**

**Dilates Pupils and Blood Vessels**

**Constricts Pupils and Blood Vessels**

**Increasing Heart Rate**

**Heart Rate Slows Down**

**Digestion goes on hold**

**Stimulates Digestion**

These are all normal, involuntary biological responses.

## **Arousal Zones: Where Learning/Supervision CAN and CANNOT Take Place**

<b>Hyper-Arousal Zone</b>	<b>NO LEARNING TAKES PLACE</b>
<b>Optimal Arousal Zone</b>	<b>Human Services Workers can be open to learning, supervision, and working with clients</b>
<b>Hypo-Arousal Zone</b>	<b>NO LEARNING TAKES PLACE</b>

Just like it is important for workers to be able to identify what zone their clients are in, as a supervisor, it is important for you to be aware of the zone that your staff is in.



# What is Secondary Traumatic Stress?

## **Secondary Traumatic Stress:**

- The emotional duress that results when an individual hears about the first-hand trauma experiences of another.
- Symptoms can mimic those of Post-Traumatic Stress Disorder (PTSD).
- Individuals may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure.
- Individuals may experience changes in their memory and perception; alterations in their sense of self-efficacy; a depletion of their own personal resources; a disruption in their perceptions of safety, trust, and independence.

**Since some workers may develop/exhibit some observable reactions that mirror PTSD, Secondary Traumatic Stress can be perceived as:**

**Helping that HURTS!**

(Figue, 2012; NCTSN, 2010)

# What is Secondary Traumatic Stress?

## Compassion Fatigue:

- A label proposed by Dr. Charles Figley as a less stigmatizing way to describe secondary traumatic stress
- Sometimes you will hear terms like Vicarious Trauma, Cumulative Stress and Burnout used interchangeably



\*(Figley, 2012; NCTSN, 2011)

## Other Terms

**Compassion Fatigue:** a less stigmatizing way to describe Secondary Traumatic Stress; Has been used interchangeably with the term, Secondary Traumatic Stress

**Vicarious Trauma:** changes in the inner experience of the worker resulting from empathetic engagement with a traumatized client. Focuses less on trauma symptoms and more on covert cognitive changes that occur following cumulative exposure to another person's traumatic experiences

**Cumulative Stress:** a more gradual form of stress reaction. They are usually related to low-intensity but more chronic stressors that pervade a person's life and "pile up," one on top of the other.

**Burnout:** characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment



(Adapted from Headington Institute, 2007; NCTSN, 2011)

## What is the Difference Between STS and Burnout?

- While **secondary traumatic stress** develops as a result of making empathic connections with traumatized individuals, **burnout** is the result of administrative stresses, such as too much paperwork and large caseloads.
- Secondary Traumatic Stress **can occur from one traumatic instance** (e.g. the death of a child by maltreatment) **or the accumulated impact** of everyday work with traumatized children, youth and families.

**Secondary Traumatic Stress comes from trauma. Burnout can occur from an unsupportive and demanding work environment.**



(Laliberte & Crudo, 2012)

A good question to ask: When did you start feeling this way? If the answer is “I don’t know” or “always” you are likely dealing with burnout. If the answer is “after a specific case” then you are likely dealing with STS.

ALL stress is important to address. Burnout makes the workforce more susceptible to STS, and STS makes the workforce more susceptible to burnout.

Burnout is strongly associated with human services agencies, and is anchored in the work environment.

What are some ways that we can help relieve burnout?

- Rotating job locations
- Varied caseload
- Change in position
- Involvement in special projects that provide opportunities for professional development and a diverse workload

Other ideas?

## Things to consider....

- Some, not all will experience Secondary Traumatic Stress
  - 6 to 26% of therapists working with traumatized populations
  - 50% of child welfare workers
- However, professionals exposed to similar stressors are not equally vulnerable to negative outcomes
- How can we identify staff who are at risk?

(Figley, 2012; NCTSN, 2011)

**Table Group Exercise:** The work that we do, and the environments that we do our work in, are unique when compared to many other fields and work environments. Have a discussion with your table group about the types of things that cause you distress at work that you are able to share with your family or support system outside of work, as well as the things that you ARE NOT able to share with them. Compare the lists and discuss some of the reasons that you are/are not able to share. Consider the impact this might have on you.

## Risk Factors for STS

### **Organizational:**

- Direct work with traumatized individuals and hearing about traumatic experiences
- Heavy caseloads of traumatized children
- Long tenure in the field
- Working more than 40 hours per week
- Social or organizational isolation
- Inadequate training

(Collins-Camargo, 2012; Conrad, 2012; Figley, 2012; NCTSN, 2011; Pearlman, 2012)

These risk factors are relevant across the continuum of stress responses, from burnout all the way to STS. While everyday stress and burnout are important, and definitely affect us and the work environment, we know that the human services workforce is at increased risk for STS.

## Risk Factors for STS

### **Personal:**

- How the worker experiences the client's story
- How the worker interacts with the client
- Imagining trauma story from client's perspective
- Thinking about what it was like for the client
- Loss of control over the conversation
- Lack of choice re: interventions and strategies
- Insufficient time to recover from trauma exposure
- Firsthand exposure to trauma, personal trauma history

Collins-Camargo, 2012; Conrad, 2012; Figley, 2012; NCTSN, 2011; Pearlman, 2012)

## What are the symptoms of STS?

- Difficulty talking about feelings
- Free floating anger and/or irritation
- Increased caffeine and/or alcohol consumption
- Difficulty falling asleep and/or staying asleep
- Losing sleep over clients
- Worrying that you are not doing enough for your clients
- Dreaming about clients' traumatic experiences
- Inappropriate sarcasm, mocking of clients
- Diminished joy towards things you once enjoyed
- Feeling trapped by the work
- Feeling hopeless about clients
- Blaming others
- Having intrusive thoughts about clients

American Counseling Association Fact Sheet #9 ([www.counseling.org](http://www.counseling.org))

Symptoms could lead to:

- Obesity/Extreme weight loss
- Sleep problems (insomnia)
- Depression / Anxiety
- Immune disorders
- Addiction
- Difficulty with interpersonal relationships
  - Avoidance, aggression, irritability
  - Extreme or untimely sarcasm
- Overworking
- Numbness
- Flashbacks or nightmares
- Avoiding clients who have experienced trauma (*"give me the easy clients!"*)
- Hyper vigilance
  - Constantly on guard
  - Jumpiness
  - Defensiveness
- Over-shopping (now I owe money I don't have)

\*\*\*Not everyone struggling with these issues can be assumed to have STS.\*\*\*



## Protective Factors

- The regular use of deliberate coping strategies
  - Self-care
- The ability to attract and maintain social support (personal and professional)
- The feeling that one has a personal calling to the field
- Personality traits that include emotional competencies
  - Optimism, Faith, Flexibility, Sense of Meaning, Self-Efficacy, Impulse Control, Empathy, Close Relationships, Spirituality, Effective Problem Solving (Protective Factors that contribute to Resiliency)



Collins-Camargo, 2012

### **Table Group Exercise:**

Given what we have discussed today, what are some things that you can do to build resiliency in your staff? Please brainstorm ideas (staff meeting activities, team building exercises, etc.) with your table group that you could implement with minimal effort or cost.

## **Practicing self-care: it seems simple...**

*Self-care* means choosing behaviors that balance the effects of emotional and physical stressors. Essential to self-care is learning to calm our physical and emotional distress.

- **exercising**
- **eating healthy foods**
- **getting enough sleep**
- **practicing yoga; meditation or relaxation techniques**
- **abstaining from substance abuse, and**
- **pursuing creative outlets**



This work is hard, everyone needs strategies to help. Even YOU!

## Organizational Self-Care Strategies

- Diverse, manageable workload
- Support for continuing education and training
- Effective and adequate supervision
- Resources and policies that support self-care
- Meaningful opportunities for input in organizational decision making processes
- Well promoted workplace wellness initiatives

“It is not sufficient for employers to instruct [staff] to take care of themselves off the job; active preventive measures should be a regular part of the work environment.”

**Munroe, 1999**

The Organizational Self-Care Strategies covered here are great places to start when you think about ways in which you can use your role as a supervisor to help infuse self-care into the organization where you work.

## **Organizational Intervention Strategies**

- Consider formal processes to evaluate STS and levels of resiliency (staff survey, etc.)
- Mindfulness training
- Informal gatherings following crisis events to debrief and allow voluntary, spontaneous discussions
- Change in job assignments or work group
- Caseload adjustment
- Referrals to Employee Assistance Programs (EAPs) or outside agencies

## **Trauma and Self-Care: The path is not that easy...**

“Milton Erickson used to say to his patients, My voice will go with you.” His voice did. What he did not say was that our clients' voices can also go with us. Their stories become part of us – part of our daily lives and our nightly dreams. Not all stories are negative - indeed, a good many are inspiring. The point is that they change us.”



Mahoney, 2003

## Research tells us...

“The better we take care of ourselves and maintain a professional separation from our clients, the more we will be in a position to be truly empathic, compassionate, and useful to them.”

Babette Rothschild



## What needs to happen for self-care to unfold?

### Awareness at many levels...

- Systemic awareness of organizational culture regarding self-care
- Professional awareness of the need to embrace self-care
- Personal awareness of individual needs to embrace self-care



As various organizations across the human services system work to integrate the principles of trauma-informed care into their organizational culture, it will be critical that leadership has an understanding of their role in advancing the work, and in supporting a resilient workforce that is well equipped to respond to the needs of county residents who have experienced trauma. Those in key leadership positions must be well prepared to promote policies, procedures and practices within their organizations that are in line with the principles of trauma-informed care, and that promote self-care within the workforce. For sustainable culture change to be achieved related to how the workforce responds to traumatized clients, a parallel process must take place in regards to how organizations responds to workers who are engaged in this challenging work.

To truly build a culture of self-care within our organizations, our organizational culture must be one that supports self-care in a way that demonstrates its importance to the professional workforce, and allows buy-in at the individual level.

## A few words on Empathy...

- Empathy is necessary for the survival of the species, and a key emotion for the work that we do
- Empathy makes us vicariously feel what other's feel
- Learning to manage our own responses to our clients' emotions may be the key to self-care
- Self-awareness related to knowing when we can, and cannot, handle mirroring our clients emotions can help us to stay in charge of our own emotional states





## Keeping Calm...

- Understanding the neurophysiology of arousal
- Becoming aware of our attunement with clients
- Becoming aware of our personal triggers when interacting with aroused clients
- Developing arousal awareness
- Body awareness
- Putting on our brakes: Practicing calm—low Autonomic Nervous System response



What happens when our emotions become aroused? Everyone can probably think of examples of times when they felt physically activated (racing heart, sweating palms, etc.) when interacting with a client or colleague. Tuning into our bodies and learning to recognize the physical cues of arousal is an important skill in terms of managing our responses to others, as well as in taking steps to intervene for the benefit of our own self-care when we recognize that this is happening.

Knowing what your own triggers or hot spots are, and practicing a calm response in the face of them, is a self-care strategy that can also benefit those with whom you are working as you will be better able to maintain neutral body language and tone of voice.

## Thinking Clearly...

- Understanding the neurophysiology of clear thinking
- Deepening our understanding of the impact of stress on our brain
- Learning to soothe our over-activated amygdala
- Noticing our sense of urgency
- Determining what belongs to us and what belongs to our clients
- Knowing our personal histories and our comfort with the complex aspects of trauma



## Self-Care

- Physical
- Psychological
- Emotional
- Spiritual
- Relationship
- Workplace/Professional

**Individual Exercise**: Complete Self-Care Assessment

**Group Discussion**: Share reactions to Self-Care Assessment

## Moving from awareness to action...

### Valuing the Personhood of the Professional

- Assess your self-care as you would a client's
- Identify your vulnerabilities and sabotages
- Secure honest feedback from loved ones and coworkers
- Build on your successful self-care as opposed to simply adding new items onto the list
- Make self-care a priority, not an indulgence



## Moving from awareness to action...

### Focusing on the Rewards

- Re-experience the privileges of the profession
- Notice the rewards associated with your work
- Feel the career satisfaction
- Practice the mental state of gratitude
- Recall Emerson's words: "It is one of the most beautiful compensations of life that no man can sincerely try to help another without helping himself."



## Moving from awareness to action...

### Recognizing the Hazards

- Begin by saying it out loud: “This work is a demanding and often grueling enterprise”
- Affirm the universality of occupational hazards by sharing them with colleagues
- Practice acceptance of the inevitable stressors
- Cultivate self-empathy
- Adopt a team approach



## Self-care exercise

Identify five simple things that you can do to improve your self-care:

- 1.
- 2.
- 3.
- 4.
- 5.



See Mindfulness and Self-Care for Supervisors Handout. (**Appendix**)  
*Peterson, 2015*

### **Individual Exercise:**

Take a moment to consider some self-care strategies that you can implement for yourself. What are some ways that you can build in self-care opportunities for your staff?

### **Consider the ABC Model:**

Awareness: Be Attuned to your own needs, limits, emotions and resources.

Balance: Maintain a healthy Balance among your activities- work, life, family, rest and leisure.

Connect: Maintain supportive relationships, and ensure opportunities to Connect with co-workers, family members and friends.

Adapted from Saakvitne, K. & Pearlman, L. (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization for Helping Professionals who Work with Traumatized Clients*. New York, New York: W.W. Norton and Company

At work?

At home?

On your own?

To connect with others?



## Preparing staff to identify and respond to trauma

### Step 1

#### Basic training on trauma and its impact on health, behavior and functioning

Trauma 101 training is available at the system level. Many of our Human Services organizations offer their own agency specific trauma trainings. There are also lots of training resources available online (webinars, fact sheets, etc.).

### Step 2

#### Training in agency/organization screening processes

### Step 3

#### Responding appropriately to disclosure

#### Referring clients to the right services and resources

For most of the day, we have been focusing on your relationship with your supervisee, and on viewing them as your “client” that needs support. In addition to offering your supervisee a supportive supervisory relationship, you can also offer them some coaching around the skills and knowledge that they will need to implement trauma-informed care, and to respond appropriately to their own clients. As staff practice looking at behavior through a trauma lens, or implementing new screening tools, or find that they need new referral sources as their increased understanding of trauma and its impact leads them to recognize it as an issue in more of their clients, your supervisees will need you there to help them respond to their clients needs.

To give some additional context to our conversation moving forward, lets review the principles of Trauma-Informed Care.

## Principles of Trauma-Informed Care

- Positive Relationships
- Understanding Trauma & Its Impact
- Culture of Self-Care
- Promoting Safety
- Voice and Choice
- Access to Resources
- Cultural Competence and Promotion of Equity
- Positive Youth Development and Social-Emotional Learning



See [Trauma-Informed Principles Handout \(Appendix\)](#)

What do we mean by “principles” anyway? These are basic guidelines for everyday ways to make our work more supportive of those who have experienced trauma and to enhance resilience. In order to implement trauma-informed care in your settings, these are the concepts that you need to find ways to bring to life. How can you implement them in your client interactions, your interactions with staff, and in how you develop your work environment and organizational culture?

While these principles provide an easily understood framework, another framework often referenced in this work was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). Their *Essential Elements of a Trauma-Informed System* is often used by organizations to gauge progress towards becoming trauma-informed.

## Essential Elements of a Trauma-Informed System

Safety

Trustworthiness & Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice and Choice

Cultural, Historical and Gender Issues



In finding ways to bring these principles or elements to life in our work, it is imperative that we remember the importance of asking the people who will be directly impacted for their own definitions of what these principles mean to them. For example, clients might define safety as having control over their own lives, while staff may define safety as having control over their work environments and minimal exposure to personal risk. The concept of asking clients for feedback and giving them opportunities to provide direct input into how services are delivered is an important part of this paradigm shift.

Let's review some additional examples of how this might look different from business as usual.

When it comes to establishing trust with trauma survivors, the sharing of genuine emotion is encouraged. Survivors often have the capacity, due to the necessity for them to remain vigilant in their interactions with others, to detect when someone is not being truthful about their feelings. Just like many human services workers have been trained to keep distance between themselves and their clients by limiting the sharing of feelings, they have also been trained to provide answers and solutions to clients.

A trauma-informed approach requires that workers develop true partnerships with clients while maintaining healthy personal boundaries. The goal of this partnership should be to empower clients to come up with their own solutions to problems. Focusing on client generated solutions is a much more effective way for clients to learn

healthy coping skills than are strategies that rely on the worker controlling the client and their choices.

The chart in the Appendix provides some suggestions for ways to implement the principles.

See Trauma-Informed Principles Chart (Appendix)

**Table Group Exercise:**

Please take a few moments to review the chart of implementation suggestions, and to consider where there are examples of this already going on within your organization. Discuss with your table group examples of where you see these principles as being embedded in your organizational culture already, and where you see opportunities for enhancement. Please be prepared to report out on two specific examples of things that you could do in your setting to implement, or further implement, these principles.

## **Preparing staff to identify and respond to trauma**

### Step 1

Basic training on trauma and its impact on health, behavior and functioning

Trauma 101 training is available at the system level. Many of our Human Services organizations offer their own agency specific trauma trainings. There are also lots of training resources available online (webinars, fact sheets, etc.).

### Step 2

Training in agency/organization screening processes

### Step 3

Responding appropriately to disclosure

Referring clients to the right services and resources

Implementing screening processes, and training staff in how to respond appropriately in the event that trauma is identified, is an issue that has been raised across the human services system. “What do we do if they say yes?” Let’s talk now about how to prepare staff to utilize screening tools, and about how to respond appropriately to clients who disclose trauma.

## Setting the stage for screening

- Acknowledge the reality that the conversation could be uncomfortable
- Normalize their potential traumatic experiences by emphasizing that trauma is something that clients in your organization regularly encounter
- Mention that you can connect them to supports if necessary
- Take advantage of the opportunity to provide some basic education on the impact of trauma. Just hearing that their responses are normal given their experiences can be very helpful for survivors

### **Large Group Discussion:**

Please share (briefly) what processes or tools are in use within your organization to screen for traumatic exposure and/or impact on functioning. What other service providers or organizations do your clients interface with? Are there opportunities to get information from any of those sources (especially in cases where formal screening processes are not in place within your organization)?

As our system moves to a true SYSTEM OF CARE model, cross-system collaboration and our processes for sharing information will become even more important. We should aim to minimize the need for clients to repeat their stories over and over again, while also finding ways to connect all of the entities working with that client to provide comprehensive and holistic services.

### **Coaching staff to prepare clients for screening:**

#### **Supervisee: How do I set the stage to ask such sensitive questions?**

Supervisor: This is a good time to discuss your role not just as a (probation officer, counselor, nurse, etc.) but as a helping professional who is open to dealing with difficult subject matter. If clients are able to determine from the way you frame the questions that they are not the first and only client to have something to disclose, and if they have some confidence that you can connect them to resources, the odds of them

disclosing will go up. Statements that you can make to let them know that you can handle hearing about their experiences, that normalize their responses to experiences, and that highlight your role as a helper will go a long way towards creating the right environment for disclosure. Looking at behaviors as symptoms or adaptations is key. You should share your responsibilities as a mandated reporter, but also know that you do not need to conduct the investigation, or push the client to disclose the details of their trauma.

**Examples:**

“A lot of kids I meet have been through some difficult experiences, and sometimes these experiences have had an impact on different parts of their lives. During the course of this conversation, I am going to ask you some questions to find out if you have experienced anything that might be contributing to some of the difficulties that you are having. If something does come up, I have experience putting my clients in touch with resources to get them help if that turns out to be something that you are interested in.”

“Some of the questions I am going to ask you may seem strange or personal. If they don’t apply to you, we can move on. Part of my job is helping my clients connect with resources if it turns out that there are issues they need help with. It turns out that a lot of my clients are struggling to deal with experiences that they have had in their past. I want to make sure that I get all of the information that I need to help you as much as I can, so I am going to ask you the same questions that I ask everyone else OK?”

## Responding appropriately to disclosure

- Maintain a neutral, non-judgmental tone and body language
- Be supportive and empathetic without asking questions about the details of the traumatic event(s)
- Take advantage of opportunities to normalize their responses to the trauma by viewing their behaviors/reactions/responses as adaptations that have helped them to cope
- Use motivational interviewing skills to begin determining if they are open to seeking treatment or support



The very same skills that your supervisees will need to respond appropriately to client disclosure are the ones that you should employ when facing disclosure from your supervisees.

Motivational interviewing skills like taking a non-judgmental stance, asking open-ended questions, being empathetic, and offering reflective responses are all appropriate when responding to disclosure.

It may be appropriate to thank the person (client or person you supervise) for telling you. It is important for them to know that you believe them.

In working with your supervisees, you have the opportunity to role model the responses that you expect them to have when working with their clients.



## Responding appropriately to disclosure

- Don't give directions or unsolicited advice
- Do offer your support and acknowledge both feelings and resiliency
- Don't assume that you know what is best
- Do offer connection to resources that might be helpful
- Partner with the client to identify strengths, needs and resources



## Responding appropriately to disclosure

**Ask questions about how they have responded to the trauma. Start determining to what extent they have demonstrated resilience and/or adopted unhealthy coping mechanisms.**

“That must have been difficult”

“How have you managed to cope with that?”

“Have you ever talked about this with anyone?”

“What have you done to get by?”

“That sounds like a stressful situation. What do you do to manage your stress?”

“How has this affected you?”



## Responding appropriately to disclosure

### Ask questions to help determine symptom severity.

“Do you have trouble sleeping at night?”

“Have you ever used drugs or alcohol to cope?”

“Do you ever feel depressed or anxious about this situation?”

“What do you enjoy doing in your free time?”

“Who do you talk to when you feel worried or stressed?”

“How often do you think about this experience?”



The themes of questions and responses should convey that:

- their experiences do not define them
- they are not alone
- they are not to blame

## Connecting Clients to Resources

What are the processes and procedures in your organization for connecting clients to appropriate supports and services?

Do you know who is able to provide trauma-informed, and trauma-specific treatments in your service area?



The development of a countywide Provider Directory is a goal of the Fairfax County Trauma-Informed Community Network, and is an action step in the Children's Behavioral Health System of Care Blueprint. Multiple organizations are already involved in the creation and maintenance of their own internal provider directories.

Know your role, and be familiar with referral sources. Think creatively about non-traditional and natural support structures that the client can access. Not everyone will need therapy.

### **Table Group Exercise:**

Discuss examples of non-clinical, or non-therapy interventions that are available, as well as where you see gaps.

## Sustaining TIC in your organization

Core Competencies for trauma-informed practice

- Evaluating competencies
- Supporting ongoing staff development



## Core Competencies for Effective Practice

### Domains

- Knowledge
- Values and Attitudes
- Communication
- Practice
- Communities
- Organizations and Systems



The competencies needed by the staff that you supervise will vary depending upon their specific job description(s). To have a trauma-informed System of Care, all of these competencies should be represented in the workforce.

See Core Competencies Handout (**Appendix**)

### **Table Group Exercise:**

What competencies seem relevant for the staff that you supervise? What do you already have in place to support the development of these competencies? Where are the gaps? Discuss some ways that you can evaluate the relevant competencies in your own staff.

## Sustaining TIC in your organization

### Hiring Trauma-Informed Staff

- Position descriptions
- Realistic Job Previews/Job Fairs
- Interview questions



### **Individual Exercise:**

Please take a few moments to review the position description that you brought along to the training. Brainstorm ways that you can update that position description to reflect your need to hire staff well versed in trauma-informed care. In a few moments, we will ask that people share ideas for how to build this into position descriptions.

See Suggested Interview Questions Handout (Appendix)

Best practice suggests that organizations who work with clients who have experienced trauma should highlight the “risks” inherent in this work as part of their hiring processes. One way to manage this would be to share a statement during the interview process about the types of issues experienced by the population with which your organization works, along with a statement about how the organization recognizes the risk for STS that this brings. Building this type of conversation into your interview makes a strong statement about what your organization is about, and offers an opportunity to highlight some of strategies that you have in place to support the staff doing this difficult work. Whatever strategy you determine to be the best fit within your organization, it is important to make sure that any conversation related to secondary traumatic stress risk, and the supports in place to combat it, comes across in a way that is genuine and reflects your buy-in regarding its importance. This can not be another box that you are checking off as part of the hiring process.

## Other Implementation Considerations

Welcome/Resource Packets & New Employee Orientation Materials

Infusing trauma awareness into existing trainings

Intentional Peer Support through Mentoring Programs

Clear Policies and Procedures for agency responses to critical incidents

“The agency that is determined to inform all of its staff about trauma dynamics would do well to postpone intensive training for a few in favor of a more general introduction for many. A trauma survivor who seeks services may interact with a dozen individuals before actually sitting down with a clinician trained to provide trauma services. A woman will have to make an appointment and speak with a receptionist. A man will enter the agency and walk past a security guard or a maintenance worker. A family may stop for a snack at the hospital cafeteria. Once they are in the agency they may encounter office workers, intake personnel, trainees, and anonymous clinicians. Any of these individuals has the opportunity to make a consumer’s visit to the service agency inviting or terrifying.”

*Harris & Fallot, 2001*

### **Table Group Exercise:**

Identify existing training topics that are covered regularly within your organizations, and provide examples of ways that linkages can be made to trauma within the existing curriculum. Infusing trauma awareness into existing trainings (knowledge, skill and procedure based) is one way to emphasize its importance, and connect it to other issues and priorities within the organization. It is not “one more thing” as much as a piece of EVERYTHING. (Trainings like....New employee Orientation, Motivational Interviewing, Case Management, etc.)



Moving forward, it will be important for you to continually promote and support trauma training and development for your staff. Take advantage of a variety of methods (conferences, workshops, videos, webinars, articles to review in staff meetings, etc.). It will also be important for you to take advantage of opportunities at interagency meetings, case staffings, etc. to highlight the potential impact of trauma.

**Individual Exercise:**

What are examples of potentially traumatic events that the human services workforce may encounter (client death, removing children from the home, being assaulted by a student/client, etc.)? When we discussed STS earlier, we focused a lot on the cumulative impact of being exposed to traumatic material over and over again when working with vulnerable clients. While we have not, as a system, done the best job of recognizing the secondary traumatic stress that our workforce might experience that is of a cumulative nature, we have also neglected to put into place uniform procedures for when “big” things happen. Practices like formal de-briefing meetings and EAP referrals should be the standard response under certain circumstances (which should be identified by each individual organization in advance as much as possible). Knowing what some of the potential scenarios that may arise in your setting are, putting some response plans in place, and putting them into writing, can go a long way towards ensuring that they are implemented in the event of a “serious incident.”

## **Other Implementation Considerations**

Ongoing support for Managers/Supervisors

Well promoted workplace wellness initiatives

Identify/Develop pool of *specialized* EAP providers

Exit Interview Questions

## Organizational Assessment

A strategic and systematic examination of policies, procedures and practices.

- Environmental (Physical Plant)
  - ✦ TICN Trauma-Informed Spaces Checklist
- Client Feedback



There are a variety of tools available in the public domain that can be useful in determining how trauma-informed an organization is. Some tools include surveys for clients or staff, and some include questions for agency leadership to review. The Appendix includes a sample of some of the tools that are currently used in Fairfax or in other localities across the state.

See [Organizational Assessment Tools Handout \(Appendix\)](#)

### **Large Group Discussion:**

What does a trauma informed environment look like? Do any examples come to mind from across the county? What are some small things that we can do to make our spaces more inviting and client friendly?

What are you doing in your organization to gather feedback from clients? Are there ways that they can be included in decisions about future service delivery in meaningful ways?

“The organization ensures that the physical environment promotes a sense of safety and collaboration. Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety.”

***National Center for Trauma Informed Care***

## Challenges

- Balancing TIC with competing demands and other stakeholder priorities
- How can we frame TIC implementation within our organizations to overcome these challenges?



### Large Group Discussion:

Challenges:

Strategies to overcome them:

## Red Flags

- Client behaviors are viewed as deliberate, and staff is not working to figure out how they might be adaptive for the client.
- Clients are described in negative terms like “manipulative” or “trying to get over,” or are referred to using their mental health diagnoses “borderline.”
- Staff assume the worst about a client instead of giving them the benefit of the doubt. Staff are cynical about clients and blame them for bad choices or lack of appreciation for services.
- Staff seems increasingly focused on controlling clients through improved consistency or structure.

## What YOU can do to model TIC

- Be vocal about your buy-in, and clear about your intention to support the implementation of trauma-informed care
- Build these principles and trauma-awareness into your cross-system projects
- Work to make resources available for staff (training, connections to referral sources, self-care opportunities)
- Hire and promote staff who demonstrate a clear commitment to trauma-informed care

## What YOU can do to model TIC

- Speak warmly and hopefully of staff and clients
- When redirecting or correcting staff, make a valid effort to also emphasize what they did well
- Emphasize a team approach, and sticking with difficult cases
- Praise staff when you observe them giving clients choices, looking at behaviors as adaptations, and providing education about the impacts of trauma
- Be patient with staff, with clients, and with yourself

## How does the system wide adoption of TIC align with other system and organizational goals and priorities?

- Improved cohesion and collaboration at the systems level as leadership works together to implement best practices
- Happy and healthy workforce as leaders are able to build organizational cultures that support staff
- As efforts are made to recruit talented staff, this effort speaks directly to retaining staff. Decreased turnover equals savings in training costs
- Growing diversity and income inequality make it more likely that staff will come into contact with traumatized clients. Ensuring that proper supports are in place at the organizational level can lead to improved client outcomes

### **Large Group Discussion:**

What other county initiatives are you aware of that have a tie-in, or could be impacted by, the implementation of trauma-informed care across the Human Services System? (Disproportionate Minority Contact, Community Response to Truancy, Suicide Prevention, Kids at Hope, Family Engagement, Agency Communication Initiatives, etc.)



## Moving forward at the System Level

“Trauma-Informed Care is an essential ingredient in organizational risk management; it ensures the implementation of decisions that will optimize therapeutic outcomes and minimize the adverse effects on the client, and ultimately, the organization. Clients and staff are more apt to be empowered, invested, and satisfied if they are involved in the ongoing development and delivery of trauma-informed services.”



\* SAMHSA (2014)

The implementation of TIC requires a true culture shift, not just a statement that the organization is now “trauma-informed.” It is important to remember that implementing a trauma-informed approach isn't something that an organization can just “do” and then be done with. There is no one technique or checklist of items. Being trauma-informed is a way of being (caring and compassionate) much more than it is a specific set of actions or implementation steps. The good news is that a trauma-informed approach can be implemented anywhere, by anyone. Everyone in our Health, Human Services and Education System has a role to play in what will need to be an intentional and ongoing process.

## Using Motivational Interviewing Skills in Supervision (adapted from Miller & Rollnick, 2013)

### **OARS: Open Questions**

*"Tell me more about that?"*

*"What approaches have you tried thus far?"*

Open questions invite others to talk about what is important to them as well as to elaborate on a topic. They are the opposite of closed questions that typically result in a limited response. Open questions are used in supervision to draw out information, ideas, and feelings to enable supervisees to clarify and develop their practice.

### **OARS: Affirmations**

*"You used your reflective listening skills very effectively in that situation."*

*"That sound like a good idea. Let's try it."*

Affirmations are statements and gestures that recognize a person's strengths and positive behaviors. Affirmations build confidence in one's abilities. To be effective, affirmations need to be genuine and congruent.

### **OARS: Reflective Listening**

*"This has been quite stressful for you."*

*"You're wondering if you could have prevented him from getting hospitalized."*

*Reflective listening is a primary skill in building and maintaining effective supervisory relationships. It fosters clear communication, builds trust, and helps develop the supervisee's confidence. Reflective listening appears deceptively easy, but takes hard work and skill to do well. There are three basic levels of reflective listening:*

- Repeating or rephrasing – listener repeats or substitutes synonyms or phrases; stays close to what the speaker has said
- Paraphrasing – listener makes a major restatement in which the speaker's meaning is inferred
- Reflection of feeling – listener emphasizes emotional aspects of communication through feeling statements – deepest form of listening

### **OARS: Summaries**

*"Let me see if I understand."*

*"Here is what I think I've heard. Tell me if I've missed anything."*

Summaries are special applications of reflective listening. They are particularly helpful at transition points, for example, after the person has spoken about a particular topic, has recounted a personal experience, or when the conversation is nearing an end. Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping stone towards determining "next steps."

# Best Practices for Reflective Supervision

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- \* Hold a regularly scheduled meeting without interruptions or distractions (phone, door, etc.)
- \* Follow an agreed upon agenda
- \* Be accessible and available in the event of crisis
- \* Be emotionally present
- \* Observe and listen carefully
- \* Avoid judgment
- \* Be compassionate and respond with empathy
- \* Model open communication
- \* Focus on building the relationship and on being genuine
- \* Listen for worker emotions and invite the sharing of feelings
- \* Provide supportive feedback and build on worker strengths
- \* Create an open environment to share challenges and mistakes
- \* Help the worker find meaning in their work
- \* Inquire about and support self-care
- \* Maintain a balance of focus on the worker, and on their cases
- \* Use motivational interviewing techniques
- \* Ask for feedback

# Questions for Supervisors to Consider During Supervision

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*As a supervisor, it is your responsibility to ensure a safe and productive work environment and to lead by example. Working in Human Services, it is inevitable that your organization will encounter clients who have been impacted by trauma. Supervisors must be proactive, informative, and able to model how to effectively face this challenge. Formal Supervision is one way to do this. By creating a safe space where our employees can share, as well as walk away with effective tools and a sense of validation, we can contribute to the development of a safe and productive work environment. Below are some statements and questions to consider as you get started in your work to provide this type of supervision to your staff.*

I know that you have been working with a challenging case(s) that has encountered a lot of trauma. As we both know, this type of work can expose us to secondary traumatic stress.

How has this case affected you?

How have you been dealing with it?

What can I do to make sure you are getting what you need?

What can I do to support you in taking care of yourself?

I have noticed a change in your behavior/demeanor, and that you appear withdrawn, apathetic, upset, frustrated, etc. since you have been dealing with this client/family/situation etc., and I am concerned for you. What's going on? How are you feeling? How can I help you?

I appreciate all of the hard work and dedication that you are putting into this case, and I am sure the client/family does as well. Are you taking time for yourself to recharge? Do you have any vacations planned?

What are some things that you have learned about yourself from your work on this case that have positively influenced your perspective, approach, job, etc.?

With this new knowledge/awareness, is there anything we can do as a unit/agency to enhance what and/or how we do business?

If at any time, you need a break, additional support, or need to hand off your case, please don't hesitate to come and talk to me.

# The CLEAR Model: Useful Questions and Responses for Each Stage

## **1. Contracting: Starting with the end in mind and agreeing how you are going to get there together**

- How do you want to use your time?
- What do you most need to achieve in this session?
- How could 1 be most valuable/helpful to you?
- On what in particular do you want to focus?
- What challenges are you facing?

## **2. Listening: Facilitating the supervisee in generating personal insight into the situation**

- What more can you say about that?
- Who else is involved whom you have not yet mentioned?
- How do other people - your boss, your colleagues, your team, your client - see the situation?
- Let us see if I can summarize the issue.

## **3a. Exploring I: Helping the supervisee to understand the personal impact of the situation**

- How are you feeling right now?
- Are there any feelings that you have not expressed?
- Does this person remind you of anyone? What is it you would like to say to that person?
- What patterns might be re-occurring in this situation?

## **3b. Exploring II: Challenging the supervisee to create new possibilities for future action in resolving the situation**

- What outcome do you and others want?
- What behaviors need to be different in you or your team members to achieve the outcome?
- Who might be of help to you that you have not yet consulted?
- Can you think of two or more different ways of approaching this situation?

## **4. Action: Supporting the supervisee in committing to a way ahead and creating the next step**

- What are the pros and cons of each possible approach/strategy?
- What is the long-term objective/goal?
- What is the first step you need to take?
- When are you going to do that?
- Is the plan realistic? What is the percent chance of succeeding?
- Can you show me the first thing you are going to say in your next meeting/session?

## **5a. Review I: Taking stock and reinforcing ground covered and commitments made. Reviewing the process and how it could be improved. Planning the future review after the action has been tried.**

- What have you decided to do next?
- What have you learned from this session?
- In what ways have you increased your own ability to handle similar situations?
- What did you find helpful about the supervision process?
- What could be better next time in the supervision process?

## **5b. Review II: Debriefing at the next session the actions taken between sessions**

- How did what you planned work out?
- How do you think you did?
- What feedback did you receive?
- What did you do well and what could have been even better?
- What can you learn from what happened?

## **A Framework for Supervisory Sessions**

### **Process**

- Establish a regular schedule of meetings for supervision (e.g. weekly, bi-weekly) at a mutually agreed upon time and place
- Create meeting agenda together – each responsible to bring relevant information, questions, and topics for discussion
- Supervisor should document content and key decisions of meeting in a supervisory log – supervisees encouraged to do the same

### **Content**

*Topics to be covered routinely in supervisory sessions:*

- Check-in regarding general wellbeing of supervisee – take “vital signs”
- Development of meeting agenda/priorities
- Ongoing monitoring of job responsibilities/work plan:
  - Update on progress of work activities
  - Identification and resolution of concerns/obstacles
  - Prioritization of tasks and activities
  - Identification of opportunities to collaborate with other staff or outside resources
  - Coordination of logistical issues: work schedule, meetings, time off, etc.
- Follow-up regarding supervisee’s professional/job-related education and development activities
- Discussion of self-care issues – e.g. attention to workload, potential for burnout, self-care practices, staff interactions, healthy balance between work and personal life
- Feedback about individual performance of supervisee
- Evaluation of how supervisory relationship is working, including feedback from supervisee to supervisor about effectiveness of supervision, additional needs

*Topics to be covered when necessary, at least annually:*

- Develop long-term work plan
- Create plan for supervisee’s continued development and education
- Review job description to assure its consistency with actual work and organizational needs
- Complete annual evaluation and related forms by supervisee’s annual date

*Adapted from National Health Care for the Homeless Council Supervisory Policy*

## Mindfulness and Self-care for Supervisors

- ◆ When you awaken, express gratitude for the new day... for having a home... for health... for friendships... your work...
- ◆ Eat nourishing food
- ◆ Take time to be silent... listen to what's within you
- ◆ When caught up in a challenging situation ask, "What is the most important thing right now?"
- ◆ Practice new ways of seeing – "you can look at a scar and see hurt, or you can look at a scar and see healing" - *Sheri Reynolds*
- ◆ Offer yourself to others in your vulnerability *and* your strength
- ◆ Consider your supervisory function as "the sum total of hundreds of thousands of small words and tiny actions" - *Charles S. Lauer*
- ◆ Show appreciation for the work of all the staff in your organization including receptionists, janitors, data entry personnel, and administrators
- ◆ Create a personal mission statement related to your supervisory work
- ◆ Identify the ways in which your work both feeds and depletes you personally
- ◆ Create a rhythm of action and contemplation in your workday
- ◆ Before dialing or picking up that ringing phone ... take a deep, renewing breath
- ◆ Display things that inspire you in your workspace – art, flowers, fresh fruit, sayings, photographs
- ◆ Do one thing at a time
- ◆ Be forgiving
- ◆ Remember that it's the little things that count
- ◆ When you go to bed at night, express gratitude for the day you were given... for having a home... for your health... friendships... for your work ...

## TRAUMA INFORMED PRINCIPLES

<b>Positive Relationships</b>	Safe, stable, and authentic relationships with caring adults and peers support healing and healthy development.
<b>Understanding Trauma and Its Impact</b>	Understanding traumatic stress and recognizing that many current behaviors are ways of adapting to and coping with past traumatic experiences.
<b>Culture of Self-Care</b>	A workplace which believes that caring for self is required when caring for others and supports staff self-care.
<b>Promoting Safety</b>	Establishing a safe physical and emotional environment where safety measures are in place and provider responses are consistent, predictable and respectful.
<b>Voice and Choice</b>	Helping young people gain a sense of control in their daily lives by keeping them informed, providing them with options, and inviting opportunities for leadership.
<b>Access to Resources</b>	Recognizing the complex needs of youth and supporting them in connecting to ongoing supportive resources.
<b>Culture Competence &amp; Promotion of Equity</b>	Providers are mindful of how their personal experiences and identities impact their interactions and work with youth in ways that equitably affirms their culture, language and identities.
<b>Positive Youth Development</b> <sup>1</sup>	Recognizing and supporting the strengths and potential of young people by providing opportunities for youth to enhance their interests, skills and abilities.
<b>Social-Emotional Learning</b>	Supports children in developing pro-social behaviors such as listening, managing strong emotions, cooperating, resolving conflict and problem solving.

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<sup>1</sup> “Positive Youth Development” and “Social Emotional Learning” are both included with the recognition that PYD may be more developmentally appropriate for adolescents and SEL may be more developmentally appropriate for younger children and youth.



## TRAUMA INFORMED PRINCIPLES

*Adapted by the Boston Public Health Commission from the American Psychological Association (2008); National Child Traumatic Stress Network (2012); National Center on Family Homelessness (2012); Hollywood Homeless Youth Partnership (2009) and the Substance Abuse and Mental Health Services Administration (N.D.)*

PRINCIPLE	WHY?	WHAT COULD IT LOOK LIKE?
<b>Positive Relationships</b>	<ul style="list-style-type: none"> <li>• Clients who have experienced trauma may have difficulty forming healthy relationships</li> <li>• Consistent, supportive relationships can support healing and growth</li> </ul>	<ul style="list-style-type: none"> <li>• Staff are consistent, reliable, empathetic</li> <li>• Opportunities to recognize client strengths</li> <li>• Building trusting relationships with family</li> </ul>
<b>Understanding Trauma &amp; Its Impact</b>	<ul style="list-style-type: none"> <li>• Trauma is widespread and can influence our thoughts, feelings, and behaviors</li> <li>• Understanding trauma and how it affects individuals and communities is the first step to putting knowledge into action</li> </ul>	<ul style="list-style-type: none"> <li>• Staff and management attend on-line or in-person trainings</li> <li>• Trained staff and management share information on trauma with other staff, management and parents</li> <li>• Considering role of trauma in individual interactions</li> </ul>
<b>Culture of Self-Care</b>	<ul style="list-style-type: none"> <li>• Working with traumatized clients can cause secondary or vicarious trauma in providers</li> <li>• Working with traumatized clients can remind us of our own trauma</li> <li>• Vicarious trauma harms staff and can limit the effectiveness of programming</li> <li>• A culture of self-care in the work place helps to minimize secondary trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Seeking out supervision when possible</li> <li>• Practice mindfulness (checking in with own feelings, deep breathing, taking a break)</li> <li>• Staff have self-care plans</li> </ul>
<b>Promoting Safety</b>	<ul style="list-style-type: none"> <li>• Traumatized clients often have experienced chaos and unpredictability</li> <li>• They may expect bad things will happen to them and that others cannot be trusted</li> <li>• Trauma causes the brain to be overly sensitive to signals of danger. Reminders of trauma can trigger automatic “survival brain” reactions</li> <li>• Creating safety—routines, rituals, consistency, predictability, minimizing trauma reminders--allows children to relax and shift their energy from survival to healthy learning/development</li> </ul>	<ul style="list-style-type: none"> <li>• Having predictable, structured activities</li> <li>• Having secure entries, exits and restrooms</li> <li>• Staff interactions are consistent, and have clear expectations and boundaries</li> </ul>

PRINCIPLE	WHY?	WHAT COULD IT LOOK LIKE?
<b>Voice &amp; Choice</b>	<ul style="list-style-type: none"> <li>• Trauma often involves a loss of control and feelings of helplessness</li> <li>• Clients may believe they are powerless or may constantly challenge limits and authority</li> <li>• Creating a space for clients to be heard and have a choice helps them regain a sense of control and to feel empowered</li> </ul>	<ul style="list-style-type: none"> <li>• Create opportunities for feedback and leadership</li> <li>• For young children or for those with safety issues, giving limited choice may be more appropriate (choice between 2 set options)</li> </ul>
<b>Access to Resources</b>	<ul style="list-style-type: none"> <li>• Clients and families may have multiple, interrelated needs (physical, emotional, spiritual) that are beyond the resources of one organization</li> <li>• Staff can work together with families and service providers to suggest options and support ongoing, “wrap-around” services</li> </ul>	<ul style="list-style-type: none"> <li>• Offering caregivers a “menu” of options so they can determine what works best for them</li> <li>• Building relationships with service providers and making “warm referrals”</li> </ul>
<b>Cultural Competence &amp; Promotion of Equity</b>	<ul style="list-style-type: none"> <li>• Healing and healthy development is rooted in cultural identity. It is important to recognize resilience and foster cultural pride and community connectedness</li> <li>• Programs are more effective when providers are knowledgeable about participants’ cultural background (beliefs, history, language, social customs) and their own assumptions/biases</li> </ul>	<ul style="list-style-type: none"> <li>• Activities that affirm positive cultural identity</li> <li>• Staff education on clients’ cultural backgrounds and culturally-appropriate resources</li> <li>• Materials available in multiple languages</li> </ul>
<b>Social-Emotional Learning &amp; Positive Youth Development</b>	<ul style="list-style-type: none"> <li>• Traumatized children may have a hard time identifying how they feel and coping with their feelings in a positive way</li> <li>• They may have difficulty forming healthy relationships (not trusting or too trusting) Adults can help children learn to identify their feelings and find healthier ways to manage them</li> <li>• They can also help them understand social cues, set healthy boundaries, and communicate more effectively</li> <li>• Recognizes young people’s strengths and assets with the understanding that trauma can prevent young people from recognizing their own strengths</li> </ul>	<ul style="list-style-type: none"> <li>• Help children learn to name how they’re feeling</li> <li>• Help children use healthy coping skills for managing strong emotions</li> <li>• Help children learn healthy ways to resolve conflict</li> <li>• Model appropriate boundaries</li> <li>• Provide opportunities for leadership</li> <li>• Celebrate strengths and accomplishments</li> </ul>

## **Trauma Informed and Developmentally Sensitive Services for Children: Core Competencies for Effective Practice**

*(Abridged-to see full document please go to [www.multiplyingconnections.org](http://www.multiplyingconnections.org))*

### **Knowledge**

#### **Core knowledge needed about trauma, trauma informed practice and child development to provide trauma informed, developmentally sensitive services to young children and their families**

- K1. Identify/describe key signs, symptoms, impact and manifestations of trauma, disrupted attachment, and childhood adversity in children and in adults
- K2. Explain how behaviors, including those that appear to be “problems” or symptoms often reflect trauma-related coping skills individuals need to protect themselves and survive
- K3. Describe the domains and stages of normal childhood development from infancy through adolescence (brain, social, emotional, cognitive, physical) and how they can be affected by trauma, abuse, adversity and stress
- K4. Describe local resources for trauma specific treatment and trauma informed services for children and their families
- K5. Define trauma informed and trauma specific care, including knowing the key elements of a trauma informed system and being familiar with evidence based trauma treatment models
- K6. Explain the relationship amount trauma, adversity, and disrupted attachment in the child/caregiver relationship
- K7. Describe the multi-generational nature of trauma and childhood adversity
- K8. Define re-traumatization and identify ways that children and their families can be retraumatized/triggered by the systems and services designed to help them

### **Values and Attitudes**

#### **Core values and attitudes needed to provide trauma informed, developmentally sensitive services to young children and their families**

- V1. Believe that providing trauma-informed/developmentally sensitive care is an appropriate and important role for anyone involved in providing services to children and their families
- V2. Recognize that involving clients/parents/caregivers as partners in the process of recovery from trauma and childhood adversity maximizes the potential for healing
- V3. Examine personal beliefs about and experiences of trauma and childhood adversity and the impact these have on interactions with clients, colleagues, organizations, and systems
- V4. View childhood trauma and adversity as a significant, complex, and often preventable public health problem with broad ranging effects on children and adults but from which, with proper resources and support, people can recover and heal

### **Communication**

#### **Communication skills needed to provide effective trauma informed, developmentally sensitive services to young children and their families**

- C1. Develop an interpersonal style that is direct, willing to change as a result of interactions, reflective, engaging, honest, trustworthy, culturally competent and eliminates the use of labels that pathologize
- C2. Communicate and collaborate with children, families, professionals and communities to establish supportive relationships for growth and healing
- C3. Accurately perceive, assess, and express emotions and model non-violent ways of communicating those emotions in order to maintain a safe environment for self and others

## **Practice**

### **Core skills and abilities needed to practice trauma informed care with young children and their families**

- P1. Facilitate trauma-informed collaborative relationships with children, parents, caregivers and colleagues which include demonstrating care, respect, cultural competence, developmental sensitivity, employing strength based approaches, maximizing safety for all and opportunities for client/caregiver choice and control
- P2. Provide trauma-informed screening and assessment including obtaining appropriate client and family histories to determine exposure to trauma/childhood adversity and risk and protective factors associated with trauma/childhood adversity
- P3. Demonstrate sensitivity to children's parents/caregivers who often have unaddressed trauma issues that can impact their ability to help their children
- P4. Facilitate referrals and access to trauma informed and trauma specific treatment services for children and their families as needed.
- P5. Demonstrate ability to teach children and parent/caregivers techniques that help children who have experienced trauma including relaxation, calming, soothing, and grounding themselves and/or their children and strategies for implementing CAPPD (being calm, attuned, predictable, present, and deescalating).
- P6. Create environments that are safe, comfortable, and welcoming for all children, families, and staff
- P7. Educate parents/caregivers about risk and protective factors associated with trauma/childhood adversity, healthy child development, and assist them with developing tools/strategies to strengthen development
- P8. Assist parents/caregivers of children who have been exposed to trauma and childhood adversity to recognize and address their own risk for secondary/vicarious trauma and possible unresolved trauma in their own lives
- P9. Educate and support all staff about the need to recognize and address their risk of secondary/vicarious trauma and how they may be negatively affected by exposure to detailed histories of trauma and adversity

## **Communities**

### **Competencies in working with communities to reduce risk factors and increase protective factors associated with trauma and childhood adversity**

- CM1. Educate and inform community residents, leaders, groups, and coalitions about trauma and childhood adversity including its causes and effects on individuals, along with available resources for recovery and healing

## **Organizations and Systems**

### **Competencies in organizational management and policy/system change needed to create and sustain a trauma informed and developmentally sensitive service systems for young children and their families**

- O1. Identify and describe effective models of trauma informed care (e.g. Sanctuary model, Community Connections model)
- O2. Introduce changes in organizational procedures, structures, protocols and policies to support trauma informed, developmentally sensitive practices and services
- O3. Involve clients, families, communities and other systems/practitioners in the process of becoming a trauma informed organization
- O4. Establish environments that support staff and ensure children's health and safety and are customized to meet each child and family's needs, strengths, capabilities and interests
- O5. Teach/train professionals at all levels (administration, management, supervisory, direct service, and support) about core elements necessary for trauma-informed practices and organizations
- O6. Advocate with local, state and federal policy makers for the development of funding streams and policies that support and foster a trauma-informed service system for children and families

# Questions to Consider When Interviewing Prospective Employees

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What type of training and experience do you have with implementing trauma-informed approaches?

What is your understanding of trauma and how it impacts the clients and families that we work with?

How has using a trauma-informed approach impacted your work?

What are the pros and cons of integrating the principles of trauma-informed care into your work?

What are some of the considerations that you make when working with a client or family who has experienced trauma?

How do you incorporate trauma informed practices into your work?

What is your understanding of what a trauma-informed organization looks like?

Talk about a time when you worked with a client who had been impacted by trauma. What was happening with the client during your time working with them, and how did that impact your approach to the case?

What are some of the symptoms or behaviors you might see in a client who has experienced trauma?

What type of training or experience do you have with using screening tools? What strategies do you use to explain the purpose of screening processes to your clients?

How do you balance self-care and your work responsibilities?

What role do you think self-care plays in enhancing client outcomes?

What support do you expect from your supervisor and your team in managing on the job stress?

What self-care strategies have you found to be most effective for you in the past?

# Organizational Assessment Tools

## The National Center on Family Homelessness

<http://www.familyhomelessness.org/media/90.pdf>

**Trauma-Informed Organizational Self-Assessment** The Self-Assessment is designed to help programs evaluate their practices, and based on their findings, adapt their programming to support recovery and healing among their clients.

## National Child Traumatic Stress Network

[http://www.nctsn.org/nctsn\\_assets/pdfs/TF-CBT\\_Implementation\\_Manual.pdf](http://www.nctsn.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf)

**Trauma-Informed Care System and Organization Assessment** The tool lists objectives that are intended to be used as a roadmap to help systems and organizations meet the mission and goals of a trauma-informed care approach. The tool allows for the reality that each organization will start at a different point. The tool can be used to help systems or organizations make progress on each of the listed objectives as they move towards becoming more trauma-informed.

## The Trauma-Informed Care Project

[http://www.traumainformedcareproject.org/resources/Traum%20Informed%20Organizational%20Survey\\_9\\_13.pdf](http://www.traumainformedcareproject.org/resources/Traum%20Informed%20Organizational%20Survey_9_13.pdf)

**Agency Self-Assessment for Trauma-Informed Care** Is a tool intended to help an organization assess their readiness to implement a trauma-informed approach. Staff responses are used to help identify opportunities for program and environmental change, to assist in professional development planning, and to inform organizational policy change. This instrument was adapted from the National Center on Family Homelessness Trauma-Informed Organizational Self-Assessment and "Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol" article by Roger D. Falloot, Ph.D. & Maxine Harris, Ph.D.

## THRIVE (Maine)

<http://thriveinitiative.org/wp-content/uploads/2012/10/TIAA-General-User-Overview-Manual.pdf>

**System of Care Trauma Informed Agency Assessment (TIAA)** The TIAA can be used to gauge current agency practices, and to see whether changes related to implementing systems of care principles and using trauma-informed practices are making a difference.

## National Center on Domestic Violence, Trauma, & Mental Health; Boston College; and Michigan State University

[http://vaw.msu.edu/wp-content/uploads/2015/02/Tips\\_Using\\_TIPS\\_Sullivan\\_Goodman\\_2015.pdf](http://vaw.msu.edu/wp-content/uploads/2015/02/Tips_Using_TIPS_Sullivan_Goodman_2015.pdf)

**Trauma-Informed Practice Scales (TIPS)** Is a tool that can be easily used by community programs to help them identify their areas of strength and weakness, improve their practices, and demonstrate to funders and other key stakeholders that they are incorporating trauma-informed principles into their work.

## Boston Public Health Commission

[http://d3vc4vygg8dc62.cloudfront.net/wp-content/uploads/TIPPS\\_Revised\\_11.17.14.pdf](http://d3vc4vygg8dc62.cloudfront.net/wp-content/uploads/TIPPS_Revised_11.17.14.pdf)

**Trauma-Informed Assessment Tool (TIPPS- Training, Interactions, Programs, Policies, Safety)** The TIPPS is a self-assessment tool designed to help organizations identify ways to make their programs more trauma-informed through an examination of staff training and supervision, client interactions, program activities, policies, and safety.

**Southwest Michigan**

[http://muskie.usm.maine.edu/helpkids/telefiles/011013tele/Trauma Informed System Change Instrument 2010 final 1\[1\].pdf](http://muskie.usm.maine.edu/helpkids/telefiles/011013tele/Trauma%20Informed%20System%20Change%20Instrument%202010%20final%201[1].pdf)

*Trauma-Informed System Change Instrument* A tool that can be used to track system change at the service provider level, at the agency level, and at the county system level. Workers complete a brief survey to convey their perception of needed change at each level as it relates to the implementation of trauma-informed care.

**The Chadwick Center for Children and Families**

<http://surveygizmolibrary.s3.amazonaws.com/library/113599/TraumaSystemReadinessTool2.pdf>

*Trauma System Readiness Tool (TSRT)* Is a self-report measure that was designed for child welfare systems to use as they assess the trauma-informed nature of their own system. The TSRT was designed to be administered to multiple informants across all levels of the organization, including caseworkers, supervisors, managers and administrators. It can be completed across regions within a state or county. Results from the TSRT provide cross-informant data to each system detailing how front-line case workers' responses from the survey are similar to or different from those of supervisors and administrators. The TSRT was designed to align with the Essential Elements of a Trauma-Informed Child Welfare System developed by the Child Welfare Committee of the National Child Traumatic Stress Network (NCTSN).

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