

Trauma Informed Supervision

Self-Audit

1. CISD (Critical Incident Stress Debriefing)
Is:
 - a. Probably harmful for some individuals;
 - b. An evidence-based practice for dealing with trauma exposure;
 - c. Is believed to work, but lacking in research
2. Which rates as the most “Traumatizing” Fact of doing treatment with trauma victims?”
 - a. Bearing witness to the trauma disclosure
 - b. Too many trauma clients
 - c. Working with unethical coworkers/supervisors
 - d. Feeling helpless
3. Most Supervisors in Child Welfare
 - a. Have training and skills in supervision and supporting staff with indirect trauma exposure.
 - b. Have never been trained in supervision or supporting staff with indirect trauma exposure.
4. Secondary Traumatic Stress is Caused by:
 - a. The intense feelings (sadness, fear, anger) that arise from hearing traumatic descriptions
 - b. Merely being exposed to trauma stories
 - c. Feeling overwhelmed or helpless
5. Workers in the Human Services Field have experienced Trauma:
 - a. Less frequently than the general public;
 - b. At the same rate as the general public;
 - c. At a higher rate than the general public
6. The supervision that I provide an equal balance of administrative, case-based, and reflective; and my supervisees know what to expect and how to present their cases
 - a. True
 - b. False
7. The setting where I provide supervision is:
 - a. Safe, private, comfortable
 - b. Lacking in these qualities

Competency	Operational Definition	Your Rating
<p>1. Knowledge of the signs, symptoms and risk factors of STS and its impact on supervisees; Knowledge of agency support options, referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> • Recognize the signs of STS in their supervisees • Address observed STS with symptomatic employees in a manner that normalizes their responses, promotes resiliency, and is supportive of the supervisee and does not pathologize, demean, or threaten the supervisee. • Articulate what STS informed services and support options are available from the organization. • Explain and facilitate the referral process for accessing available, quality services for symptomatic employees. • Identify other resources that provide STS prevention or intervention services and is able to assist the employee to access those resources. • Encourage use of organizational supports for the mitigation/prevention of STS symptoms as a normalized part of doing this work • Act as an advocate within the organization for supports, training, or adjustments needed by supervisees indicated by supervisory monitoring of STS symptoms in supervisees • Distinguish STS, PTSD, and burnout symptoms and describe the differential responses to each condition 	<p>☞ Rate yourself:</p> <p>a) I don't have this competency</p> <p>b) I'm halfway there (or so...)</p> <p>c) I'm there!</p> <p>☞ I need more training/resources to develop this competency</p>
<p>2. Knowledge/reflective capacity to monitor and address the supervisor's own STS</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> • Recognize the effect of trauma exposure upon themselves and describe how it may manifest in the supervisory process 	<p>☞ Rate yourself:</p> <p>1. I don't have this competency</p> <p>2. I'm halfway there (or so...)</p> <p>3. I'm there!</p>

	<ul style="list-style-type: none"> • Self-assess for signs and symptoms of Secondary Traumatic stress affecting their own functioning • Define a plan for regular reflection to identify and self-assess Secondary Traumatic Stress • Address secondary traumatic stress signs and symptoms when they arise in their own lives <p>Willingly seek support from peers or own supervisor</p>	<p>☞ I need more training/resources to develop this competency</p>
<p>3. Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner;</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> • Employ skills to enhance psychological safety of supervisees during supervision. • Describe common emotional responses to trauma work. • Skillfully employ reflective listening as part of supervisory practice. • Identify and focus on supervisees' strengths, and use this data to increase supervisee self-awareness and resilience. • Describe common emotional responses to trauma work and integrate these into discussions with supervisees. • Normalize common emotional responses to trauma work during supervision. <p>Provide emotional support to supervisees and how to determine what method may be most helpful to supervisees</p>	<p>☞ Rate yourself:</p> <p>a) I don't have this competency</p> <p>b) I'm halfway there (or so...)</p> <p>c) I'm there!</p> <p>☞ I need more training/resources to develop this competency</p>

8. When my supervisee uses a negative term for a client, I:
- Laugh and go along with it in the name of collegiality;
 - Ignore it;
 - Reframe it through the trauma lens to discover empathy

Competency	Operational Definition	Your Rating
<p>4. Skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress and make</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> • <u>Educate</u> supervisees <ul style="list-style-type: none"> ○ What self-regulation is; ○ Specific self-regulation skills; ○ Normalize emotional responses to difficult situations. • <u>Assess</u> supervisees 	<p>☞ Rate yourself:</p> <p>a) I don't have this competency</p> <p>b) I'm halfway there (or so...)</p> <p>c) I'm there!</p>

<p>appropriate referrals, if necessary.</p>	<ul style="list-style-type: none"> ○ Assess the immediate well-being of the supervisee; ○ Identify negative self-appraisals, cognitive distortions and ineffective coping behaviors that the supervisee may be demonstrating; ○ Continuously assess the emotional response of the supervisee over time to assess recovery and the potential need for added supports or referral. ● <u>Coach and support</u> supervisees <ul style="list-style-type: none"> ○ Assist with self-regulation, including cognitive skills (e.g. thinking about a situation differently), and behavioral recovery (e.g. distraction, self-soothing and redirection of energy). ○ Communicate concern and support. ○ Support the supervisee toward the development of skills for managing intense affect, and to prompt supervisees to utilize these strategies when needed. ○ Provide concrete suggestions regarding emotional regulation strategies, and emphasizes their importance by allowing supervisees the time needed to implement their chosen strategies 	<p>I need more training/resources to develop this competency</p>
<p>5. Knowledge of basic psychological first aid or other supportive approaches to assist staff after critical incidents;</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> ● Assure the psychological and emotional safety of staff following a critical incident, including a discussion of psychological and emotional safety. ● Recognize the distinctions between Critical Incident Debriefing approaches (which are not advised), and the Psychological First Aid approach. ● Recognize the different ways staff may respond to a critical incident ● Invite questions from staff in a manner that supports need for emotional safety by 	<p>☞ Rate yourself:</p> <ul style="list-style-type: none"> a. I don't have this competency b. I'm halfway there (or so...) c. I'm there! <p>I need more training/resources to develop this competency</p>

	<p>respecting individual choice to share or not share as they see fit.</p> <ul style="list-style-type: none"> • Provide accurate information regarding Secondary Traumatic Stress, signs to self-monitor, and strategies to enhance coping. • Inquire about the immediate needs of staff following an event. • Assist supervisees in the development of an action plan to address identified needs. • Facilitate access to updated information regarding resources available to staff who have experienced direct\indirect trauma exposure, including EAP information, insurance empaneled providers, and specific recommendations related to referral sources familiar with secondary traumatic stress. 	
<p>6. Ability to both model and coach supervisees in using a trauma lens to guide case conceptualization and service delivery</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> • Provide supervisees with education regarding how trauma may alter functioning of a trauma-exposed client. • Assure that the supervisee has formulated the role of trauma in the clinical presentation. • Redirect the supervisee from focusing on what is wrong with a trauma exposed client (i.e. diagnosis and symptoms) to what happened in the client’s life (i.e., consideration of how behaviors\symptoms may make sense when the client’s trauma exposure is assessed.) • Guides supervisees to a recognition of a client’s trauma history and symptoms in a way that explains what the client may be experiencing and serves to guide service delivery. • Effectively re-direct supervisees when they drift into attitudes/beliefs about clients that are inconsistent with the trauma-focused “lens”. • Educate supervisees about key trauma concepts, support them in incorporating these concepts into a trauma informed case formulation, and in guiding the supervisee when they drift into an approach inconsistent with the trauma lens. 	<p>☞ Rate yourself:</p> <p>a) I don’t have this competency</p> <p>b) I’m halfway there (or so...)</p> <p>c) I’m there!</p> <p>I need more training/resources to develop this competency</p>

	<ul style="list-style-type: none"> • Promote fidelity to trauma-responsive, and evidence supported/based models in daily practice • Encourage supervisee to bring forth multiple perspectives of the presenting problem(s), priorities, focus and goals of treatment by encouraging supervisee’s active engagement of the client, the client’s significant others/family, and extended supports in the assessment, intervention planning and ongoing service delivery process. 	
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9. I have a “bank” of reflective prompts in mind during supervision

- a. True
- b. False

10. To help support my supervisees with their STS, I have been mostly relying upon

- a. Self-care activities after work;
- b. Trying to minimize intensity of the work;
- c. Supporting them to open up to the experience

<p>#7 Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> ○ Facilitate the supervisee’s experience of a developing sense of mastery of management of trauma-related issues with clients ○ Identify and develop supervisee’s strengths and help supervisee apply strengths to job related activities. <ul style="list-style-type: none"> • Connect the individual to their team to guard against isolation and to develop a sense of shared ownership of difficult circumstances. <p>1. Support the development of compassion satisfaction in the supervisee via</p> <ul style="list-style-type: none"> ○ Assisting with the analysis of supervisee perceptions regarding complex case situations, and to support acceptance of situations that cannot be changed. ○ Assisting the supervisee to re-frame situations to allow for the recognition of partial successes. ○ Assisting the supervisee to adopt a positive view of themselves and their skill level. 	<p>∞ Rate yourself:</p> <ul style="list-style-type: none"> a) I don’t have this competency b) I’m halfway there (or so...) c) I’m there! <p>I need more training/resources to develop this competency</p>
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	<ul style="list-style-type: none"> ○ Encouraging the supervisee to notice, acknowledge, and savor positive moments with clients. ○ Reinforcing the benefits of engaging in pleasurable activities at work and off hours. 	
<p>#8 Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> • Recognize when changes in supervisee’s perspectives occur. • Successfully engage supervisee in discussion of observed changes and obtain supervisee’s perspectives regarding these changed views. • Normalize that changes in worldview (e.g., bad things do happen to innocent children) that will naturally occur during trauma work • Assist supervisee by challenging unhelpful cognitive distortions about self, work, or the world; (e.g., “this is useless”, “the world is unsafe”, “I’m the only one”, hypervigilance.) • Provide support towards replacing cognitive distortions with more accurate assessments 	<p>☞ Rate yourself:</p> <ul style="list-style-type: none"> a) I don’t have this competency b) I’m halfway there (or so...) c) I’m there! <p>I need more training/resources to develop this competency</p>
<p>#9 Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisees ability to recognize, acknowledge and respond to the impact of indirect trauma.</p>	<p>The Supervisor is able to:</p> <ul style="list-style-type: none"> • Normalize STS responses through timely use of self-disclosure related to their own experiences dealing with trauma work. • Employ self-disclosure as a tool to help supervisees recognize, acknowledge and respond to the impact of indirect trauma. • Willingly disclose when asked directly by a supervisee, thereby avoiding a posture of withholding, and facilitating emotional relatedness and equality in relationship. • Monitor their own motivation and intentions as a critical factor in weighing the ethical force of self-disclosure, particularly whether the goal of such disclosure is primarily for the supervisee’s benefit. 	<p>☞ Rate yourself:</p> <ul style="list-style-type: none"> a) I don’t have this competency b) I’m halfway there (or so...) c) I’m there! <p>I need more training/resources to develop this competency</p>