Trauma informed supervision guidelines

Trauma informed supervision combines knowledge about trauma and supervision, and focuses on the characteristics of the interrelationship between the trauma, the practitioner, the helping relationship and the context in which the work is offered (Etherington, 2009)

1. Awareness of effects and complexity of trauma in self, client, workplace and wider systems
2. Awareness of the specific needs of clients (and extended family system) who present with trauma
3. Awareness of interpersonal and socio-political factors (e.g. race, class, gender, social justice issues)
4. Clear and appropriate boundaries – knowing when to dip into self-issues (personal reactions) and professional factors and maintain boundaries
   a. Managing personal attitudes
   b. Educate where necessary
5. Awareness of neurological and psychological factors of trauma
6. Maintaining clear boundaries – safety, confidentiality, clarity, consistency,
7. Awareness of cultural diversity
8. Collaborative – sharing of power
9. Awareness of and management of vicarious trauma
10. Combines teaching, learning, training and overseeing clinical judgements (educational function), assessing vulnerabilities and resilience relative to the trauma content based on their own experiences, managing job-related stress (supportive function) and balancing caseload. Also involves guiding the implementation of agency’s trauma policy (administrative function).
11. Offer consistent days and time for security
12. Build a strong working alliance – for feedback to be received; manages vicarious traumatization
13. There should be choice! Builds on mutuality and sharing of knowledge and wisdom
14. Focus on empowerment – supportive validation and consistent feedback is paramount
15. If possible supervision and evaluation to be kept separate (helps create safety)
16. Self-reflection and reflective practice should be encouraged at all times to help monitor possible vicarious trauma
17. Provide an educative role about limits to clinical work and impact of trauma on the self
18. Self-care should be modelled and practiced in the supervision session (consider beginning each session with a mindfulness grounding exercise and ending the session with a similar exercise e.g. focused breathing)
19. Educate about vicarious trauma – under and over-involvement with clients. Create Physical and emotional safety
20. Always be aware of the fine line between professional supervision and providing therapy

Adapted from Berger & Quiros (2014) Supervision for Trauma-Informed Practice, Traumatology, 20, 296 – 301.

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