Trauma Informed Supervision
For Public Sector Professionals
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About the Presenter

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Public Health
Mental Health
Child Welfare
Foster Parent
Grandma
Agenda

- Themes of Supervision
- Overview of Trauma
- Trauma Informed Organizations
- Strategies to Respond
Themes of Supervision

Clinical Supervision

Administrative Supervision

Growth & Retention

Managing Liability & Risk
Clinical Directive
Supervision

• 1:1 or small group with an experienced staff guiding

• Training and development

• “How To” with a teacher and learner

• Feedback ¹
Clinical Reflective Supervision

- How are you doing with the work
- The support of the person
- Helps manage feelings
- Authenticity influences the relationship greatly
- There is specialized reflective training in some fields
- This training isn’t needed to be a supportive supervisor
Administrative Supervision

- Policies & procedures
- Non-staff related tasks
- The paperwork
Staff Growth & Retention

• People (and their labor) are the biggest assets & costly to replace

• Being fulfilled at work improves longevity

• Training opportunities increase performance

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Maslow’s Hierarchy of Needs in the Workplace

- Fully using potentials/abilities
- Recognition
- Acceptance/Belonging
- Free from threat/danger
- Space, tools & pay
Managing Organizational Liability & Risk
TRAUMA: What, Who, Where & How
Trauma Defined

Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and has lasting adverse effects on the individual's function and physical, emotional or spiritual well being.

- The Substance Abuse & Mental Health Services Administration
• 'A traumatic experience is an event that falls completely outside the scope of your normal life. The experience does not fit within your image of how the world should be put together and how you should function within it. It is an event that provokes very strong emotions, such as fear, rage or powerlessness'. (Scholte, www.warchild.nl)

• Trauma is a very severe shock or very upsetting experience, which may cause psychological damage. (Collins Dictionary)

• A deeply distressing or disturbing experience. (Google)
Raise Your Hand If...

• You or someone close to you has been in life threatening or life altering situation such as:
  • Car accident
  • Natural disaster
  • Health crisis (physical/mental)
  • Domestic violence
  • Assault
  • War zone
  • Sudden loss
TRAUMA IMPACTS EVERYONE
TRAUMA DATA

• Most will experience at least one traumatic event. Estimated 5.2 million American adults, or approximately 3.6 percent of people in a given year, have PTSD.¹⁰

• Those with co-occurring challenges (i.e.: homelessness, substance use, intellectual & developmental disabilities) are disproportionally represented.¹¹

• As the number of traumatic childhood experiences (ACES) increase, so does depression; alcoholism; drug abuse; suicide attempts; heart and liver diseases; pregnancy problems; high stress; uncontrollable anger; and family, financial, and job problems.¹²

• Low estimates indicate that at any time there are 8 million children who have a trauma-related neuropsychiatric disorder such as PTSD/RAD.⁸
WHERE DOES TRAUMA COME FROM

Nature/Natural Disasters
People: Accidents/Mechanical Catastrophes
People: Intentional Acts
The Human Experience 13
TYPES OF TRAUMA

Single Trauma
- A single trauma is limited to a single point in time

Chronic Trauma
- Repeated/Sustained traumas (i.e.: DV, childhood abuse, etc.)
- Tends to wear down resiliency

Complex Trauma
- When individuals experience multiple traumas, prolonged and repeated trauma during childhood, or repetitive trauma in the context of significant interpersonal relationships
Secondary Traumatic Stress

- The psychological distress that comes from hearing/observing the traumatic experiences of another

- The emotional toll that comes from listening to the trauma experiences of others that negatively impacts functioning
When the secondary trauma impacts the worldview and functioning of the helper.

When the experiences of secondary traumatic stress are prolonged.
Burnout Defined

• According to the World Health Organization (WHO), occupational burnout is a syndrome resulting from chronic work-related stress, with symptoms characterized by "feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy."
I HATE MY JOB

OH PLEASE!
Risks to Public Service Professionals
Workers Bring Trauma

- Own History of Victimization
- Family Stressors
- Financial Strains
- Caregiving/Relationship Demands
- Unmet Self Care Needs
- Bias From Systems
Work Related Traumas

- Unsafe/overwhelming work or community environments
- Hostile encounters
- Witnessing violence or aggression
- Observing vulnerable children
- Exposure to substances/disease
- Navigating oppressive systems
Customers & Clients Face Traumas

- Adverse Childhood Experiences
- Mental/Physical Health Crisis
- Environmental Disparities
- Economic Challenges
- System Inequalities
- Limited Supports
- Community/Cultural Traumas
Trauma Impacts Organizations

- Collective intensive events
- Challenging systems demands
- Negative staff morale
- Turnover
Coping with Traumas
Proactive Organizational Strategies

- Normalize The Experience of Trauma & Secondary Stress
- Encourage use of time off
- Balance workloads
- Support Opportunities for Professional Development
- Reward with affirmations that match the person
Activity: Language of Appreciation
Training for Supervisors

- Supervisors & leaders need to be culturally competent
  - Recognizing the traumas of different people groups
  - Be aware of the subjectivity of trauma
  - Our lens is not the only lens

- Supervisors & leaders need to have effective listening skills
  - Recognizing the differences in communication styles

- Supervisors & leaders need to be open to feedback
Ways Organizations Can React

• Psychological First Aid
• Person Centered Solutions
• Controlled Debriefing
Trauma Informed Organization

• It’s an ongoing process due to ongoing nature of ever changing experiences, prevalence's and types of traumas

• Regularly reassesses it’s trauma responses

• Has to be promoted from the top down
Benefits of Trauma Informed Workplace

• Work Satisfaction

• Reduced Turnover

• Less Burnout

• Increased Productivity
Trauma Informed Supervisor

• No specific mental health degree
• Compassionate and in tune with the weight of the work
• Recognize the “big” trauma that may occur in your field
• Plan & prepare for Secondary Trauma
• Offer applicable tools and resources for coping (including EAPs)
• Uses the parallel process
• Promotes Compassion Satisfaction
Compassion
Satisfaction

Joy associated with helping others

Celebrates successes

Grow what we give attention
Ways Supervisors Can React Immediately

• Walk: Movement produces endorphins

• Breathe: Takes us from emotional to rational brain

• Engage Senses: Smell lotion, chocolate melting, lemon drops

• Chewing: Oral stimulation is calming

• Music: Coping Playlist
Breathing Apps/Activities

“STOP, BREATHE & THINK”
FREE APPS
Open Door Is Not Enough

- Staff need regularly scheduled opportunities to process the weight of the work
- Open Door only promotes a reactive rather than reflective response to crisis/traumatic events in the workplace
- Some workers will never seek out the open door
- Other workers need to know they have a regular “dumping ground”
- Crisis review or critical incident debriefings examine the matter when there has already been an adverse event.
- In contrast, trauma informed supervision is a strengths-based approach that takes place regularly in a safe setting.
- Monthly is sufficient
- 60 minutes is perceived as more effective
Business Case for Regular 1:1 Supervision

- Relationship with a supervisor is key determinate in employee dissatisfaction
- Regular supervision = retention
- Regular supervision = positive outcomes
- Effective supervision = improved customer/client care
- Regular supervision = greater compliance
Supervisors Carry Trauma

- Personal Experiences
- Staff Experiences
  - Staff Personal Experiences
  - Staff’s Secondary Trauma
- Family Experiences
- Program Pressures
What Are You Modeling

- What is your internal response to workplace stressors?
- Do you know what symptoms occur in your body when stressed?
- What is your observable response to workplace stressors?
- How do you know when you are triggered?
- What is your immediate and proactive response?
- Do you practice self care?
Self Care Plan

- Maintain a sense of personal control
- Personal professional development plan
- Pursuit of purposeful meaningful non-work activities
- Make healthy lifestyle choices
Assessment Tools

- PROQoL - Measures the professional quality of life as it relates to one working in the helping field.
  - http://proqol.org

- PHQ-9 - Measures depression

- GAD 7 - Measures anxiety
Caution with Tools

• These tools are not a substitute for professional intervention
• Concerning results should be shared with a professional
• Counseling/mental health interventions should be promoted as a positive means of self care (use EAPs)
People do not care how much you know until they know how much you care.

– John C. Maxwell (and several others)
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References


