![PCAR - Pennsylvania Coalition Against Rape]

A Guide to

# Trauma-Informed Supervision

## Aknowledgements

We thank the following professionals who dedicated their
time and expertise in contribution of this document:

# Helping the Helpers: Trauma-Informed Supervision at Victim Service Providers

Advocates at victim service providers have dedicated themselves to working with survivors of trauma. An advocate sits with a person as they explore their experience of trauma and healing. The very role of an advocate is to spend some quality time with another person's trauma.

Survivors benefit from working with a caring, compassionate, and informed helper to assist in their healing journey. They need someone who knows the systems and resources available. They deserve a person who can be fully present in the face of what is often a dark and secret trauma (VanDernoot-Lipsky & Burk, 2007). To have advocates like this, victim service providers need to focus on helping the helpers.

Working with trauma can affect advocates in many ways. Sometimes they are so focused on a survivor's healing journey, they neglect their own well-being. They may not feel worthy of help, thinking attention on themselves somehow takes away from the survivors. With many victim service providers underfunded and advocates overworked, there may be little time for an advocate to focus on themselves. This is why organizations must take responsibility for encouraging organizational trauma prevention and vicarious trauma prevention.

Contrary to historical models of deficit-based supervision which focuses on identifying and rectifying problem areas (Edwards & Chen, 1999), trauma-informed supervision is an effective tool that supports advocates, provides opportunities for learning, and can prevent further trauma from occurring. Advocates, at all levels, even those who have been in the movement for many years, can benefit from such supervision. Including supervision as a normal work routine can make it a tool to increase knowledge and skills, more effectively help survivors, and improve employee wellness and morale.

Through research and practical application, the Pennsylvania Coalition Against Rape has determined that effective supervision occurs in a trauma-informed environment. Organizations must acknowledge the trauma that advocates may bring to their work, and the additional trauma they acquire by working with victims of sexual abuse and misconduct. Organizations must give permission for advocates to also focus on their own healing processes. Organizations can break down prior stigmas about supervision by normalizing it, and by clearly explaining its purpose(s) and benefit(s).

This guide was developed to aid supervisors of advocates at victim service providers. The purpose is to provide a brief overview and best practices for organizations to create an environment for effective supervision.

It addresses the following topics:

- Defining Trauma
- Defining Supervision
- Supervision Considerations
- Importance of Supervision
- Providing Effective Supervision
- Trauma-informed Organizations
- Navigating Vicarious Trauma
- Supervisor's Toolbox for Organizations

# Defining Trauma

Trauma, adversity, and chronic stress are universal to the human experience and affect individuals, communities, and organizations (Walsh, 2017). Trauma is a result of an event, a series of events, or circumstances that an individual experiences as physically or emotionally harmful or life threatening. It causes lasting effects on a person's functioning and well-being. What is traumatic for one individual may not be for another. How a person experiences the event may depend on their cultural beliefs, availability of social supports, or their developmental stage. The effects of trauma may happen immediately, gradually, or may show up years later (SAMHSA, 2014).

## Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) is a term used to describe the types of traumatic experiences that occur to people under the age of 18, including (but not limited to) neglect, abuse, and/or household dysfunction. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death (CDC, 2019). A personal ACEs inventory can help someone understand their own health and life challenges, which can provide insight into wellness and healing strategies (Walsh, 2017). This is usually an activity performed during an advocate's required sexual assault counselor training program.

## Trauma Past, Present, and Future

Trauma changes over time. New traumas can occur and the impact of past traumas can intensify or lessen (SAMHSA, 2014). Advocates with unresolved trauma are more likely to experience triggers, so the organization should have systems in place to help protect them from exposure to potential triggers and to help them cope when triggers do occur. It is likely that despite safeguards put in place, new traumas will occur, such as illness, financial woes, etc. Support systems can help staff members deal with uprising trauma. In addition to new trauma, becoming a parent or grandparent can change one's perspective of their work, and organizations should be aware of this possibility for staff (Washington Coalition of Sexual Assault Programs [WCSAP], 2012).

## Trauma-Informed Approach

A trauma-informed approach not only utilizes trauma-specific interventions, but it also incorporates key trauma principles into the organizational culture. Using a trauma-informed approach means the organization realizes the widespread impact of trauma and recognizes the signs and symptoms as they can show up in clients, advocates, and other staff. The organization understands the potential paths of recovery, and therefore responds by fully integrating knowledge about trauma into its practices and policies in order to resist re-traumatization (SAMHSA, 2014).

According to the Substance Abuse and Mental Health Services Administration, there are six key principles of a trauma-informed approach:

### Safety

Staff and clients feel physically and psychologically safe, including the physical setting and interpersonal interactions.

### Trustworthiness & Transparency

Organizational decisions are made with transparency with the goal of building and maintaining trust among clients and staff.

### Peer Support

Mutual self-help and support among peers helps to establish safety, hope, trust, collaboration, and promote recovery and healing.

### Collaboration & Mutuality

Importance is placed on partnership and dismantling power differences, both among staff and with clients. The organization values that everyone has a role to play in a trauma-informed approach.

### Empowerment, Voice, and Choice

Client and staff strengths and experiences are recognized and built upon. Individuals are supported in shared decision making and goal setting to make choices that are best for them and their healing.

### Cultural, Historical, and Gender Issues

The organization recognizes and addresses historical trauma and works to move past cultural stereotypes and biases. Gender, racial, ethnic, and cultural needs of clients and staff are met (SAMHSA, 2014).

Learn more about how to make your organization more trauma-informed on .

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# Defining Supervision

The ultimate goal of supervision is to help workers provide clients with the best possible services (Edwards & Chen, 1999). To accomplish this goal, supervisors provide a combination of administration, education, and support (Tsui, 2005). Supervision is typically viewed as a partnership between a supervisor and supervisee. Supervision is not something that is done to a person, but is done with a person. It requires active participation from both the supervisor and supervisee. Supervision creates the space to discuss how an advocate's role fits with the mission of the center, explores training needs, and provides ongoing support to avoid the negative impacts of vicarious trauma.

## Functions of Supervision

Every supervisory check-in may not cover all three functions (administrative, educational, and supportive), but it is important for the advocate to be able to examine each area at some point in the supervisory process.

### Administrative supervision

Requires the supervisor to provide supervisees with the structure and resources needed to do their jobs well. There is a focus on productivity, workload, job performance, and quality of service (Association for Advanced Training, n.d.; Tsui, 2005). There should be discussion of current cases and projects, as well as policies and procedures of the organization. Administrative supervision may also connect to the center's strategic plan or goals.

### Educational supervision

Helps an advocate to develop skills and knowledge, and grow as a professional. Supervisors should provide advocates with strategies and skills needed to do their job well, and provide opportunities for developing expertise in related areas that interest them. Supervisors should use their experience to give advice, guidance, and feedback that will help the advocate develop professionally (Tsui, 2005). This is also an opportunity to refresh or enhance skills and strategies learned in initial advocacy training, or to learn new information that may be useful in their role. As the supervisory relationship progresses, the supervisor and advocate will learn from one another, and the supervisor may become a consultant rather than a teacher or mentor (Association for Advanced Training, n.d.).

### Supportive supervision

Aims to reduce job-related stress and provide the advocate with resources for their emotional health. It also aims to increase an advocate's motivation, satisfaction, and commitment to their job (Association for Advanced Training, n.d.). Supervisors should recognize an advocate's achievements, show their appreciation for the individual, and validate their feelings (Tsui, 2005).

## Trauma & Supervision

A trauma lens informs our understanding of supervision in several ways. Supervision should be structured in a way for staff to gain support, debrief about their work, and advance their skills and knowledge. When operating from a trauma lens, supervisors should also support professional growth and encourage learning opportunities.  It is crucial for organizations to create safe spaces for meaningful and sometimes difficult conversations, and to mitigate the impacts of vicarious trauma (Walsh, 2017).

## What Supervision is Not

### Supervision is not therapy

It's important for supervisors to set boundaries around discussion of advocate's personal lives. Supervisors can refer the advocate to an outside counselor or to an Employee Assistance Program (EAP) if necessary. However, because an advocate's personal life will inevitably overlap sometimes, it may be appropriate for advocates to bring personal issues, challenges, or barriers into a discussion about how it affects their work (Van Dernoot Lipsky & Burk, 2007). Another important consideration is that many of the people who do this work are also survivors. Their experiences strengthen their advocacy in most cases, but it can also open a survivor up to the increased possibility of secondary trauma, especially when a case feels close to their own experience. Advocates may seek help figuring out the best ways to handle boundaries in current and future cases – both for self-care and care of the client.

### Supervision is not only case management

Supervision will inherently focus on clients and projects. However, there needs to be room for the advocate to grow and learn professionally and holistically. Supervisors should make sure there are opportunities for advocates to enhance or learn skills and strategies to more effectively do their jobs.

### Supervision is not only a performance evaluation

Supervisors are typically responsible for evaluating an advocate's job performance through a formal evaluation. Evaluations should contribute to professional growth and development, though may also be connected to pay increases, promotions, and/or termination of employment (Kadushin, 2002). This may impact how much an advocate shares with their supervisor because they are afraid it will have a negative effect on their evaluation. Supervisors should encourage advocates to share their challenges and mistakes; and should make it clear that they want the advocate to learn by discussing missteps during supervision. If possible, keep supervision and evaluation separate by using a 360-degree evaluation, where the advocate is evaluated not just by their supervisor, but by peers, subordinates, and the advocate themselves.

## Supervision at Sexual Violence Agencies

Recall that supervision should include a combination of administrative, educational, and supportive strategies. At sexual violence agencies, there are specific approaches one might use depending on the situation, feelings and needs of the advocate (Bell et al., 2003).

| Approach | Examples |
|---|---|
| **Check-in**<br><br>Discuss specific cases, projects, and the impact on the advocate. | Encourage workers to disclose thoughts, feelings, and biases about cases and projects; |
| | Discuss new strategies and skills; |
| | Educate about pacing, scheduling and taking breaks; |
| | Discuss self-care strategies and educate advocates about vicarious trauma. |
| **Analyze**<br><br>Work through a specific experience step by step. This can be used on a regular basis, and should not only be used if a mistake is made. | Ask the worker for their view before giving your own opinions and advice; |
| | Take a strengths-based approach by identifying positive elements, instead of focusing only on what went "wrong;" |
| | Encourage workers to think of alternate options or strategies for future use; |
| | Ask the worker to examine the reasons and motivations behind their actions. |
| **Debrief**<br><br>Encourage advocates to debrief after a new or challenging situation. | Provide a safe and comfortable space for an advocate to debrief after a crisis or new experience; |
| | Reassure an uneasy advocate that their actions were in the best interest of the survivor; |
| | Validate the advocate's feelings and experiences to normalize the work they do surrounding trauma; |
| | Maintain confidentiality – it builds trust, a skill needed to maintain a strong relationship. |

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# Best Practices and Considerations for Supervision

## Formal and Informal Supervision

Effective supervision uses a combination of both formal and informal supervision.

**Formal supervision**

Occurs between the supervisor and the advocate on a consistent basis at a scheduled and pre-determined length of time.

**Informal supervision**

An impromptu conversation between the advocate and a supervisor or with colleagues. It can occur any time and with whoever is around, possibly at the end of the day or after a difficult interaction.

Regularly scheduled formal supervision should be priority, though there are often more opportunities for informal supervision. For example, an advocate may want to talk after a challenging hotline call, counseling session, or presentation. Supervisors are responsible for making sure formal supervision is happening for each advocate, though flexibility is needed due to the nature of the work. Having an open-door policy where advocates can meet with supervisors outside of scheduled times demonstrates to advocates they can receive support when needed. Though, supervisors should also feel empowered to close their doors if they need to concentrate or are working on a deadline. During these times, supervisors should communicate that they are only to be interrupted for emergencies.

## Individual vs. Group Supervision

Most supervision takes place on an individual basis, between the supervisor and advocate. It is important to provide dedicated attention to each advocate. There is also a need for privacy that cannot be attained in a group setting. Group supervision may be used in addition to individual supervision, but it should not be used as a replacement.

Group supervision should focus on the common needs of staff. When all advocates need to be trained in the same information, there is value in consistency of the information shared. It may also be a time to strategize around goals of the advocacy program, or to explore systems-based needs. Group supervision is also an appropriate time to share ideas about difficult or challenging cases. This encourages information-sharing and mentorship among newer and more experienced advocates, as well as normalizing advocates' experiences of challenging cases.

Advocates may also feel more supported and be more willing to express needs to supervisors because they are not alone. It can create a sense of unity because advocates are working together. However, because group

supervision does not focus on individual needs, it can unintentionally lead to competition between advocates. For group supervision, supervisors need to set boundaries, have a clear vision of what the group hopes to achieve each session, and determine the structure of the session. It is up to the supervisor to address issues between group members.

## Acknowledge Past Experiences

In the past, advocates may have had bad experiences with supervision, which can greatly influence the way someone views supervision. They may be hesitant to engage because they feel it is unnecessary or useless. They may not trust supervisors because in the past they have felt betrayed, or a supervisor may have used information they shared against them. It may be helpful in the beginning, and throughout the supervisory relationship, to discuss past supervisory experiences with advocates.

## Learning Styles

Take time to gather information about an advocate's style and how they best learn. Explore ways that allow them to get the most out of your time together. Similarly, advocates may prefer to meet outside of the office, like in a coffee shop, or chat while taking a walk. If possible, adapt the location to make the advocate most comfortable.

## Set Expectations

Because supervision is a partnership, both the supervisor and advocate need to be clear about their expectations of supervision. Set goals and make sure to review them. As a supervisor, encourage advocates to speak up if they are not getting what they need from you. Additionally, ask for feedback to learn how you can supervise them better. Creating a safe place where advocates can discuss concerns is crucial. Advocates need to feel that they can communicate openly and honestly without fear.

## Situational Leadership Model

The Situational Leadership Model is a type of supervisory style.  It allows for maximum flexibility with employees across many industries.  Situational leaders adopt different leadership styles depending on the situation.  There is no one-size-fits-all approach.  Leadership style is determined by the amount of direction and support that the supervisor gives to their supervisee.  Important considerations include the readiness level of the supervisee, their developmental level (new, intermediate, or advanced), how their experience relates to their new position, and their ability and willingness (Hersey & Blanchard, 1993).

### Supporting

Supervisee has necessary skills but lacks confidence
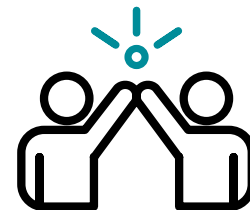
Supervisor helps supervisee solve their own problems

### Coaching

Supervisee lacks confidence or motivation

Supervisor provides direction, support, and encouragement

Supervisor asks supervisee for input and review

### Delegating

Supervisor allows supervisee to manage their own performance

Collaboratively set goals

### Directing

Supervisor defines roles and tasks of supervisee

Decisions are made by supervisor

# Importance of Supervision

Often, there is a stigma associated with supervision or asking for support. New workers may receive supervision more often than long-time workers, and depending on an advocate's knowledge and experience, they may have different needs from supervision. Regardless, organizations should implement supervision to ensure the safety, care, and support of both advocates and survivors (Berger & Quiros, 2014).

Supervision should be implemented regularly as a strategy to:

- Prevent vicarious traumatization and burnout (Pearlman & Saakvitne, 1995),

- Maintain a level of quality care to survivors (Killian, 2008), and

- Save the organization time and money when having to train new staff and volunteers due to turnover or ineffectiveness (Bell et al., 2003).

## Prevention

Vicarious trauma (VT) is common among people working with trauma survivors. Vicarious trauma is the transformative effect of working with trauma survivors over time that can alter an advocate's identity and perspective on the world (Pearlman & Saakvitne, 1995). Advocates without access to regular supervision may be more likely to have VT, which can lead to burnout and turnover (Cyr & Dowrick, 1991; Killian, 2008; Neumann & Gamble, 1995; Pearlman & Saakvitne, 1995). Many advocates and volunteers have said that supervision and having a supportive work environment are key factors in preventing work stress and fatigue, which are contributing factors to burnout (Cyr & Dowrick, 1991; Killian, 2008).

## Quality care

Survivors deserve consistent, quality care. Advocates and counselors have reported that supervision and feeling supported are important elements that are "crucial to their being able to sustain themselves as 'healthy' enough to address their clients' problems in productive manners" (Killian, 2008, p. 36). Advocates that are mentally and emotionally healthy are best suited to support victims. Supervision also provides an opportunity to model good behavior. Supervisors who model respect for clients, advocates, and other staff contribute positively to their supervisee's growth and professional development (Community Tool Box, 2015). Ultimately, this will benefit clients.

## Cost savings

Hiring and training advocates takes time and money. For many centers, advocate training only happens a few times a year and is a lengthy process. The cost of supervision as a form of prevention could be well worth the savings that result from reduced employee turnover and/or reduced ineffectiveness because of advocates experiencing vicarious trauma (Bell et al., 2003). It would be in an organization's best financial interest to reduce turnover through effective, trauma-informed supervision.

## Liability

Organizations have an ethical responsibility to know that their advocates have the resources and support they need to help survivors. Supervision creates an atmosphere where staff can ask for support and guidance on challenging situations. When this is not available, staff may make a mistake that can result in the organization being legally liable for any wrongdoing (FindLaw, 2019).

# Providing Effective Supervision

Effective supervision requires a combination of skills and strategies. While some will be learned over time with practice, supervisors should receive formal training. The following sections describe ways you can make supervision more effective for your advocates and support staff.

## Foundations of Effective Supervision

While there are many different theories, strategies, and models a supervisor can use, the following five components should be used regardless of what approach you take (Munson, 2002).

## Who Needs to be Supervised and How Often?

Everyone at sexual violence organizations should receive some amount of supervision. Although, the amount of time spent supervising may depend on their:

- Role
- Level of involvement
- Level of experience
- Situational circumstances

For example, a volunteer who just finished their initial training and is about to complete their first shift on the hotline might need more support and structure than someone who has been on the hotline every week for the last 10 years. An advocate who keeps a regular caseload of 20 people will require different strategies and support than someone who does 'on-occasion' medical accompaniments. Other times, an advocate might be scheduled to have supervision, but due to a crisis, it gets delayed. Described below are suggestions for supervision frequency.

## Supervising Compensated Staff

While there is limited research to suggest how often supervision should occur, most literature on supervision references staff receiving one hour of supervision, about once per week. Depending on an advocate's needs and level of experience, meeting time could vary from weekly, to bi-weekly sessions, to only one hour every month. The frequency of supervision may change over time as a worker develops professionally, though at a minimum, we suggest a check-in at least once monthly. The most important aspect is that it is occurring on a regular basis.

Many centers employ social workers, therapists, and other professionally-credentialed clinicians as advocates. These positions may require minimal clinical oversight by another person. Programs that choose to employ these types of clinicians must be prepared to put the structure in place to ensure that their advocates are getting the level and type of supervision or clinical oversight that they need.

## Supervising Volunteers

Most sexual violence organizations utilize the services of volunteers, though their roles may differ among centers. Although volunteers may work with survivors less often than compensated staff, they still experience the same responses to trauma. Because volunteer involvement and length of shifts varies among centers, there is not one best way to supervise volunteers. Ideally, a staff member would be able to check in with each volunteer after each hotline shift, either in person or over the phone to provide volunteers the opportunity to debrief, if necessary. If a volunteer's shift lasts for multiple days, schedule a mid-shift check-in. Try to have a staff member or supervisor on call as a backup at all times. This provides a direct point of contact in case of an emergency. It also provides a layer of support for advocates for those who need it. At minimum, establish an open line of communication so that volunteers feel comfortable contacting staff (National Sexual Assault Coalition Resource Sharing Project [RSP] & National Sexual Violence Resource Center [NSVRC], 2013).

## Supervisors

Staff and volunteers aren't the only ones who need supervision. Supervisors may have their own cases, or at minimum, advocates are discussing cases with them, which can expose them to traumatic material. Additionally, many supervisors have the stress of, having to simultaneously meet the needs of senior managers, corporate administrators, and the needs of their supervisees. While supervision for supervisors may not need to be as frequent or formal as it should be for advocate, it is still necessary on occasion. Groups of supervisors could meet periodically, including supervisors from different organizations.

Organizations that deal with sexual violence and human trauma should require supervision as part of a job or volunteer position regardless of a person's role, involvement, or experience. Try creating and reviewing a supervision agreement annually (see Appendix A). A supervision agreement allows advocates and their supervisors to determine the dates, times, locations, and frequency of supervision. It also provides an opportunity to outline the responsibilities of both the supervisor and supervisee.

During periods when advocates and supervisors are busy with cases and projects, prioritizing supervision is essential for the wellbeing of advocates and the quality care of survivors.

Supervisors are in unique positions in that they are expected to advocate for and support their supervisees while still representing management and enforcing organizational standards. 99

# Challenges with Supervision

Challenges are present in all jobs, and supervisory positions are no exception. Supervisors are in unique positions in that they are expected to advocate for their supervisees while still representing management. Most times, they wear multiple hats. They must make sure their supervisees are supported while still having to enforce organizational standards. They hold positional authority, but still want staff to open up to them. These are just some of the challenges supervisors must be aware of and find ways to deal with.

## Balancing Quality Assurance with Staff Support

A supervisor's main responsibility is to ensure quality care for clients. Supervisors must hold advocates accountable by monitoring and evaluating their work. At the same time, supervisors should be supporting advocates. Balancing the roles of both enforcer and supporter can be a struggle. Supervisors have the authority to discipline supervisees if they are not meeting performance expectations; at the same time, advocates look to their supervisor as a role model and resource. It is important to find and maintain a balance between these roles.

## Wearing Multiple Hats

Supervisors are responsible for more than just quality assurance and support. Supervisors can be responsible for budgets, performance evaluations, hiring and firing staff, public relations, staff morale, and other unexpected tasks. The crisis aspect of sexual violence centers exacerbate the busyness that supervisors typically experience. Supervisors may have had training in some but not all of these areas, but they are all part of the job. With enough practice, a supervisor will learn how to juggle these many responsibilities. Providing good supervision takes a lot of energy; asking for help or training is always a good idea.

## Relationships with Supervisees

For newer supervisors, it may not be that long ago that they were working alongside colleagues they now supervise. Friendships may have developed before being promoted to a supervisory role. Friendships may also develop throughout the supervisory relationship. It is important to set clear boundaries when a friend supervises another friend.

## Giving Feedback

One of the roles of a supervisor is evaluating supervisees. This process should be ongoing; there should be no surprises on an annual performance evaluation. Feedback is usually thought of as negative, but it should also be given when an advocate succeeds. Feedback should be specific, judgement-free, and focused on the behavior rather than on the person. Make sure to suggest an action the person can take to strengthen or improve their behavior in the future

## Parallel Process

The relationship a supervisor has with a supervisee can be very similar to the relationship between an advocate and survivor. This parallel process means that many of the skills used with clients can also be used with supervisees, including problem-solving and crisis resolution. Sexual violence centers operate from an empowerment philosophy. Therefore, an advocate's role is to make sure clients have enough information about their options and resources, and to support a survivor's decision. Similarly, supervisors make sure advocates have the resources necessary to do their job, while supporting an advocate's professional development. However, it is important that supervisors and supervisees do not cross a boundary where the advocate feels they are being treated like a client.

# Trauma-Informed Organizations

Trauma can show up in various ways at an organization. A trauma-informed organization recognizes the widespread negative impacts that adverse experiences, poverty, and social inequities have on both its clients and staff. Adverse experiences in a person's youth, adolescence, and young adulthood affect their health across their lifespan. If left unaddressed, trauma can have a lifelong negative impact on a person's physical, mental, and emotional health and wellness (Walsh, 2017).

## Implementing a Trauma-Informed Approach

A trauma-informed organization is defined by its commitment to provide systems of support, a safe physical environment, a warm and welcoming culture, opportunities for staff wellness and growth, and more.

SAMHSA (2013) outlines 10 domains of an organization where a trauma-informed approach can be implemented:

**1  Governance and Leadership**

Members of leadership are invested in implementing and sustaining a trauma-informed approach. Leadership considers input from all levels of the organization.

**2  Policy**

There are written policies and protocols establishing a trauma-informed approach as an essential part of the organization. Incorporation of these elements must move beyond providing trainings or workshops for staff and become "hard-wired" into practices.

**3  Physical Environment**

Staff and clients experience the organization as safe, inviting, and feel that it does not pose a risk to their physical or psychological safety. The physical layout of the building has a sense of openness and transparency, as well as shared spaces.

**4  Engagement and Involvement**

There is involvement, voice, and meaningful choice for people in recovery, trauma survivors, and clients and family members receiving services. They are engaged in decision-making at all levels of the organization, including program design, service delivery, quality assurance, and more.

**5  Cross-Sector Collaboration**

The organization works to educate partners and other sectors to better understand how trauma can impact their service delivery. Collaboration with other organizations is built on a shared understanding of a trauma-informed approach.

If left unaddressed, trauma can have a lifelong negative impact on a person's physical, mental, and emotional health and wellness. ❞

**6**    **Screening, Assessment, Treatment Services**

Staff are trained in best-practices that are culturally appropriate and reflect principles of a trauma-informed approach. When referrals are made, they are to organizations that have a similar approach.

**7**    **Training and Workforce Development**

The organization's human resource system incorporates a trauma-informed approach in all decisions, including, hiring, supervision, and staff evaluation. Policies are in place to support staff with a trauma history as well as prevent vicarious trauma.

**8**    **Progress Monitoring and Quality Assurance**

There is a process to track and monitor the implementation of trauma-informed principles throughout the organization.

**9**    **Financing**

Resources are available for staff training on trauma and a trauma-informed approach, including development of safe spaces, peer support systems, and collaboration with other agencies.

**10**    **Evaluation**

Tools and measures used to evaluate services or program effectiveness reflect an understanding of trauma.

# Navigating Vicarious Trauma

Vicarious trauma (VT) is a common reaction that results from working with trauma survivors over time. VT can alter a person's identity and perspective on the world. It will affect each person in a unique way, including their relationships with others (Pearlman & Saakvitne, 1995).

Supervisors have the following responsibilities surrounding VT:

- Gather information and resources
- Provide opportunities for education and training
- Monitor and identify signs of trauma in advocates
- Use trauma-informed interventions when advocates show signs of VT
- Implement organizational policy around VT prevention and intervention

Below are the basics of identifying signs of VT. There are also methods individuals and organizations may use to lessen the negative effects of trauma. This information should be shared with advocates.

## Signs of Vicarious Trauma

Supervisors should be on the lookout for the following signs of VT:

**Intrusive reactions**

Intrusive reactions include having vivid dreams or nightmares, flashbacks, obsessive thoughts, and persistent re-experiencing the trauma.

**Avoidant reactions**

Avoidant reactions involve a lack of responsiveness, increased avoidance, and numbing feelings.

**Hyperarousal reactions**

Hyperarousal reactions include having trouble concentrating and an increased sensitivity to one's surroundings.

Other symptoms include anxiety, depression, depersonalization, overwhelming feelings of grief, anger, fear, etc., low self-esteem, lack of energy, distrust, sleeping problems, substance abuse, and feelings of alienation, hopelessness, and lack of safety (Morrison, 2007).

With so many possible reactions, it is up to the advocate and supervisor to determine if these symptoms are related to their work with trauma. Some of these signs, like sleeping problems or grief, may also be due to personal issues outside of work.

## How to Help

### Individual strategies

Self-care refers to the pro-active strategies that advocates use to lessen the negative effects of working with trauma (Morrison, 2007). When an advocate engages in self-care, they use **cathartic** and **integrative** strategies. Cathartic strategies involve limiting the amount of trauma someone works with. Integrative strategies are developing skills, strength, and support to make the experience of trauma easier to handle (Wasco et al., 2002).

These strategies can be carried out through cognitive, physical, spiritual, social/recreational, or verbal methods.

- **Cognitive methods:** changing how one thinks about something. For example, recognizing that you have made a difference, or accepting that all that can be done is done.

- **Physical methods:** using one's body and sensory functions, such as exercising, listening to music, or taking self-defense classes.

- **Spiritual methods:** relying on religion or spirituality for support, including praying or believing in a higher power.

- **Social/recreational methods:** interaction with friends and family, or using creative outlets. These strategies include watching movies, traveling, shopping, and surrounding one with positive people.

- **Verbal methods:** the process of putting into words the thoughts and feelings one experiences, like journaling or being able to talk to others (Morrison, 2007; Wasco et al., 2002).

Other self-care strategies include having separate interests and passions from work, taking breaks, maintaining connections with people outside the field, humor, and being active in a socio-political movement (Morrison, 2007). Supervisors may also recommend that an advocate use the organization's Employee Assistance Program (EAP) for additional mental health support (Comprehensive EAP, n.d.).

### Organizational strategies

Some specific ways to help prevent VT among advocates includes:

- **Appropriate and diverse caseloads:** provide advocates with a balanced amount of trauma exposure and time to take breaks between cases.

- **Supervision and debriefing:** have regular supervision where an advocate feels safe to express their fears, concerns, and feelings.

- **Safety concerns:** due to the nature of the work, take measures to protect advocates from physical and psychological harm. This may include threats, harassment, or bullying.

- **Supportive culture:** Create a culture that acknowledges and normalizes VT awareness. Educate staff on the signs of VT and how they can protect themselves.

The next section of this guide details more general ways your organization can support advocates.

## What is a Vicarious Trauma Prevention Plan?

A Vicarious Trauma Prevention Plan (VTPP) (see Appendix B) is created between an advocate and a supervisor. Components of the VTPP include:

- Current self-care strategies
- Strengths and supports
- Professional and personal goals
- Identification of needs
- Action plan

It also includes a place for an advocate's Secondary Traumatic Stress (STS) Scale score. The STS Scale is a self-administered assessment to determine the level of secondary traumatic stress an individual is experiencing. It is important to monitor an advocate's STS scale score because it provides insight into their amount of vicarious trauma. This scale and an interpretation guide can be found through the Figley Institute's CFE Certification guide (Figley Institute, 2012) (see Appendix C).

# Supervisor's Toolbox for Organizations

The best way an organization can support their advocates is by having regular supervision for both paid staff and volunteer staff. Supervision should be formal and individual, and should work to educate advocates, foster a supportive environment, promote wellness, and create standards surrounding supervision. Additional strategies that could be useful are group supervision and informal supervision. Organizations should implement a combination of recognized supervision strategies to the best of their ability.

## Standards: Job Description and Work plans

Organizations should have a written guideline or philosophy about supervision. This guideline would include the ratio of how many advocates a singular supervisor should work with, how often, and for how long supervision occurs, and the supervision documentation practices. It should reflect flexible and diverse workloads, including the ability for advocates to take breaks and have some control over scheduling). Expectations about supervision can also be included in a job description.

### Job descriptions

A job description should include the framework and responsibilities for a position. When a position has undergone any change, growth, or transition, the job description should be updated accordingly. Additionally, job descriptions should be reviewed annually in order to maintain the most accurate details possible.

### Work plan

A work plan should be a mutually agreed upon document that details the focus of the work along with targeted goals for a specific period of time. The format is unimportant; the work-plan can be a narrative, chart, etc., but there needs to be agreement and consistency for organizational equity.

### Flexibility

Because any advocates are drawn to this work due to their own experiences with sexual violence, it is important for supervisors to take a trauma-informed approach that acknowledges this, and allows advocates to take care of themselves if they feel triggered by working on a case or project. Allowing advocates the option to switch cases, flex their time, or have an informal supervision session prioritizes self-care among advocates.

## Agreements and Documentation

One way to ensure advocates are receiving the proper amount of supervision is to keep records. Together, a supervisor and an advocate can create a Supervision Agreement. The agreement outlines the frequency, day of the week, time, and location of supervision. It also describes the responsibilities of both the supervisor and supervisee. Both parties sign, and will review and update the agreement annually. Create personalized agreements with volunteer advocates. Supervisors can use a Supervision Log (see Appendix D) to keep track of supervision, indicating when, the length of the session, notes, and a follow up plan.

## Supportive Environment: Employee Assistance Programs and Wellness

Creating an environment that acknowledges and "normalizes" the effects of working with trauma survivors provides advocates with feelings of support and encourages them to address their needs. Encouraging self-reflection and the practice of self-care gives advocates permission to take care of themselves (Bell et al., 2003). Create an open line of communication. Volunteers should not fear contacting their supervisor; instead supervisors should promote communication about challenges and mistakes. Inform advocates, especially volunteers, that they are encouraged to contact the on-call supervisor or backup supervisor regardless of the time. Having available and willing supervisors is important to foster support for advocates.

### Employee Assistance Program

If funds are available, organizations should have an Employee Assistance Program (EAP). An EAP acts as an external support system for advocates who need therapy or mental health services. Our recommendation is to contract with an EAP that is familiar with sexual violence. Advocates are able to schedule appointments as needed with the EAP, while supervisors can require an advocate to meet with the EAP if they feel it will benefit the employee.

### Promote Wellness

Wellness and self-care practices are important to help prevent vicarious trauma. By promoting aspects of wellness, like nutrition, stress-reduction techniques, exercise, etc. advocates have a better understanding of ways to take care of themselves. Try implementing a wellness day or periodic workshops. Ask community members to provide lessons on new ways to combat stress, like art therapy or yoga. If cost is an impediment, try trading expertise or trainings with other organizations. Physically going outside of the organization can be beneficial, like visiting the park, a community center, or college. When planning, ask advocates about their preferred methods of self-care and try to incorporate some of their favorites. Taking the time to focus solely on the well-being of advocates promotes self-care.

### Vicarious Trauma Prevention Plan

Advocates should review their Vicarious Trauma Prevention Plan (VTPP), which includes an assessment for their level of VT through the Secondary Traumatic Stress (STS) Scale at least quarterly, or more frequently as needed. Advocates and supervisors can complete this together, or advocates can complete it on their own and review it with their supervisor. Regardless, advocates should report their STS Scale score to their supervisor. Supervisors should record this number and track each quarter whether an advocate's score has increased, decreased, or remained constant. This score will indicate the supervisor's next steps for the advocate.

Creating an environment that acknowledges and "normalizes" the effects of working with trauma survivors provides advocates with feelings of support and encourages them to address their needs. "

# Conclusion

Supervision is not a luxury – it is an important tool that organizations should prioritize. Supervision is equally as important as fundraising and client services, and should be viewed that way. Focusing on advocates ensures that survivors will receive the quality care they deserve. Supervision reduces prevents vicarious trauma, reduces turnover, mitigates legal liability, and ultimately saves the organization money.

It is important that leadership create an organizational culture that prioritizes trauma-informed supervision. Management must uphold the idea that focusing on advocates staff though supervision and creating a trauma-informed organization will directly impact survivors in a positive way. Victim advocates will also benefit by feeling supported, empowered, and capable to go on a healing journey with victims.

## Additional Resources

**Campbell, J. M. (2006).** *Essentials of Clinical Supervision.* **Hoboken, NJ: John Wiley & Sons, Inc.**

This book provides key information about clinical supervision, including step-by-step guidelines for effective planning, goal setting, and evaluation.

**Center for Substance Abuse Treatment. (2009).** *Clinical supervision and professional development of the substance abuse counselor: A treatment improvement protocol* **(TIP 52).** http://www.ncbi.nlm.nih.gov/books/NBK64845/pdf/Bookshelf_NBK64845.pdf

This is a comprehensive guide on clinical supervision. It includes information on documentation, addressing burnout and compassion fatigue, ethics, and more. It provides a contract template, checklist for initial supervision, and evaluation templates.

**Leeds Safeguarding Children Board. (2014).** *Supervision: policy and procedures: Minimum standards.* https://www.leedsscp.org.uk/LSCB/media/Images/pdfs/Supervision-Minimum-Standards-May-2018-2.pdf

This document outlines the roles and responsibilities of supervisors and supervisees. A sample contract and supervision record is included.

**National Association of Social Workers, & Association of Social Work Boards. (2013).** *Best practice standards in social work supervision.* https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbl4BuwI%3D&portalid=0

This outlines the best practice standards in social work supervision. It includes recommendations on contracting, self-care, ethics, legal concerns, boundaries, etc.

**The National Sexual Assault Coalition Resource Sharing Project, & National Sexual Violence Resource Center. (2013).** *Building cultures of care: A guide for sexual assault services programs.* http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf

This guide provides information to support sexual assault services programs in strengthening their organizational and individual responses to survivors of sexual violence through the use of a trauma-informed approach.

**Richardson, J. I. (2001).** *Guidebook on vicarious trauma: Recommended solutions for anti-violence workers.* https://vtt.ovc.ojp.gov/ojpasset/Documents/OS_Vicarious_Trauma_Guidebook-508.pdf

This extensive document introduces individual, equity, and organizational solutions around vicarious trauma prevention. It includes many self-assessments.

**Van Dernoot Lipsky, L. & Burk, C. (2007). Trauma stewardship: An everyday guide to caring for self while caring for others. Seattle, WA: Las Olas Press.**

This book is a resource to individuals who have been directly or indirectly exposed to hardships and trauma and currently work in trauma care, prevention and intervention fields.

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# Supervision Agreement

This document serves as a description of the supervision partnership between:

_____ to _____
Supervisor name, credentials, title                 Supervisee name, credentials, title

**Frequency:**  ○ Weekly  ○ Bi-Weekly  ○ Other: _____

**Day:**        ○ Monday  ○ Tuesday  ○ Wednesday  ○ Thursday  ○ Friday  ○ Saturday  ○ Sunday

**Time:**       From   ____:____ a.m./ p.m.  to   ____:____ a.m./ p.m.

**Location:**   _____  Alternate location: _____

**Supervisor responsibilities:**

- Ensure that supervision occurs on a regular basis as detailed above
- Provide a private space that is free of interruptions
- Be supportive, encouraging, and respectful
- Maintain accurate and clear records of supervision via the supervision log
- Ensure a supervision agreement is negotiated and decided upon annually

**Supervisee responsibilities:**

- Attend supervision regularly and on time and participate actively
- Be prepared by bringing topics for discussion to supervision
- Ensure a supervision agreement is negotiated and decided upon annually
- Be accountable for your own supervision and development

We, the supervisor and supervisee, agree that this supervision is a partnership. What is said during supervision will be kept confidential with the exception of discussion of ongoing cases, or in the instance that someone is being harmed or harming themselves or others. We acknowledge that supervision is a continuous process that will be planned, structured, focused, and private. If one party cannot meet at the agreed above time, there is a mutual responsibility to reschedule. By signing, we agree to the responsibilities outlined in this document.

This agreement is valid for one year from the date signed and must be reviewed annually.

The supervisor and supervisee both have the ability to renegotiate this agreement at any point in time.

_____          _____
                Signature of Supervisor                                        Date


_____          _____
                Signature of Supervisee                                        Date

# Vicarious Trauma Prevention Plan

Complete this plan at least once every three months to ensure you are receiving the amount of support you need in both your professional and personal life. Review this plan with your supervisor. Complete the attached Secondary Traumatic Stress (STS) Scale Assessment. Record your score on this plan and report your score to your supervisor.

**Name:** _____  **STS Scale score:** _____

**Date:** _____  **Date for follow-up review:** _____

## Current self-care methods

List your current self-care methods below. You do not need an answer for each category.

| Cognitive | Physical | Spiritual | Social/Recreational | Verbal |
|---|---|---|---|---|
| Changing how you think about something | Using body and sensory functions | Religion or spirituality | Interaction with friends/ family& creative outlets | Putting thoughts and feelings into words |

## Strengths & Supporters

List three strengths you possess:

1. _____  2. _____  3. _____

List three people who you feel supported by:

1. _____  2. _____  3. _____

## Organizational Support Inventory

|  | Always | Almost always | Sometimes | Hardley ever | Never |
|---|---|---|---|---|---|
| I receive consistent individual supervision |  |  |  |  |  |
| I feel adequately trained to do my job |  |  |  |  |  |
| I feel supported by my organization |  |  |  |  |  |
| I can easily manage my caseload |  |  |  |  |  |
| I have time to take breaks from cases |  |  |  |  |  |

## Professional goals

Write two professional goals with achievement dates:

1. _____

2. _____

## Personal goals

Write two personal goals with achievement dates:

1. _____

2. _____

## What I need to feel supported from my…

Supervisor:_____

_____

_____

Coworkers:_____

_____

_____

Organization:_____

_____

_____

Friends/family:_____

_____

_____

**Action Plan**

I will use the following self-care strategies: _____

_____

_____


I will take the following steps to complete my goals:

Professional #1: _____

_____

Professional #2: _____

_____

Personal #1: _____

_____

Personal #2: _____

_____


Based on my STS scale score, I need to: _____

_____

_____


Additional plans: _____

_____

_____


**Signature:** _____  **Date:** _____

# Secondary Traumatic Stress Scale

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you **in the past seven (7) days** by marking the corresponding number next to the statement.

*NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.*

|  | never | rarely | occaisionally | often | very often |
|---|---|---|---|---|---|
|  | **1** | **2** | **3** | **4** | **5** |
| 1. I felt emotionally numb. |  |  |  |  |  |
| 2. My heart started pounding when I thought about my work with clients. |  |  |  |  |  |
| 3. It seemed as if I was reliving the trauma(s) experienced by my clients. |  |  |  |  |  |
| 4. I had trouble sleeping. |  |  |  |  |  |
| 5. I felt discouraged about the future. |  |  |  |  |  |
| 6. Reminders of my work with clients upset me. |  |  |  |  |  |
| 7. I had little interest in being around others. |  |  |  |  |  |
| 8. I felt jumpy. |  |  |  |  |  |
| 9. I was less active than usual. |  |  |  |  |  |
| 10. I thought about my work with clients when I didn't intend to. |  |  |  |  |  |
| 11. I had trouble concentrating. |  |  |  |  |  |
| 12. I avoided people, places, or things that reminded me of my work with clients. |  |  |  |  |  |
| 13. I had disturbing dreams about my work with clients. |  |  |  |  |  |
| 14. I wanted to avoid working with some clients. |  |  |  |  |  |
| 15. I was easily annoyed. |  |  |  |  |  |
| 16. I expected something bad to happen. |  |  |  |  |  |
| 17. I noticed gaps in my memory about client sessions. |  |  |  |  |  |

## Scoring Instructions

For each subscale below, add your scores for the items listed. Add the three scores in the right-hand column for a total score.

| Subscale | Items | Score |
|---|---|---|
| Intrusion | 2 | |
| | 3 | |
| | 6 | |
| | 10 | |
| | 13 | |
| Avoidance | 1 | |
| | 5 | |
| | 7 | |
| | 9 | |
| | 12 | |
| | 14 | |
| | 17 | |
| Arousal | 4 | |
| | 8 | |
| | 11 | |
| | 15 | |
| | 16 | |
| | Total | |

## Score interpretation

| Little of No STS | Mild STS | Moderate STS | High STS | Severe STS |
|---|---|---|---|---|
| 27 or less | 28-37 | 38-43 | 44-48 | 49+ |

## Further testing for PTSD

Further testing for PTSD that is caused by STS is recommended if the following combination is present:

| Intrusion | Avoidance | Arousal |
|---|---|---|
| at least 1 item+ | 3 items | 2 items |

Appendix D

# Supervision Log

**Supervisor:** _____      **Supervisee:** _____

| Date | Time Start | Time Stop | Total Duration | Type of Contact |
|---|---|---|---|---|
|  |  |  |  | ○ In-person  ○ Phone<br>○ Other _____ |

Notes:

Follow up:

**Signatures:** _____      _____

Supervisor Signature              Supervisee Signature

| Date | Time Start | Time Stop | Total Duration | Type of Contact |
|---|---|---|---|---|
|  |  |  |  | ○ In-person  ○ Phone<br>○ Other _____ |

Notes:

Follow up:

**Signatures:** _____      _____

Supervisor Signature              Supervisee Signature

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