

Clinical Supervision: Essentials for Trauma Therapy

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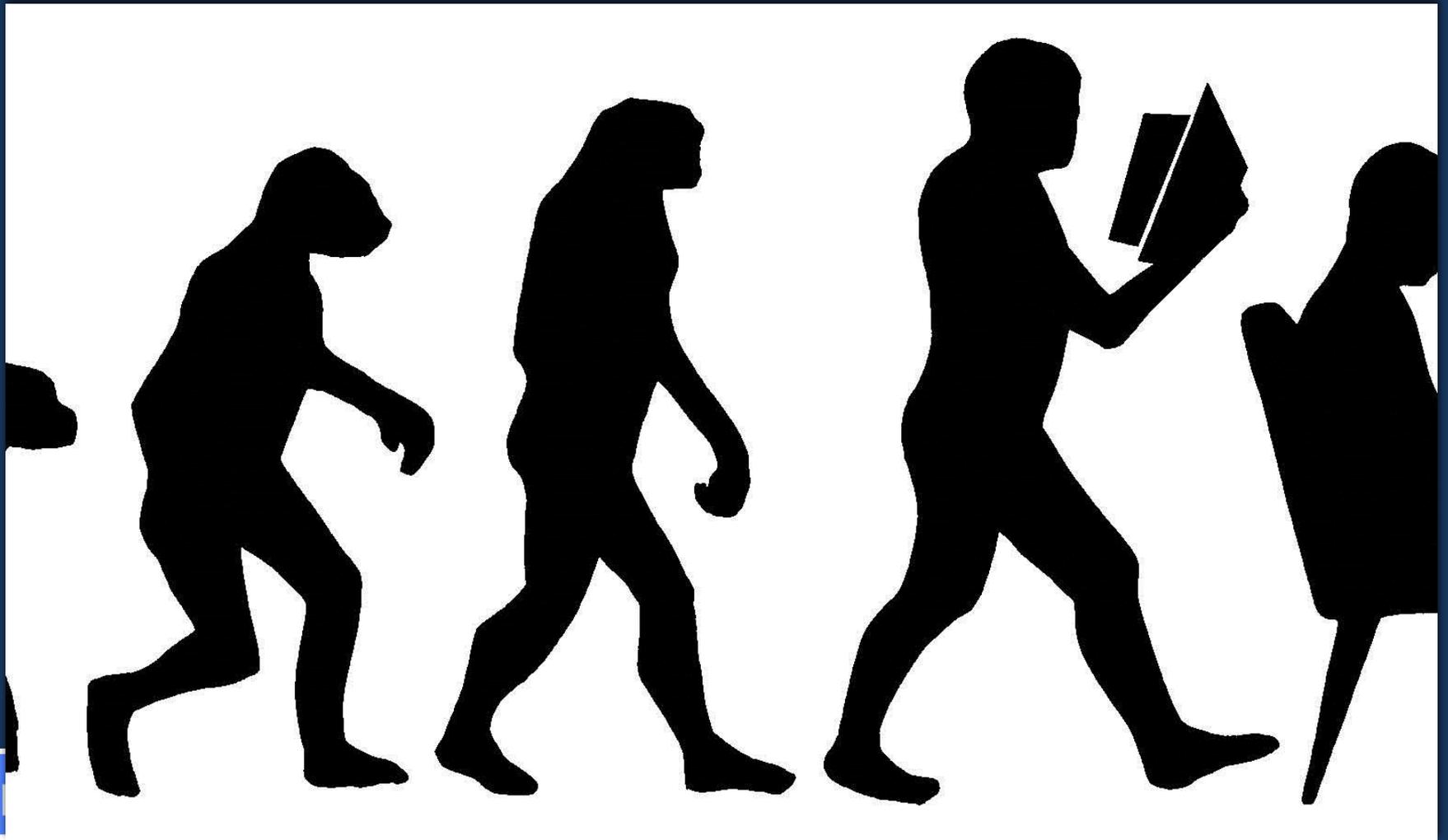


Definition

“...may well be the highest calling in Psychology and other mental health professions. It entails the transmission of knowledge and art, mentoring, gatekeeping, monitoring and evaluating, and developing a relationship that serves as the foundation for the process. It is the way the profession is communicated and transmitted from generation to generation of practitioners.”

Carol Falender, Ph.D.

The Evolution of Supervision



The Evolution of Supervision

- The cornerstone in the education and training of a psychotherapist
- Now formally recognized as a distinct clinical practice with it's own set of training needs, competencies and is considered “pan-theoretical”
- The primary experiential foundation for psychotherapists to integrate knowledge, skills and values

Lack of Training in Supervision

- Until recently , no formal training program or requirements existed. Even now there is minimal training in supervision
- Relatively little researched based data to guide our supervision
- We often do what was done to us
- Over reliance on case presentation format
- Until recently, lack of tools, structure and measurement of specific competencies

Good News/Bad News

- Research indicates that effective supervision is more the rule than the exception
- Effective supervision is correlated with the supervisee's experience of support and encouragement from the supervisor (more so than technique or theoretical orientation)
- The majority of supervisees feel positive about the majority of their clinical supervision experiences
- However, harmful supervision occurs more frequently than researchers and clinicians assumed

Research Findings on Supervision

- 38% of supervisees report a major conflict with a supervisor
- 51% of supervisees report supervisors violating ethics
- 40%-60% of supervisees failed to report clinical errors to their supervisor at a high frequency
- 40% of supervisees say they are distorting clinical information about clients to the supervisor
- 86% of supervisees stated they preferred that the supervisor identify and initiate discussion of issues involving conflict (with supervisor or clients)

What Supervisees Do Not Disclose to Supervisors

- Negative reactions to supervisor (90%)
- Personal issues (60%)
- Clinical mistakes (44%)

Why Supervisees Don't Disclose

- The power imbalance and vulnerability in supervision
- Social desirability-Wanting to be liked
- Desiring a good evaluation
- Shame/Inadequacy
- Performance fear and anxiety

What Is Trauma?

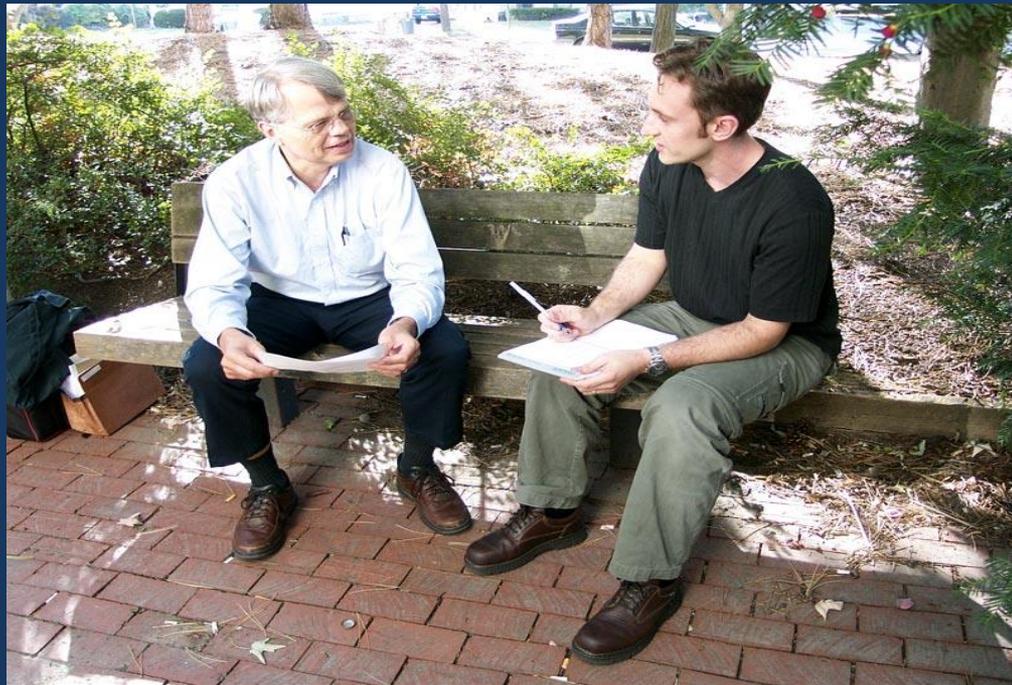
- An event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being
- Substance Abuse and Mental Health Services Administration(2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD



SAFETY

CONTROL





A critical first step in the supervisory process is establishing the supervisory alliance. A cardinal rule of supervision is to balance the **power** differential of the supervisor with the evaluative function (Bordin, 1989)

Best Practices of Supervision

- The supervisor examines his/her own clinical and supervision expertise and competency
- The supervisor delineates supervisory expectations, including standards, rules, and general practice
- The supervisor identifies setting-specific competencies the trainee must attain for successful completion of the supervised experience (Falender and Shafranske 2007)



Effects of Good Supervision

- Been shown to increase client outcomes with evidenced based treatments
- Reduces “turnover intent” and which has been shown to be correlated emotional exhaustion and burn out
- Certain supervisors are associated with better client outcomes (those with more specialized training)

Good Supervision Exercise

Close your eyes and create a visual image of your best supervisor- think about their style, approach, mannerisms, etc. Think about yourself when you were interacting with this supervisor.

Now think of the words that come to mind for you that describe that relationship.

Impact of Working with Victims of Trauma

- Trauma experienced while working in the role of helper has been described as:
 - Compassion fatigue
 - **Secondary traumatic stress (STS)**
 - Vicarious traumatization
- STS is the stress of helping or wanting to help a person who has been traumatized.
- Unlike other forms of job “burnout,” STS is precipitated not by work load and institutional stress but by exposure to clients’ trauma (acute or cumulative).
- STS can disrupt social service workers’ lives, feelings, personal relationships, and overall view of the world.

Compassion Satisfaction

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.



Professional Quality of Life Scale

20

The Evolving Nature of Supervision

- Integration Model. Focus is on how each of the participants in the therapeutic and supervision relationship impact one another.
 - Didactic- research based and experiential; objective and subjective; technical and artistic
 - All participants (including the supervisor) may be part of the conflict and part of the strength of the dyad
 - Safety and connection are paramount

The Evolving Nature of Supervision

- A container for affect, projections and projective identification
- Supervisor assists in the emotional regulation of the supervisee
- Supervisor has greater responsibility for the supervision alliance
- Supervisor anticipates supervisees defensive denials and responses

Qualities of Good Supervisors

- Promote a strong supervisory alliance
- Create an atmosphere of safety, compassion and trust
- Are passionate and PRESENT for supervision
- Teach to the supervisee's best learning style
- Address and value transference and counter-transference

Pitfalls in Supervision

- Too restrictive of supervisee's autonomy
- Disrespect, distance and disinterest
- Fail to provide formative feedback
- Authoritarian, sexist, heterosexist, racist, etc.

Narcissism and the Supervisor

(Adapted from Paul Sussman, PhD)

- Narcissism refers to the unfulfilled needs we all have for someone to provide us an emotionally soothing/tension reducing experience
- We yearn for self-object relationships which serve to restore or enhance our emotional regulation and self esteem

Narcissism: Subtle Indicators

- Power struggles with intern/supervisee
- Disappointment at not having a more “shining” intern (who makes us look good)
- Setting up an intern/supervisee to fail
- Oftentimes the way supervisor narcissism gets played out will mirror our own relational and developmental wounds
- KNOW THYSELF

Foundations for Good Supervision

- First impressions are lasting- Initial few meetings with supervisee set the tone for the relationship
- Create safety via mirroring, validation and empathy
- Begin the assessment of the supervisee's learning style
- Develop a Training Contract

Transference and Countertransference

- Normative part of therapy and supervision
- Should be welcomed into the supervision discussion

Countertransference

- Historical (Subjective)- The emotions, fantasies and reactions the supervisee has to the client that arise from the supervisee's past experiences
- Diagnostic (Objective)- The emotions, fantasies and reactions the supervisee has to the client that are diagnostic indicators of the client's subjective experience, defense structure or pathology

Indicators of Historical Countertransference

- Do any of the client's traits match the traits of your primary caretaker (or other family members)?
- Do any of these traits describe you?
- Are you triggered by client in ways which are similar to how family member's have triggered you?
- Do you feel vulnerable being with this client in ways you have felt vulnerable in your family of origin?

Indicators of Diagnostic Countertransference

- Do any of your feelings, fantasies or self talk about the client feel “alien” or outside your typical range of experience?
- Do any of your feelings/emotions reveal how the parents of the client may have felt toward them as a child?
- Do any of your feelings/emotions reveal how the client may be feeling deep inside?

The Boundary Between Psychotherapy & Supervision

- Where is the line between supervision and psychotherapy?
- What happens when the line begins to be crossed?

Supervision Is:

- Involuntary and evaluative
- A process of mobilizing adequacy, not a process of unraveling and resolving supervisee's inner conflicts except as they affect his/her work
- Focused on client's conflicts

