

# ***Recognising the vicarious traumatisation of the therapist through the supervisory relationship***

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# AIM

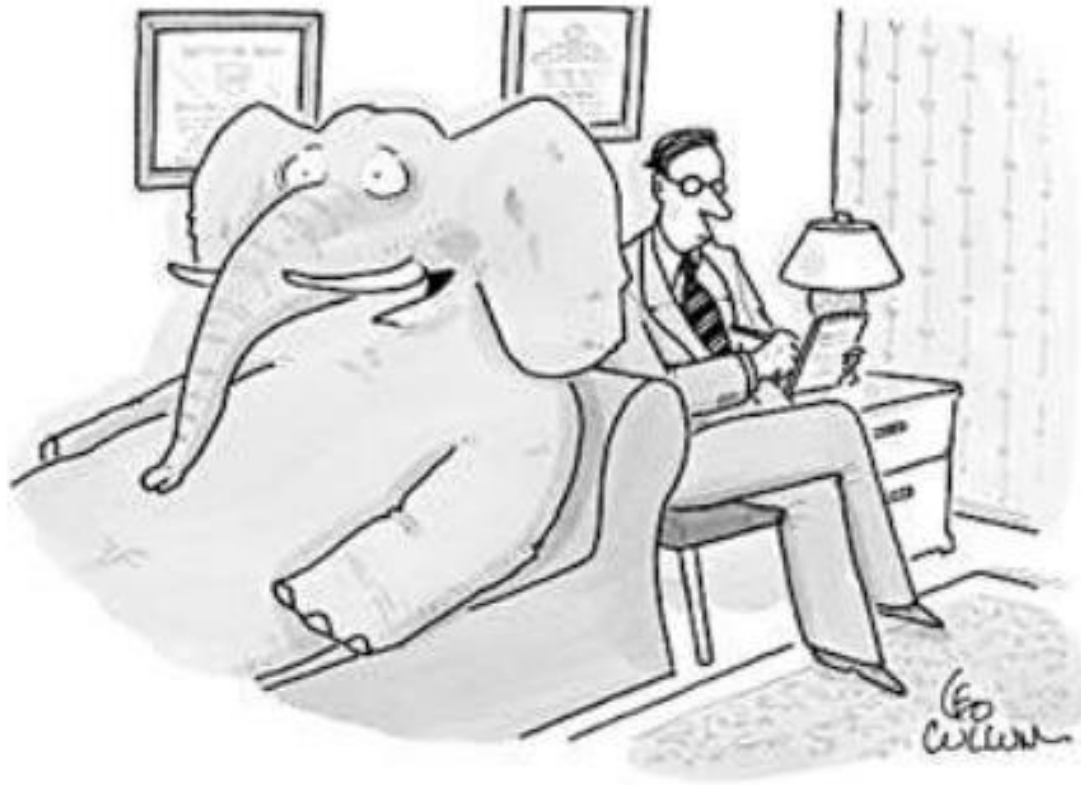
To explore the role of the Supervisory relationship and its importance in recognising and managing the impact of vicarious trauma on supervisees and the whole organisation.

# OBJECTIVES

1. To recognise the presentation of vicarious trauma.
2. To Identify the necessary skills sets for supervisors working with therapists who work with trauma.
3. To begin to integrate some of these ideas into the supervisory relationship to minimise the traumatic impact on the supervisees.

***What comes to your mind when you  
hear the term vicarious  
traumatisation ???***

# On Becoming Trauma Informed



*"I'm right there in the room, and no one even acknowledges me."*

# What is vicarious trauma? DSM 5 (2013)

- ▶ Repeated extreme exposure to aversive details of traumatic events across many clients and psychotherapy sessions. Also the likelihood of changing the therapists world view.
- ▶ The accumulative impact on self of compassion given to others when listening to the traumatic experiences of client. In addition controlling our empathic responses/being unaware of the impact on us of our empathy.

# Why as therapist/workers might we ignore self care in relation to secondary trauma?

- ▶ This may particularly apply to trainee therapists, but indeed can apply to all therapists/workers
- ▶ Common feelings of anxiety, shame
- ▶ Maybe even feeling incompetent.
- ▶ Not feeling they are good enough
- ▶ “I always get it wrong”
- ▶ Inability to empathize/numbing Laura van Dernoot Lipsky (2009)

# Within My own supervisory practice, supervisees suffering from vicarious trauma have described.....

- ▶ A lessening in their ability to keep up with routine tasks such as paperwork.
- ▶ Irritability.
- ▶ Diary 'packed' too closely for the day with appointments.
- ▶ Becoming prescriptive. The therapist describes beginning to feel they know what would be 'best' for the client.
- ▶ All of these elements impacting on the Organizations functioning



# How does vicarious trauma Present in the supervisory setting ?

- ▶ Two main presentations may be
- ▶ Defensive responses Defences such as denial, dissociation ,numbing
- ▶ Over empathic responses
- ▶ Being emotionally driven, feelings of cannot do enough, need to do more, 'need to rescue', maybe impulsive and intrusive actions.

(Herman 2001)

# The relationship between vicarious trauma and PTSD/CPTSD

- Similarities exist between vicarious trauma and PTSD
- The symptoms between traumatic syndromes can be similar to each other which is the case in relation to vicarious trauma and PTSD. Both require a stressor of:-
- Experiencing an event outside the range of normal human experience that would be markedly distressing to almost anyone.
- Both vicarious trauma and PTSD include responses of
- Intrusive thoughts, dreams, depression anxiety, insomnia and unexplained illness. In addition, re-experiencing the event, avoidance and numbing.

# The role of Supervision within the context of a critical incident stress management (CISM)

- ▶ Following a critical incident, rather than clinical supervision, debriefing may be offered within hours of the incident.
- ▶ It does not necessarily mean that those involved will develop complex PTSD.
- ▶ Ongoing disturbance may come to light at a later date and within the Supervisory relationship.

# Skills set for supervision of those working with trauma

- ▶ Trauma therapist development means acquiring skills as a trauma therapist/supervisor.
- ▶ As a supervisor of trauma therapists, and also as the therapist, training in working with trauma is transformational and requires self reflection, willingness to grow and disciplined self care.

Logon et al (2004)

# Competencies in supervision of trauma therapists

- ▶ Competencies of Knowledge, skills and attitudes.
- ▶ Trauma informed strength based supervision empowers in identifying the supervisees strengths and therefore fostering new skills.
- ▶ An organisation is trauma informed when the emphasis on rules is decreased and clients personal choice and collaborative problem solving is emphasised
- ▶ In addition the Organisations support in introducing a consultant.

# Integrative Developmental Model

- ▶ Bernard & Goodyear(2008), Describe An integrated developmental model for trauma therapists, The focus of the Supervision, highlights the importance of the Supervisor's having an understanding of the key principles of trauma.
- ▶ Operational knowledge, skills and attitudes. A specific framework including interventions, objectives, practical guidelines, to training and treatment protocols.
- ▶ View of self and the world

# Internal supervision/external supervision

- ▶ External supervisors have authority and ability to impact directly on organisations and their practices and in turn to potentially change structures. (Adams & Ferreira, 2012).
- ▶ Internal supervision impacts directly on the organisations practices (Finkelstein, 2012) equally capable of changing the structure.

# IN SUMMARY

Social Psychological research demonstrates that most employees/supervisees are influenced more strongly by Supervision provided by a fellow organisational member than an 'outsider', (M de Waal;2015). This due to supervisees feeling committed to their organisation and it representatives (Ellemers,De Gilden, &Haslam,2008).



# Model of Supervision

The model of Supervision I refer to today is The Seven Eyed Supervision Model developed by Peter Hawkins and Robin Shohet in 1985.

1. Focus on the client
2. Focus on interventions
3. Focus on client-therapist relationship
4. Focus on the therapist process
5. Focus on therapists and supervisors relationship
6. Focus on the Supervisors process
7. Focus on the wider context

# What can the supervisor do?

- ▶ Establish regular individual supervision, trauma comes when therapists are not prepared.
- ▶ Within this setting to raise the awareness of the supervisee of the importance of, and to facilitate identifying, the need for their own personal therapy. Encourage peer consultation to assist in reducing the sense of isolation and efficacy (Cerner, 1995; Dane, 2000)
- ▶ Maintain the balance of both size and content of therapist caseloads.

# Using the supervisory relationship in trauma resilience.

- ▶ Take time to recognise the impact of the stories we hear from our clients.
- ▶ Recognise the courage needed in facing personal fears within the supervisor 'holding' space. Make use of silence
- ▶ To notice and observe together the emotional impact on the supervisee and the bodily sensations experienced during the discussion about the client. Identify people to remain connected with and gain support from
- ▶ What activity allows the supervisee to remain 'connected' to the wider world, grounds them

# Trauma recovery model in working with PTSD/CPTSD and secondary trauma impact

1. Establishing safety
2. Remembrance and mourning
3. Reconnection

# Therapeutic methods utilising trauma recovery model interventions including embodied/somatic reprocessing elements (instead of narrative processing)

- ▶ Sensorimotor psychotherapy
- ▶ Somatic reprocessing
- ▶ Eye Movement Desensitisation Processing (EMDR)
- ▶ Systemic Embodied Reprocessing (SER)
- ▶ University of York working on establishing evidence behind this method.

# Finally

As Supervisors practice what we preach!

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# RESOURCES

## BOOKS:

- ▶ **Judith Lewis Herman,(1998)Trauma and Recovery, from domestic abuse to political terror.**
- ▶ **Pearlman,L.A., & Saakvitne,k.w.(1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders.**

## Journals:

- ▶ **Seth C.W.Hayden, DerickJ. Williams, Angela I.canto. Tyler finklea Shelter from the storm: Addressing vicarious traumatisation through wellness based clinical supervision**
- ▶ **<http://tpcjournal,nbcc./shelter-rom-the-storm-addressing-vicarious-traumatisation>**

# For further information

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