Trauma-Informed Supervision

OBJECTIVES

At the end of this unit, participants will be able to:

- Identify the characteristics of trauma and trauma-informed care
- Describe the impact of trauma work on staff
- Recognize specific supervision challenges in the trauma-informed workplace
- Evaluate ways that supervisors can help CHWs be successful in a trauma-informed workplace

INSTRUCTIONS

1. Welcome participants and review the objectives.
2. Review the definition of trauma (slide 3). Distribute and review the Understanding the Types of Trauma handout.
3. Ask participants to identify traumatic experiences, and review the list on slide 4, comparing them.
4. Discuss the consequences of trauma (slide 5).
5. Discuss the prevalence of trauma (slide 6).
6. Review and discuss trauma-informed care (slides 7–8).
7. Discuss secondary traumatic stress (slides 9–10)
8. Facilitate discussion about supervision challenges and the impact of trauma work on staff (slides 11–12).
9. Brainstorm ideas for how the workplace can be more supportive (slide 13).
10. Distribute the Personal Resilience Plan handout (slide 14). Give participants 15 minutes to develop a plan.
11. Wrap up. Trauma is not a diagnosis but a universal human experience. How people respond to traumatic events is more important than the events themselves. Connection to others—attachment—is our primary protection, our way of moving on.

Method(s) of Instruction

Lecture, group discussion

Facilitator's Note: This session should be conducted by an experienced trainer or co-facilitated with a clinical trainer in trauma-informed care. Before starting the presentation, let participants know that the discussion may trigger strong or upsetting feelings and each person should feel free to leave the room and seek support or self-care if needed.

Estimated time

60 minutes

Key Concepts

Trauma, trauma-informed care, compassion fatigue, secondary trauma

Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Markers

Handouts

- Understanding the Types of Trauma
- Personal Resilience Plan

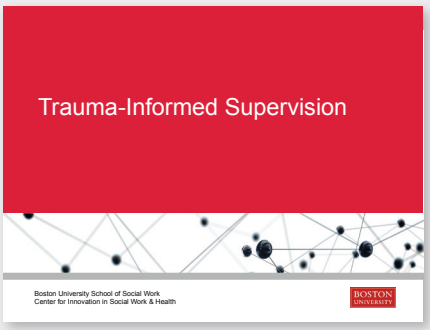
Resources

SAMHSA Guide: Trauma-Informed Care in Behavioral Health Services: ***https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816***

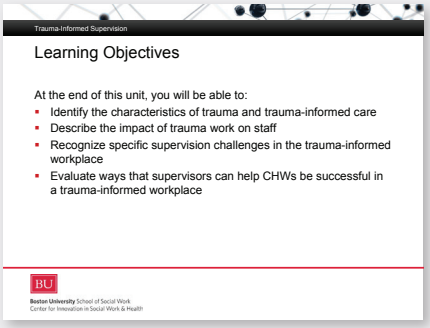
Van Dernoot Lipsky, L. Trauma Stewardship. ***https://youtu.be/uOzDGrcvmus***

Carolyn Knight (2018) Trauma-informed supervision: Historical antecedents, current practice, and future directions, *The Clinical Supervisor, 37*:1, 7–37, DOI: 10.1080/07325223.2017.1413607

National Criminal Justice Training Center. Trauma-Informed Supervision Webinar Series. ***https://ncjtc.fvtc.edu/training/details/TR00006011/TRI0006012/trauma-informed-supervision-webinar-series***



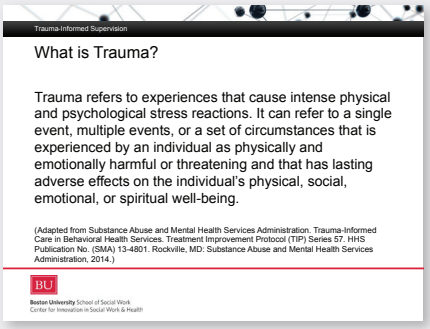
SLIDE 1



SLIDE 2

Review the objectives.

Ask participants to share their definition of trauma-informed care or their experience with trauma-informed care in the workplace, and how it their affects work.

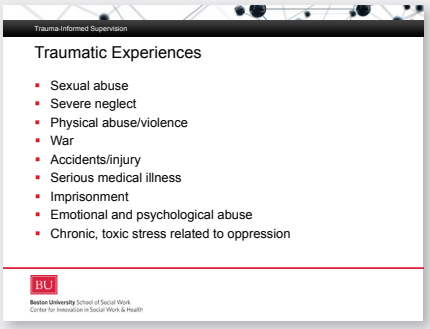


SLIDE 3

Ask for a volunteer to read the definition on the slide.

Ask participants to identify types of experiences that could be traumatic.

Write responses on the flip chart.

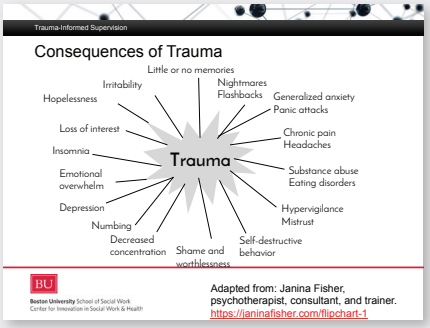


SLIDE 4

Review the slide.

Compare the list generated by participants with the description of experiences on the slide.

Emphasize that trauma is person-specific: Two people who experience the same event/trauma may not react in the same manner. What is traumatic for one person may not be traumatic for another.

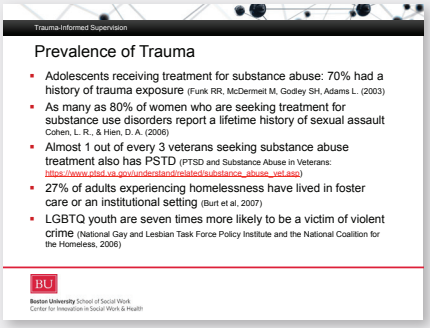


SLIDE 5

Trauma does not just cause an emotional reaction, but has real physical and behavioral consequences.

Ask participants to read examples of the consequences of trauma that a person may experience.

Ask participants if they can think of other examples?

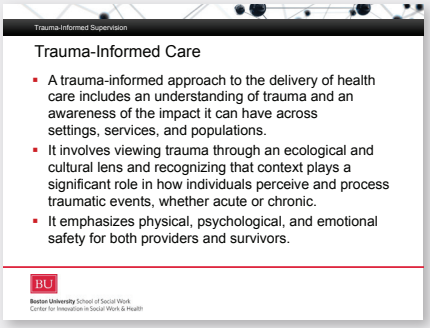


SLIDE 6

Trauma is not a rare condition. It is a pervasive, public health issue that impacts everyone directly or indirectly. Here is some information about the prevalence of trauma in the United States.

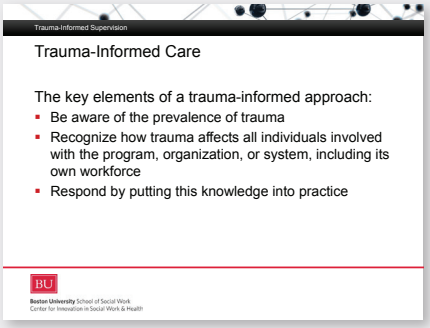
Ask a volunteer to read each bullet point.

Ask, "Does anything here surprise you? How do these statistics change the way we think about trauma and trauma-informed care?"



SLIDE 7

Review the slide.



SLIDE 8

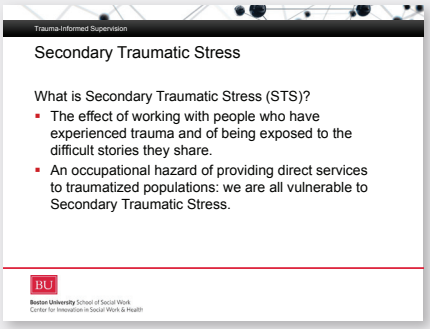
The Substance Abuse and Mental Health Services Administration (SAMHSA, 2012) convened a group of national experts who identified three key elements of a trauma-informed approach, listed on this slide.

We need to presume the clients we serve have a history of traumatic stress and exercise universal precautions. As supervisors, we should take into account that our CHWs may have also been exposed to traumatic experiences.

Emphasize to participants:

- Many clients have been exposed to trauma
- Trauma-informed care is a way of integrating an awareness of the impact of trauma into existing practice.
- Trauma-informed care is not therapy, theory or intervention. It is a way of understanding those we serve.
- Trauma-informed care is not about doing extra work. It is about looking through the lenses of trauma while doing the things we already do in our work, but adding this perspective. It is much like an empowerment lens/perspective. This perspective can be added to every interaction.

Ask if anyone has any questions or comments before moving on.



SLIDE 9

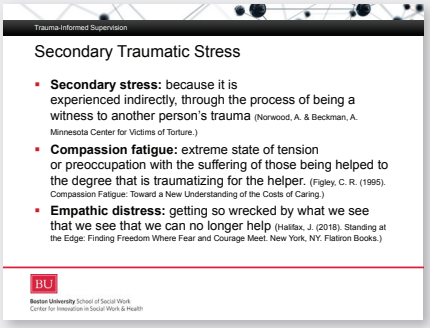
Ask, "If we work with clients who have suffered traumatic events, how might that affect us, our co-workers, and our organizations?" Facilitate discussion.

The effects of trauma, by their very nature, can make relationships very difficult for the survivor and supporters alike.

Ask for volunteer to read the slide.

Literature often uses the terms secondary trauma, compassion fatigue, and vicarious traumatization interchangeably. Although compassion fatigue and secondary trauma refer to similar physical, psychological, and cognitive changes and symptoms that behavioral health workers may encounter when they work specifically with clients who have histories of trauma, vicarious trauma usually refers more explicitly to specific cognitive changes, such as in worldview and sense of self (Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health, 6*(2), 57–68).

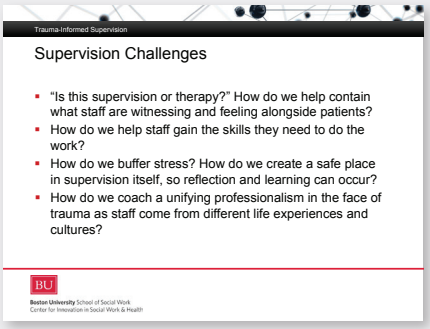
Here, we use the term "secondary trauma" to describe trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event. Secondary trauma can occur among behavioral health service providers across all behavioral health settings and among all professionals who provide services to those who have experienced trauma (e.g., healthcare providers, peer counselors, first responders, clergy, intake workers).



SLIDE 10

Have a volunteer read each bullet point on the slide.

Discuss each term entry until participants are comfortable with understanding.



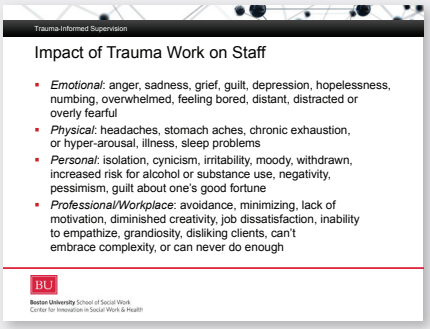
SLIDE 11

Ask for a volunteer to read each question on the slide, one by one, facilitating discussion.

Encourage participants to seek continuing education and study written and online resources.

Remind participants that supervision is not therapy.

- Remind participants about the need for and value of Clinical Supervision of Community Health Workers.
- Their goal is to help their Community Health Worker improve professional functioning—you are not responsible for helping them function better in their personal life.
- The Community Health Worker may discuss aspects of their personal history or circumstances with clients when it parallels one's own life, but it is never mandatory or pressured.
- Be a "safe base" for the Community Health Worker. Hold and regulate their stress so they can sort and reflect.



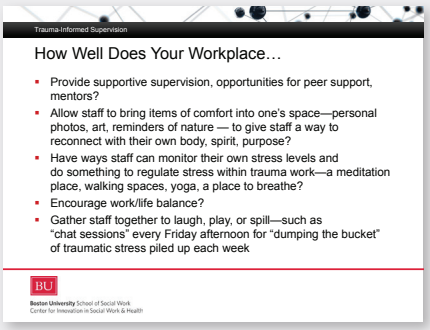
SLIDE 12

What are the implications for supervisors at the front lines of trauma treatment?

Ask for a volunteer to read the slide.

Emphasize the following points:

- Secondary traumatic stress (STS) needs to be a focus of frequent supervision content and process. Studies show that 6 to 26% of therapists working with traumatized populations and up to 50% of child welfare workers are at high risk for STS.
- We cannot be passive or reactive to this reality. Client care can be compromised when staff are emotionally depleted and cognitively affected.
- A 2006 study found that action-oriented rather than emotion-oriented or passive support from supervisors was most helpful in preventing or reducing STS, as well as specific qualities vs. the quantity of supervision (Bride and Jones. (2006). Secondary traumatic stress in child welfare workers: Exploring the role of supervisory culture. *Professional Development: The International Journal of Social Work Education, 9*(2): 38–43).

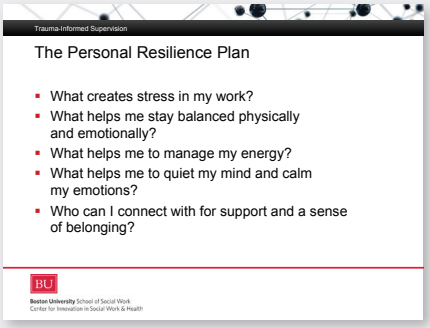


SLIDE 13

Brainstorm ideas for providing a supportive environment for Community Health Workers and other staff.

This slide provides some ideas but is not exhaustive.

Write down ideas from participants on flip chart.



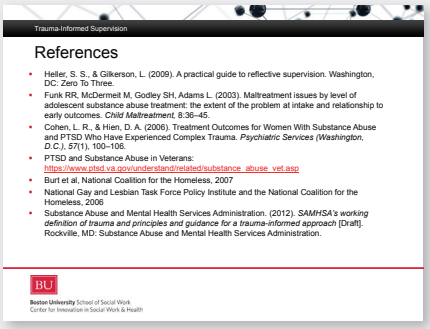
SLIDE 14

Distribute the Personal Resilience Plan handout.

Allow participants 15 minutes to complete it for themselves, and encourage them to have their CHWs develop their own personal resilience plan.

SLIDE 15

Share this final quote as wrap up.



SLIDE 16

Understanding the Types of Trauma

Intergenerational Trauma

Intergenerational trauma is the exposure of an earlier generation to traumatizing conditions that continue to affect the subsequent generations physically, emotionally, mentally, and spiritually. Exposure to trauma and its associated symptoms can persist over generations, contributing to cycles of poverty, substance abuse, violence, and pervasive health inequities.

Adapted from Greywolf, 2011 & Bloom, 1997

An example of this type of trauma is a family in which every generation produces perpetrators or survivors of domestic violence for multiple generations with each generation of children being exposed to domestic abuse among their parents and possibly experiencing child abuse themselves.

Historical Trauma

Historical trauma is multigenerational trauma experienced by a specific cultural group. Historical trauma can be experienced by anyone living in families at one time marked by severe levels of trauma, poverty, colonization, enslavement, displacement, institutionalization, war, etc., and who are still suffering as a result. Historical trauma is cumulative and collective. The impact of this type of trauma manifests itself emotionally and psychologically in members of different cultural groups. As a collective phenomenon, children and descendants who never even experienced traumatic stress can still exhibit signs and symptoms of trauma. Historical trauma may manifest itself as unresolved grief and internalized oppression, hyper vigilance, and social anxiety.

Adapted from SAMHSA

Allostatic Load

- The physiological consequences of adapting to repeated or chronic stress: can accelerate disease processes. ~ Medical dictionary for health professionals

- Sum total of what happens to our body as a result of unrelenting stress.
  ~ Dr. Maggie Bennington-Sanctuary Model

Community Trauma

Community trauma is the cumulative and co-occurring impact of regular incidents of interpersonal violence, oppression, isolation, historical and intergenerational violence, and continual exposure to social structures or institutions that prevent people from meeting their basic needs.

From Howard Pinderhughes, Prevention Institute

Acute Trauma

Sudden acts like an accident, an assault, or the sudden loss of a loved one, are typically single events and initially are accompanied by a feeling intense fear, anger and/or helplessness, and an overwhelming physiological response.

Chronic Trauma (Toxic Stress)

Unrelenting exposure to traumatic events or situations that accumulate in an individual. This has multiple health outcomes, impacts allostatic load, mental health, birth outcomes, and multiple other health areas.

Developmental Trauma

Trauma experienced during critical periods of neurological development that activates a cascade of physical and neurological responses, altering the trajectory of brain development and resulting in developmental delays in areas such as executive function and self-regulation.

> Adapted from Dr. Dipesh Navsaria, UW School of Medicine and Public Health & Dr. Jerry Yager, Denver Children's Advocacy Center

Epigenetics

In simplified terms, epigenetics is the study of mechanisms that will switch genes on and off. The word literally means "on top of genetics," and it's the study of how individual genes can be activated or deactivated by life experiences. The environment flips the switch of genetic expression on or off.

Vicarious or Secondary Trauma

The cumulative, transformative impact upon those working with survivors of traumatic life events that affects identity, world view, psychological needs and beliefs, and health. When not attended to, workers can begin to experience the same trauma symptoms of the clients and communities they are serving.

> Adapted from Saakvitne & Pearlman, 1996

Developed by Abdullah Hafeedh, Arika Bridgeman, Ben Escalante, Beth Poteet, Dwight Myrick, Larry Summerfield, and Vanessa Micale, Multnomah County Health Department, 2018

The Personal Resilience Plan

- What creates stress in my work?
- What helps me stay balanced physically and emotionally?
- What helps me to manage my energy?
- What helps me to quiet my mind and calm my emotions?
- Who can I connect with for support and a sense of belonging?

Acknowlegements

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Authors

Serena Rajabiun
Alicia Downes
Rosalia Guerrero
Jodi Davich
Beth Poteet
LaTrischa Miles
Precious Jackson
Simone Phillips
Maurice Evans
Maria Rojo Campos

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Boston University School of Social Work
Center for Innovation in Social Work & Health