



Trauma-Informed Supervision (Therapeutic/frontline context)

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These are some tools, values, & principles to hold in mind & to actively try to integrate & infuse into your practice & processes when offering trauma-informed supervision. These are not exhaustive or prescriptive, & there is an acknowledgement that supervision needs, & style will significantly differ; & are influenced by an array of factors, such as, the aim/task/relationship/ context/ therapeutic models etc; and that in the real-world not all of these things will be able to be done in the entirety at once. It is also acknowledged that many of these ingredients & principles are not exclusive to “trauma-informed” practice. It is important to remember that supervision is one aspect of trauma-informed practice, & therefore should be integrated & supported by the other trauma-informed aspects 9e.g. Policies, wellbeing processes etc).



Guiding Values & Principles for Trauma-Informed Supervision:

- According to the literature, trauma-informed practice should embody the following principles: Safety, trust, collaboration, choice, & agency/mastery. Therefore, these should also be reflected & infused into the supervisee process & relationship. As well as supervision being a space to support & further embed the trauma-informed lens & values into all aspects of the role/work (e.g. Clinical practice/ interactions with families/ role in team etc).
- Trauma-informed supervision acknowledges the importance, protective function, & role of having a safe, consistent, regular & reflective space—particularly, when working within complex contexts & potentially traumatising organisations. It should be prioritised as a meaningful process, rather, than as a tick box exercise.
- Trauma-informed supervision respects & acknowledges the prevalence; & the multi-layered, social, political, & pervasive nature of trauma, stress, & adversity on the individual, team, & health of an organisation. This includes considering the emotional, spiritual, political, physical, moral, & relational impact of the work.

- Within the above point, trauma-informed supervision also expects & accepts that we all have our own triggers, hotspots, stressors, & prickly parts which can be triggered, re-surfaced, & re-enacted within the work; and therefore, prioritises reflection, wellbeing, & self-care.
- Trauma-informed supervision appreciates, values, celebrates, & respects that we are all unique individuals (More than just a professional) who bring into the work & space; our own experiences, inner/outer worlds, life histories, ghosts & angels of the past, relationships, life themes, multi-layered identities, stories, values, hopes, motivations, biases, & lens.
- Trauma-informed supervision includes reflecting on the interaction of our identities within the work, & within the supervision relationship (E.g. Gender/sexism, geography, race, religion, age, ability, class, culture, ethnicity, education, sexuality, sexual orientation, spirituality etc); & importantly how these can relate to areas of power (including structural, relational, & social), social injustice, historical trauma, oppression, authority, trust etc.
- Trauma-informed supervision is mindful that there are many parallel processes & dynamics at play, between the work, the supervisory relationship, & the wider organisational processes; & therefore that it is important to attend to these. This said, although supervision can be therapeutic & supportive, it is not personal therapy. Therefore, boundaries & limitations need to be discussed & clarified; with other forums & support options identified, encouraged, & signposted to.
- When people have experienced trauma, adversity, & toxic stress, they often can function in a survival mode & are in a place of fear & high arousal, which can restrict & constrict their thinking. Therefore, trauma-informed supervision recognises that this process can be mirrored when working within systems & within supervision; & so, the safer one feels in supervision, the more able they will be to think, learn, play, reflect, explore, & develop. So, trauma-informed supervision actively works to increase feelings of multi-layered safety.
- A trauma-informed supervisor needs to ideally embody the trauma-informed principles, values, & practices; alongside having the knowledge and skill around the impact of trauma, & where relevant, some trauma-specific models/skills.
- Trauma-informed supervision is relational; therefore, it is a reciprocal relationship- a serve & return process- one where both voices are listened to & where both matter. The relationship aims to be collaborative, transparent, & communicative, & involves mutual learning, appreciation, & respect. This also is in line with optimising opportunities for mastery, autonomy, & agency. This is even more important when working in a context of trauma, as, feelings of helplessness, hopelessness, powerlessness, & stuckness are common.

Components & Ingredients: (This is not an exhaustive or prescriptive list, & different ones will resonate & fit for different people/times/contexts. These are also interwoven with the previous principles).



Unique individual & experiences- We need to be curious, respect, & consider the unique person, & their experiences. For example, thinking in relation to supervision & the work, about, “What is the person’s optimum learning style/ needs/ preferences/aims/hopes/ wishes/ expectations/worries/fears/apprehensions?”, “What do they feel they need/want/will benefit from, & vice averse?”; & “How will you jointly &

openly check, voice, & feedback on whether this is happening in a helpful way?”, “What has been their experiences & lessons gained from previous experience of supervision/support/guidance?”, “What specific skills, qualities, contributions, events did they find helpful & unhelpful in these supervision experiences?”, “What supports the person to, for example, feel safe/listened to/supported/skilled etc?”, “What does this e.g. Safety look like/ mean/ feel like to them; & vice averse?” etc.



Being curious & open- Foderaro (1991) expanded on his initial trauma-informed shift question for supervision (e.g. Instead of asking what is wrong with you, consider, what happened to you?), by saying we should also be curious about, what happened with us/ to our organization/ to our wider context? This includes facilitating a space where learning & curiosity is encouraged, & where “mistakes” are seen as expected, natural, & as

opportunities for development.



Model the model- We need to convey, infuse, & embody the feelings & principles which we are trying to bring into the work within supervision. This modelling the model is in our actions, our words/language, feelings etc. This fits with the saying by Maya Angelou, “People can forget what you say, & what you do; but they always remember how you make them feel”. We need to contain the

container, care for the carer. For example, how can we expect supervisees to be empathetic & compassionate, if we are not modelling this & giving them an experience of this to be able to internalise; or how if we are blaming, shaming, & punitive in supervision, or about a family, can we expect supervisees to be open, accepting, non-judgemental, reflective, curious, & so forth when they are with families? The same concept extends to aspects such as consistency, predictability, & structure. For example, if we regularly are arriving late, unprepared, appear preoccupied, & are not emotionally & physically present in supervision etc; how can we expect our supervisees to feel that they are in safe hands, thinking minds, & regulating bodies (Treisman, 2016); & then in turn, to be able to consistently provide these qualities to those families who they are supporting.



Secure base & a Safe haven- Like in therapeutic interactions, we want supervision to be a secure base & a safe haven. For example, for the space/relationship to be sensitive, attuned, containing, reliable, emotionally present, consistent, predictable, responsive etc. A space which can be supportive in times of stress, distress, & need; as well as a space where supervisees feel they are accepted, can explore, be playful, think, reflect, & know that they can return & lean on if they need it. This also conveys the

message that the supervisee is important, is held in mind, that you have their back, believe in them, & are routing for them. In essence, this is because we know that the relationship and safety are the magic & superglue ingredients!

embedding, & processing; maximises on different learning styles, brings playfulness into the space, supports regulation, uses a different side of the brain, & teaches therapeutic skills etc.



Meet the person where they are at- It is important to provide scaffolding, guiding, & coaching which meets the person where they are at, & are in line with what their needs are; whilst continually evaluating & evolving, with the knowledge that we all as people and as organisations change, develop, & grow. This development involves regular observing, noticing; as well as having open, safe, & transparent feedback & communication loops!

Further Reading & Resources (Not exhaustive list):

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- <https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision>
- <https://traumainformedoregon.org/?s=supervision>
- <https://www.integration.samhsa.gov/workforce/supervision>
- https://mi-aimh.org/wp-content/uploads/2016/03/RS-Wheel_with-Alliance-logo.pdf