

Trauma-Informed Resilience & Reconnection: SOTX Supervision & Peer Consultation

Jill Levenson, PhD, LCSW
Professor of Social Work
Barry University, Miami, FL
SOTX provider in South Florida

(c) J.R. Levenson, PhD, LCSW

1


2 Learning Objectives:
After this workshop, participants will be able to:

Describe	Describe the various ways that our work with sexual abuse perpetration and victimization can take a toll on professional well-being.
Identify	Identify counter-transference themes, including trauma-related responses to client interactions and to our work in general.
Use	Use trauma-informed principles and skills to conceptualize supervision, peer consultation, and professional development to improve therapeutic effectiveness and personal well-being.

WARNING: THIS WORKSHOP MIGHT OFFER MORE QUESTIONS THAN ANSWERS!
PROS: SELF-AWARENESS... CONS: MIGHT OPEN UP SOME RAW FEELINGS.
IT'S OK! Let's create a safe space for reflection and growth.

(c) J.R. Levenson, PhD, LCSW

2



► The complexities of our work means that therapeutic alliance and therapist effectiveness can be fraught with challenges unlike in other fields (Jeglic & Katsman, 2018; Moulden & Firestone, 2010).

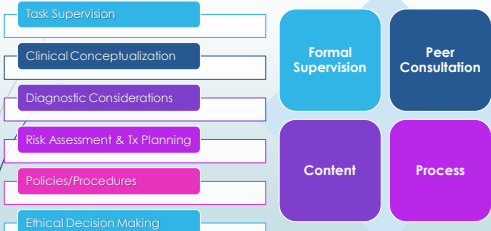
Making formal supervision and peer consultation so important!

Today's overall goal: How to be a better supervisor, supervisee, and peer!

(c) J.R. Levenson, PhD, LCSW


3

4 Components of Supervision
Who, what, where, when, how, & why?



(c) J.R. Levenson, PhD, LCSW

4



► What are your responsibilities as a:

- Supervisor
- Supervisee
- Peer “consultant”

► And, what do you hope for from others in each of these roles?

► Importantly, supervision requires a trusting relationship.

(c) J.R. Levenson, PhD, LCSW

5

6 Complicated Feelings about SOTX:

- Negative thoughts about clients related to the harm they have caused to their victims.
- Reading case information (police reports, victim statements, viewing CSAM images or descriptions of them)
- Navigating engagement vs. confrontation; support vs. accountability; boundaries.
- Challenges related to workplace environments or societal perceptions of our work.
- Policies that obstruct rehabilitation & reintegration = Absorbing client powerlessness
- Positive feelings related to over-identification with client characteristics that seem similar to our own.
- We might also find that the work can trigger emotional reactions based on our own personal life experiences.
- Other ideas? What else?

(c) J.R. Levenson, PhD, LCSW

6

7 Occupational Hazards

- **Secondary traumatic stress**
 - Worker has PTSD Symptoms
- **Vicarious trauma**
 - Exposure to client content
 - Adoption of pessimistic worldview
- **Compassion fatigue**
 - Empathy can be exhausting!
 - Can lead to challenge or inability to empathize with clients (or others)
- **Moral Injury**
 - Helplessness, powerlessness, futility; usually related to systemic obstacles
- **Burnout**
 - Worker becomes ineffective

What do you notice in yourself, colleagues, supervisor, or your supervisees?

(C) J.E. Levenson, PhD, LCSW TIC Supervision

7

8 What does it mean to be trauma-informed?

TIC

REALIZE
RECOGNIZE
RESPOND
RESIST RE-TRAUMATIZING

SAMHSA's 4 Rs

- REALIZE Trauma is pervasive & impactful.
- RECOGNIZE signs & symptoms of Trauma.
- RESPOND by incorporating Trauma knowledge.
- RESIST RETRAUMATIZATION.

(C) J.E. Levenson, PhD, LCSW

8

SAMHSA's Principles of Trauma-Informed Care
How do we create these for clients AND in supervision?

Safety
Trust & Transparency
Collaboration & Mutuality
Empowerment, Voice & Choice
Peer Support
Cultural & Gender relevance

SAMHSA
Substance Abuse and Mental Health Services Administration

(C) J.E. Levenson, PhD, LCSW TIC Supervision

9

Creating a trauma-informed work environment: Taking care of our own!

www.Sanctuaryweb.com

10

(C) J.E. Levenson, PhD, LCSW

10

https://www.youtube.com/watch?v=XHewhs_4YMM

11

(C) J.E. Levenson, PhD, LCSW TIC Supervision

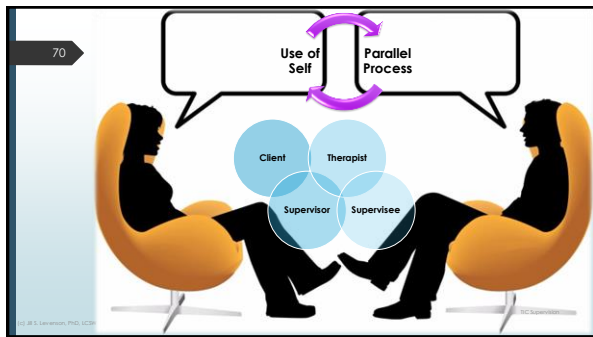
11

Trauma-informed Skills: Parallel Process, Mirroring, & Modeling in the supervisory or consultation relationship

- Create safe spaces: physical & psychological
- Use Person-First Language
- Model Good Boundaries
- Ask, Don't Tell; Talk Less, Listen More
- Avoid Confrontation
- Reframe Resistance
- Neutralize Power Struggles & Model Shared Power
- Opportunities to De-Escalate, Self-Regulate, and build Relational Skills

(C) J.E. Levenson, PhD, LCSW

12



13

Supervision should also reflect on the supervisory relationship itself..... (parallel process)

The supervisory relationship closely mirrors what occurs in the worker/client relationship...giving permission to talk about the dynamics of both.

Therefore, the supervisor is responsible for establishing the frame of supervision in much the same way that we hope clinicians shape the clinical relationship with clients.

14

© 2012 Victor Yalom/Psychotherapy.net

Counter-Transference

Other-Induced

Self-Induced

"Transference, schmansference... I still want to eat you."

15

16 A significant number of clinicians may have trauma histories...

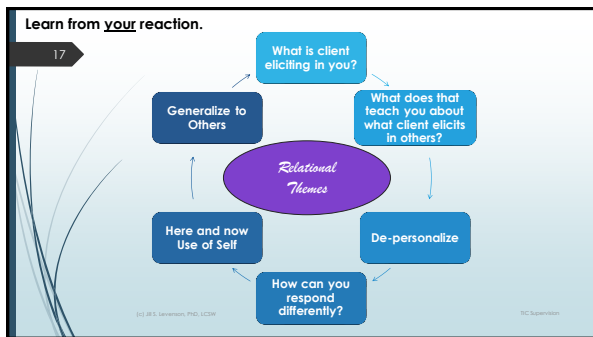
Wounded healers

How might your own life experiences impact work with clients?

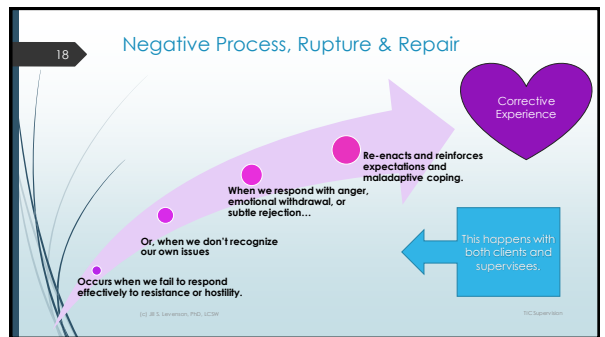
How about your relationship with a supervisee, or your own response to supervision?

Relational issues:
Trust
Authority Figures
Power/Control
Conflict
Boundaries

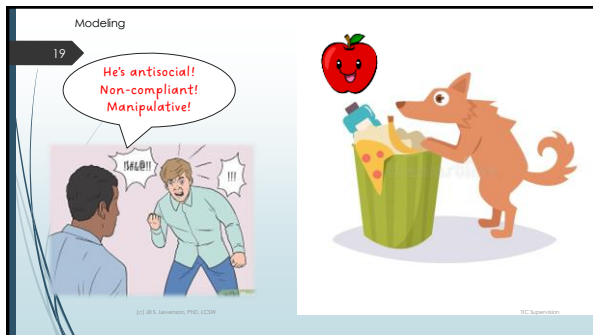
16



17



18



19

Honoring Diversity

- Begins with awareness of self
- Critically attends to the intersections of privilege, race, gender, sex, heteronormativity, ableness, othering, etc....
- Continuous sensitivity to contextual position of the client or worker
- Use of the supervisory relationship as a model for integrating narratives of class, power, privilege
- Empathy and understanding another's perspective & experience.

20

Take a moment to write down some ideas.

- What are the qualities of a good supervisor?
- Best supervision?
- Worst supervision?
- What do you need from a supervisor?
- How can supervision be more trauma-informed?
- Your strengths & weaknesses as a:
 - Supervisor
 - Supervisee

21

Thought Questions

- How SOTX providers might recognize and bring forth their own issues for exploration and processing with others?
- How can supervisors, supervisees, and peer consultants can create safe spaces for authentic self-examination, professional development, and positive change?
- What are some of the unique supervision needs of SOTX providers?

22

Questions and Discussion

23

References

Jeglic, E. L., & Katsman, K. (2018). Therapist-related factors in correctional treatment. In *New Frontiers in Offender Treatment* (pp. 109-126). Springer.

Knight, C. (2012). Therapeutic Use of Self: Theoretical and Evidence-Based Considerations for Clinical Practice and Supervision. *The Clinical Supervisor*, 31(1), 1-24. <https://doi.org/10.1080/07325223.2012.676370>

Knight, C. (2018). Trauma Informed Practice and Care: Implications for Field Instruction. *Clinical Social Work Journal*. <https://doi.org/10.1007/s10615-018-0661-3>

Levenson, J. (2020). Translating Trauma-Informed Principles into Social Work Practice. *Social Work*, 65(3), 1-11. <https://doi.org/10.1093/sw/swaa020>

Moulden, H. M., & Firestone, P. (2007). Vicarious Traumatization The Impact on Therapists Who Work With Sexual Offenders. *Trauma, Violence, & Abuse*, 8(1), 67-83.

Moulden, H. M., & Firestone, P. (2010). Therapist awareness and responsibility in working with sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 22(4), 374-386.

Willis, G. M., Prescott, D. S., & Levenson, J. S. (2018). Promoting therapist longevity: exploring sexual offending treatment providers' experiences of workplace support. *Journal of Sexual Aggression*, 1-15. <https://doi.org/10.1080/13552601.2018.1528794>

24

25

Thank you!



SHIFT
YOUR PERSPECTIVE
Trauma-Informed Care

Barry University
School of Social Work | Center for Human Rights and Social Justice

Jill S. Levenson, PhD, LCSW
Levensonjill@gmail.com



Thank you!

© Jill S. Levenson, PhD, LCSW TIC Supervision

25