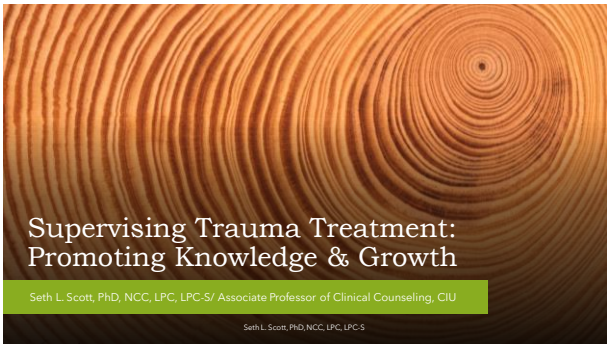

1

Goals & Outcomes:

- **Recognize** symptoms of vicarious trauma in supervisees.
- **Understand** trauma-informed supervision models.
- **Recognize** the importance of incorporating trauma discussions into supervision.
- **Discuss** the importance, place, and means for improved wellness and self-care within supervision and counseling.
- **Develop** a strategy for providing supervision for counselors working in trauma and dealing with vicarious trauma.
- **Cultivate** healthy practices for integrating recovery and healing into supervision.

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2

"Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards."

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3

Content Organization

Trauma	Defining Trauma Trauma Supervision Models
Clinician Wellness	Fostering Courage Defining our Calling Wellness Model of Clinical Supervision
Treatment & Prevention of Vicarious Trauma	Using Parallel Process in Trauma Work Signs & Symptoms of Vicarious Trauma Addressing Treatment & Prevention of Vicarious Trauma
Integrating Healing & Growth	Promoting Growth through Trial Establishing Healthy Practices Cultivating New Meaning to Clinical Practice

4

- The diagnoses of traumatic stress disorders are *event specific*.
- The definition of trauma has expanded to be more inclusive and is recognized as a subjective experience… moving forward… it will be helpful to clearly identify what is meant by exposure and account for exposure over time… vicarious traumatization as part of the therapist's normal reaction to the stress of listening to the traumatic material of clients

- Foreman, 2018; Rothschild, 2017

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5

Human Vulnerability & Capacity for Evil

Bear Witness

Perpetrator (Inaction) Victim (Action)

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6

The Importance & Role of Our Biblical Worldview

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Bearing Witness
Taking Sides
Sharing the Burden of Pain

"Only the sacrifice of an innocent god could justify the endless and universal torture of innocence. Only the most abject suffering by God could assuage man's agony."

- Albert Camus, as quoted by Keller (2013) in *Walking With God Through Pain and Suffering, p.* 119.

7

Worldview

What is the Function of our Worldview when it comes to Suffering, Trauma, and Grief in this world?

Isaiah 53
Romans 5
Romans 8
Philippians 3:7-11

Counseling is Theology Applied

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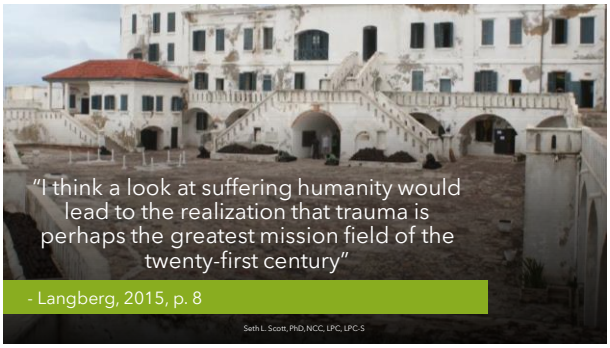

9

Responding to Trauma

Personally
Professionally
Counselor
Supervisor

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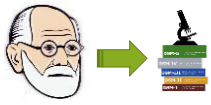
10

Definitions of Trauma

"Trauma results in a fundamental reorganization of the way mind and brain manage perceptions"



According to the *Comprehensive Textbook of Psychiatry*, the common denominator of psychological trauma is a feeling of "intense fear, helplessness, loss of control, and threat of annihilation" (Herman, 2015, p. 33).

11

Definitions of Trauma

Herman, 2015, p. 35

Hyperarousal

Persistent Expectation of Danger

Intrusion

Indelible Imprint of the Traumatic Event

Constriction

Numbing Response of Surrender

12

Three Separate Aspects of Experience of Repeated Trauma

(Schmelzer, 2018, *Journey through trauma*, pp. 13-15)

- Actual Traumatic Experiences
- Psychological Protection & Defense Responses to Survive
- Misses Elements of Normal Development

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13

A Shattered Sense of Self

- Emotions: Experience, Expression, & Regulation
- Attention & Consciousness
- Meaning & Direction
- Sense of Self (Default Mode Network)
- Physiological Symptoms
- Relationships

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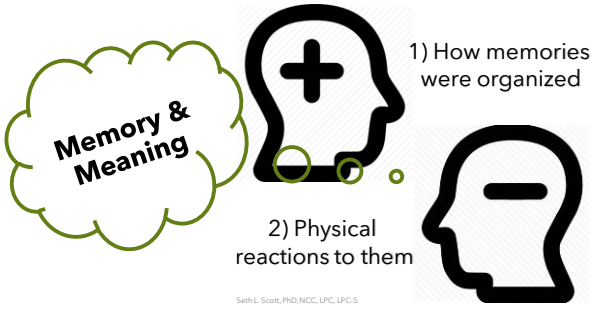

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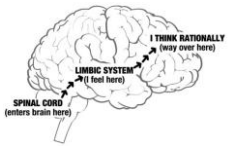
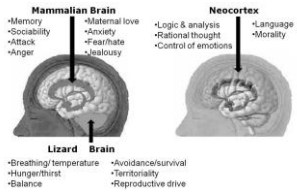
15

Neurobiology





Restoring the Proper Balance

16

Jean-Martin Charcot
1825-1893

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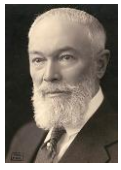


Pierre Janet
1859-1947

Dissociation to Association

17

Comparing PTSD & CTSD

Posttraumatic Stress Disorder	Complex Traumatic Stress Disorder
• Literature on war-related trauma	• Literature on child sexual abuse
• Isolated traumatic events	• Multiple traumatic events; chronic trauma
Symptom Clusters	
• Re-experiencing	• Re-experiencing
• Avoidance	• Avoidance
• Sense of Threat	• Sense of Threat
	• Affect Dysregulation
	• Negative Self-Concept
	• Interpersonal Disturbances

- Gingrich, 2013; Karatzias et al., 2019

18

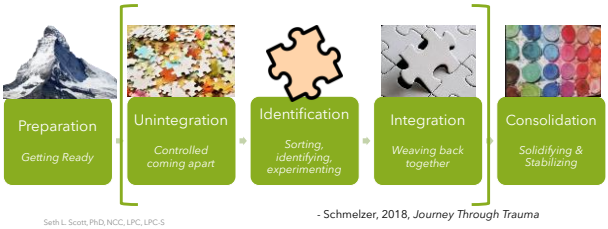
Fundamental Stages of Recovery

1. Establishing Safety & Stabilization
2. Reconstructing the Trauma Story
3. Restoring the Connection Between Survivors and Their Community

- Herman, 2015, p. 3

19

5-Phase Cycle of Healing Repeated Trauma



- Schmelzer, 2018, *Journey Through Trauma*

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Where are you?

1. Establishing Safety & Stabilization
2. Reconstructing the Trauma Story
3. Restoring the Connection Between Survivors and Their Community

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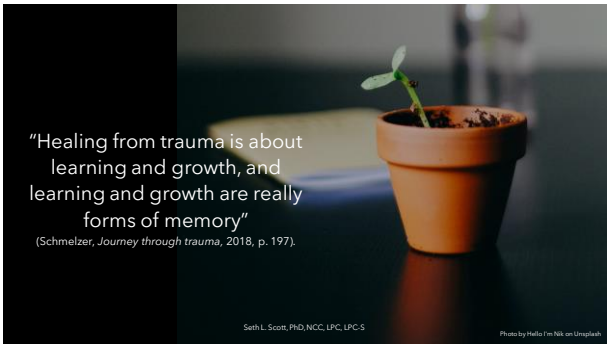

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Defining Our Terms

Countertransference (CT)	Reciprocal impact of between patient and therapist (Levers, 2012)
Burnout	Chronic emotional strain for "people work" (Levers, 2012)
Compassion Fatigue (CF)/ Secondary Traumatic Stress (STS)	"Natural consequent behaviors and emotions resulting from awareness of a traumatizing event… and the associated stress resulting from helping or wanting to help" (Hayden et al., 2015, p. 530).
Vicarious Trauma (VT)	Disturbances in affect tolerance, cognitive frame of reference, interpersonal relationships, and psychological needs & identity (Hayden et al., 2015, p. 531)

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23

Supervision

- "Supervision is a *proactive, planned, purposeful, goal-oriented, and intentional* activity" (Borders et al., 2014, p. 157).
- "Supervision is an intervention provided by a senior member… to a junior member… This relationship:
  - Is evaluative
  - Extends over time
  - And has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper for the particular profession the supervisee seeks to enter"

(Bernard & Goodyear, 2014, p. 9)

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Supervision Models

Models Grounded in Psychotherapy Theory
- Psychodynamic
- Humanistic-relationship
- Cognitive-behavioral
- Systemic
- Constructivist
- Narrative
- Solution-focused

Developmental Models
- Loganbill, Hardy, & Delworth
- Integrated Development Model (IDM)
- Systematic Cognitive Development Supervision (SCDS)
- Reflective
- Life-span (Ronnestad & Skovholt)

Process Models
- Discrimination Model (Bernard)
- Events-Based
- Hawkins & Shohet
- Structured Peer Group Supervision (SPGS; Border)
- Systematic Approach to Supervision (SAS; Holloway)

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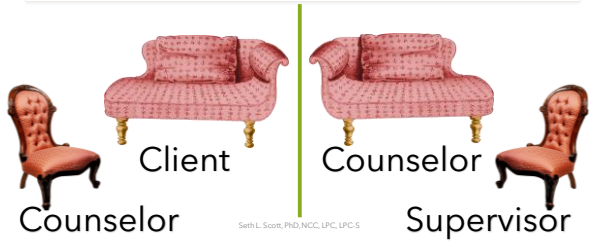
Parallel Process & Isomorphism



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5-Phase Cycle of Healing Repeated Trauma

PREPARATION	UNINTEGRATION	IDENTIFICATION	INTEGRATION	CONSOLIDATION
GETTING READY	*CONTROLLED COMING APART*	*SORTING, IDENTIFYING, EXPERIMENTING*	*WEAVING BACK TOGETHER*	*SOLIDIFYING & STABILIZING*

- Schmelzer, 2018, *Journey Through Trauma*

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Essential Practices in Clinical Supervision

- Supervisor's own knowledge of trauma theory
- Using parallel process and isomporhism
- Ensuring consistency and frequency of supervision
- Development of a strong supervisory working alliance
- Attention to and treatment for VT symptoms
- Assistance in finding meaning as a therapist
- Continued self-awareness and processing of experiences in sessions
- Empowerment and connection to supervisor and peers
- Modeling, supporting, and advocating for self-care, balance, and wellness
- Providing feedback from direct observation of sessions

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Trauma-Specific Supervision Models

- Affective Check-In Supervision Intervention
- Trauma-Sensitive Clinical Supervision
- Wellness Model of Supervision (WELMS)
- Indivisible Self Model of Wellness (IS-WEL)
- Contextual Model of Trauma Treatment (CTT)
- Supervision for Trauma-Informed Practice

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Affective Check-In Supervision Intervention

Trained supervisors implement three components:

Inquiry into therapist's reactions to trauma counseling

Validation and normalization of counselor's reactions

Discussion for response management

- Knight, 2004; 2013; 2018; Wymer, 2019

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Trauma-Sensitive Clinical Supervision

As part of an Integrative Systemic Approach to Trauma (ISAT)

"Beyond system-of-care implications, ISAT views adequate trauma-related education and competent trauma-sensitive clinical supervision as essential aspects of a fluid system of trauma care" (Levers, 2012, p. 585).

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Wellness Model of Supervision (WELMS)

- Continual wellness assessment is essential,
- Skill development is facilitated through practice using self-selected wellness objectives,
- CITs should select domains of wellness for development that are hypothesized to have a positive impact,
- Supervisors should model wellness and holistic case conceptualization practices to promote parallel process.

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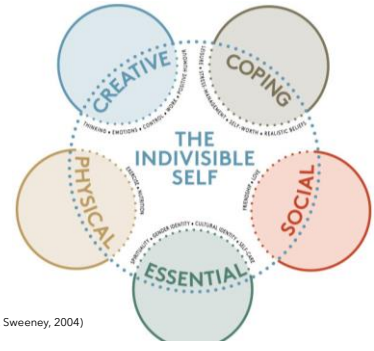
Indivisible Self Model of Wellness (IS-WEL)

Evidence-based, Strength-based, Choice-oriented Model of Holistic Wellness

(Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2004)



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Contextual Model of Trauma Treatment (CTT) Applied to Supervision

- Trauma Resolution & Integration Program (TRIP)
  - CTT teaches clinical skills and interventions, like affect regulation, identity integration including a sense of purpose and self-worth, and managing activities of daily living
  - Supervision focuses on enhancing the trainee's sense of self, ability to self-monitor and self-reflect, increasing treatment competence to be 'complete practitioners'
  - Collaborative working alliance, Mutual Trust, Assumed Competency for promoting Self-Reliance, Practical Skill Development

(Ellis, Gold, Courtois, Araujo, & Quinones, 2019)

34

Supervision for Trauma-Informed Practice

Three Functions of the Supervisory Role:

Educational, Supportive, & Administrative

Basic Assumptions:

Physical & Emotional Safety	Trustworthiness	Choice	Collaboration	Empowerment

(Berger & Quiros, 2014)

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Which settings made you feel safe?

What about the settings contributed to this sensation?

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40

"Generally speaking, therapists were less sensitive to the importance of an orderly office than potential patients were. But they did give higher ratings to office settings that reflected softness and personalization" (Jaffe, 2014).

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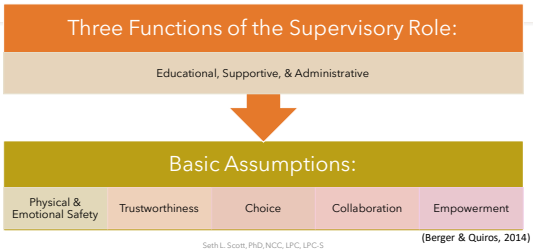
Supervision for Trauma-Informed Practice



(Berger & Quiros, 2014)

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Applying Models of Trauma Supervision

"Pearlman and Saakvitne (1995) recommended **four components** necessary for successful supervision of trauma counselors, namely, a **strong theoretical grounding** in trauma therapy, **attention to both the conscious and unconscious** aspects of treatment, a **mutually respectful interpersonal climate**, and **educational components that directly address vicarious traumatization** (p. 360)… Supervision should foster an atmosphere of respect, safety, and control for the therapist who will be exploring the difficult issues evoked by trauma therapy" (Sommer, 2008, p. 64).

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Discussion & Practice

Providing Trauma-Specific Supervision:

Consider what you will apply if you are a supervisor or what you will seek or communicate as a supervisee.

Begin to explore the topic by discussing fit with your style & theory of supervision

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Establishing Your Base Camp

- Schmelzer, 2018, *Journey Through Trauma*

- Base Camp is the key to preparation
- Assessing physical health & safety
- Building awareness
- Strengthening relationships (belay practice)
- Evaluating resources: What do you need? Who do you need?
- Establishing a safe place
- Practice & experiment with activities

49

Fostering Courage

- How is the character strength of courage relevant to clinical supervision and practice?
- What approaches foster courage in supervision? (Watson, 2018)
  - Encouraging Personal Mission and Vision
  - Spiritually Informed Trauma Treatment
  - Developing a biblical & theologically grounded perspective on suffering

Romans 5:1-5
HOPE – SUFFERING – ENDURANCE – CHARACTER – HOPE - LOVE

50

Courage: Resilient Coping through Meaning-Making

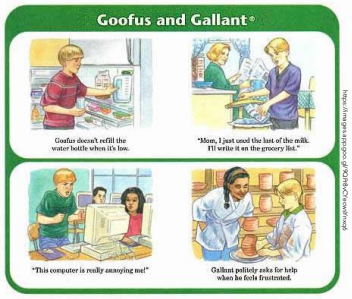
Practice What You Preach

"To act honestly and ethically requires courage and the endurance to faithfully engage in ethical practices even when no one is looking, the very definition of integrity" (Watson, 2018, p. 171).

51

Personal Practice (PP) Model

- Self-Care
- Self-Compassion
- Mindfulness
- Relationships
- Lifestyle & Wellness Plan



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Your Wellness House

- Physical Room
  - Exercise, Lifestyle, Diet
- Mental Room
  - Journaling, Reading, Meditating, Hobbies
- Emotional Room
  - Laughter, Tears, Talking
- Spiritual or Philosophical Room
  - Community, Prayer, Reflection, Nature

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Dimensions of Wellness Questions

- What area/area is/are comfortable? Why?
- What area/areas is/are uncomfortable? Why?
- What dimensions need to be added?
- Was there a time when I was more in balance? When? What happened?
- What can I do right now?
- What can I plan to do for the future?

(Levers, 2012, p. 561)

55

Supervisor as Model of Wellness

Supervision models that are wellness-oriented, trauma-informed, and self-compassion-focused are particularly helpful in fostering habits and practices toward long-term endurance, integrity, and ultimately courage… Wellness-oriented supervision models incorporate research on health, wellness, and coping into the clinical supervision process to facilitate the holistic health and well-being of supervisees" (Watson, 2018, pp. 172-173).

56

Self-Compassion

- Three interacting components:
  - self-kindness instead of self-judgment and criticism,
  - common humanity instead of isolation, and
  - mindfulness instead of over-identification with painful thoughts & emotions

- Nelson, Hall, Anderson, Birtles, & Hemming, 2018, p. 123

"Self-care is something you can do all the time; self-compassion is almost like an attitude or a perspective that you shift within yourself, which can translate into self-care actions" (Patsiopoulos & Buchanan, 2011, p. 305).

57

Self-Compassion Scale – Short Form (SCS-SF)

(Raes, Pommier, Neff, & Van Gucht, 2011)

How I typically act towards myself in difficult times				
Almost Never				Almost Always
1	2	3	4	5
_____1.	**Coding Key:** Self-Kindness Items: 2, 6 Self-Judgment Items: 11, 12 (reverse score) Common Humanity Items: 5, 10 Isolation Items: 4, 8 (reverse score) Mindfulness Items: 3, 7 Over-identified Items: 1, 9 (reverse score)			come consumed by feelings of inadequacy.
_____2.				those aspects of my personality I don't like.
_____3.				e a balanced view of the situation.
_____4.				st other people are probably happier than I am.
_____5.				ondition.
_____6.				ive myself the caring and tenderness I need.
_____7.	When something upsets me I try to keep my emotions in balance.			
_____8.	When I fail at something that's important to me, I tend to feel alone in my failure.			
_____9.	When I'm feeling down I tend to obsess and fixate on everything that's wrong.			
_____10.	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.			

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Self-Care

"Maintain a personal world that is healthy and separate from their clinical work" (Lanktree & Briere, 2017, p. 224).

- Maintain a mixed caseload
- Work in various settings
- Seek supervision, consultation, & collaboration
- Take breaks during the day
- Continue your education & training
- Develop and expand collaboration
- Find ways to engage in fun things and celebration of the work
- Build a support team
- Maintain a balance of work & play
- Pursue fun, enjoyable things
- Develop your sense of humor
- Attend personal retreats
- Travel & explore other cultures
- Meditation, yoga, or regular prayer practice
- Engage in regular physical exercise
- Spend time with children & pets
- Develop other interests, hobbies, and creative pursuits

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Personal Self-Care Plan (Proposed & Practiced)

A Seven-Part Model for Creative Selfcare:

1. Create a consistent, holistic plan;
2. Schedule rejuvenation;
3. Prepare a list of emergency strategies for unanticipated stress;
4. Meet regularly with peers or colleagues for support;
5. Evaluate potential challenges to self-care;
6. Record and review successes;
7. Include self-compassion

EXAMPLE

(Thomas & Morris, 2017, p. 1)

What's your plan? List some elements

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Photo by Allie Smith on Unsplash

Share your lists

- Accountability:
  - Share with a peer near you
  - Who could be on your team?
- What should you add after sharing with others?
- As a supervisor, how are you modeling self-compassion, self-care, and holistic wellness in your life, practice, scheduling?

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Mindfulness

- *RAIN*:
  - Recognition
  - Acceptance (or Allowing)
  - Investigation
  - Nonidentification

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Photo by Ryoji Iwata on Unsplash

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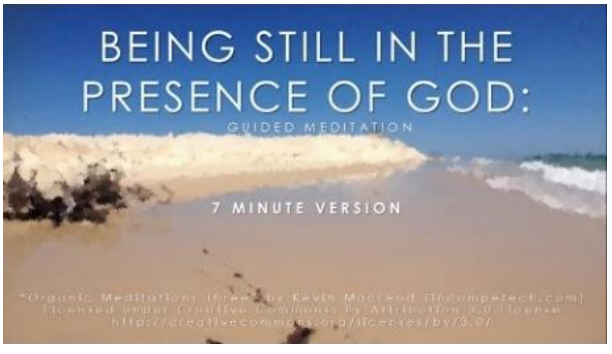

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Caseload

- Maintain a mixed caseload
- Process difficult cases in supervision and consultation
- Build in breaks for self-care
- Maintain professional boundaries

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Wellness Plan

- Wellness has been conceptualized as "a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully" (Myers, Sweeney, & Witmer, 2000, p. 252).
- Wellness Profile (Insel & Roth, 2012, pp. 10-11)

Begin your Wellness Profile

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Physical Wellness
To maintain overall physical health and engage in appropriate physical activity

Emotional Wellness
To have a positive self-concept, deal constructively with your feelings, and develop positive qualities

Intellectual Wellness
To pursue and retain knowledge, think critically about issues, make sound decisions, identify problems, and find solutions

List a minimum of 4 things for each area

Spiritual Wellness
To develop a set of beliefs, principles, or values that gives meaning or purpose to your life; to develop faith in something beyond yourself

Interpersonal/Social Wellness
To develop and maintain meaningful relationships with a network of friends and family members and to contribute to the community

Environmental Wellness
To protect yourself from environmental hazards, and to minimize the negative impact of your behavior on the environment

Define your 5 most important strengths or "Core Wellness Strengths"

Low Level of Wellness — Physical, Psychological, Emotional Symptoms — Change & Growth — High Level of Wellness

Mark on the continuum below where you think you fall for each dimension

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Relationships

Interpersonal/Social Wellness
To develop and maintain meaningful relationships with a network of friends and family members and to contribute to the community

Photo by Greg Rosenke on Unsplash

Photo by Lennon Cornelius on Unsplash

- Who is on your TEAM?
- Who is providing your support?
  - Fresh resources
  - Pacing
  - New perspectives & opportunities
- Where is your Community?

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Defining Our Calling

"Those who have a 'why' to live, can bear with almost any 'how.'" (Frankl, *Man's Search for Meaning*)

"If faith is the essential starting point of establishing trust in supervision, and hope is the sense of meaning and purpose that sustains us professionally, then love is the ever-present attitude of agape and caritas through which all learning in supervision is mediate" (Watson, 2018, p. 87).

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Treatment & Prevention of Vicarious Trauma

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"The **CORE EXPERIENCES** of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the **empowerment** of the survivor and the **creation of new connections**. Recovery can take place within the context of **relationships**; it cannot occur in isolation... the survivor re-creates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for **trust, autonomy, initiative, competence, identity, and intimacy**"
(Herman, 2015, p. 133).

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"Trauma robs you of the feeling that you are in charge of yourself…

The challenge of **recovery** is to reestablish ownership of your body and your mind - of your self... For most people this involves:

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- van der Kolk, 2014, pp. 205-206

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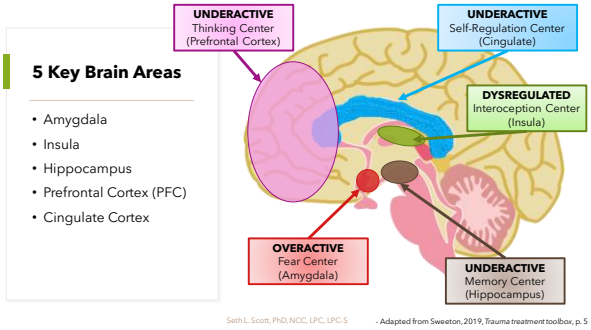

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- Adapted from Sweeton, 2019, *Trauma treatment toolbox*, p. 5

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Three Avenues

Top Down:
Talking, Connecting, Understanding, & Processing

Shutting Down Reactions or Altering Brain Responses

Bottom Up:
Allowing Body Experiences for Contradicting Trauma Learning

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- Van der Kolk, 2014, p. 3

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Beginning Treatment

"The first task of consciousness-raising is simply calling rape by its true name… In coming to terms with issues of guilt, the survivor needs the help of others who are willing to recognize that a traumatic event has occurred, to suspend their preconceived judgments, and simply to **bear witness** to her tale"
(Herman, 2015, pp. 67-68).

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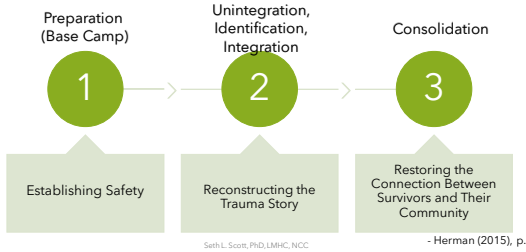
Fundamental Stages of Recovery



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- Herman (2015), p. 3

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Treatment Menu

Starters

Deep Breathing
Relaxation
Yoga
Interoception
Neurofeedback
Meditation
Mindfulness
Theater
Massage

Entrees

EMDR & Bilateral Stimulation
CBT Techniques: (TFCBT, MATCH, PE, CPT, & SIT)
Somatic Experiencing/ Sensorimotor
Internal Family Systems Therapy

Desserts

Integration
Resources
Reconciliation
Forgiveness
Growth & Wellness

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Stop & Practice a "Starter"

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Relevance of Parallel Process in Treatment

"As a result, an estimated 82% to 94% clients seeking treatment in community mental health centers have survived some type of traumatic event" (Bride, 2004 cited by Williams, Helm, & Clemens, 2012, p. 133).

"Almost 70% of female psychologists and 33% of male psychologists surveyed acknowledged a history of physical or sexual abuse as children" (Barnett et al., 2007, p. 604).

"Rarely is it a question of whether the therapist's past (and sometimes present) will be activated during therapy, but rather to what extent and with what effects" (Lanktree & Briere, 2017, p. 222).

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Signs & Symptoms of Vicarious Trauma

Vicarious Trauma: Signs and Symptoms	
General Changes	Specific Changes
• no time or energy for oneself	• disrupted frame of reference
• disconnected from loved ones	• changes in identity, world view, spirituality
• social withdraw	• diminished self-capacity
• increased sensitivity to violence	• impaired ego resources
• cynicism	• disrupted psychological needs and cognitive schemas
• general despair and hopelessness	• intrusive images, depersonalization
• nightmares	• alterations to one's sensory experiences
• screening phone calls	
• sense of depression	
• physical problems (aches, pains, lower GI disturbance, etc.)	

(*Table 31.2*, Levers, 2012, p. 548)

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Who's Holding Your Rope?

- Research has shown that many counselors experience the same stress and anxiety as their clients (Stebnicki, 2008).
- "Research on burnout concentrates on three components of exhaustion, cynicism, and inefficacy…
- **What is our philosophy of health and healing?"**

(Levers, 2012, pp. 557, 560).

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Protective Factors

(i.e., "day excursions from base camp")

- Having an active coping style that involves problem solving, managing emotions that accompany stress, and learning to face fears
- Engaging in physical activity to improve mood and health
- Maintaining a positive outlook through cognitive-behavioral strategies to enhance optimism, decrease pessimism, and embrace humor
- Maintaining a moral compass through developing and living by meaningful principles and putting them into action through altruism
- Having strong social supports through developing and nurturing friendships and seeking resilient role models and learning from them
- Maintaining cognitive flexibility through finding the good in adverse situations and remaining flexible in one's approach to solving problems.

- Haglund, Cooper, Southwick, & Charney, 2007

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Addressing Burnout

"***Burnout is a syndrome*** characterized by three dimensions:
- emotional exhaustion (EE),
- depersonalization of clients (DP),
- and a reduced sense of personal accomplishment (PA)

A mismatch between the job demands and the person"

(Rupert, Miller, & Dorociak, 2015, p. 168, 172).

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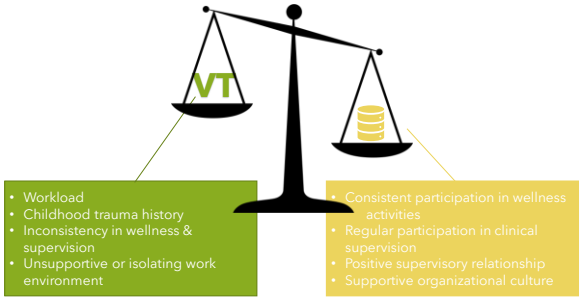

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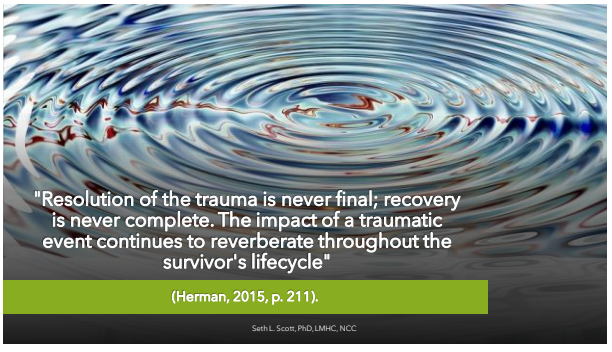

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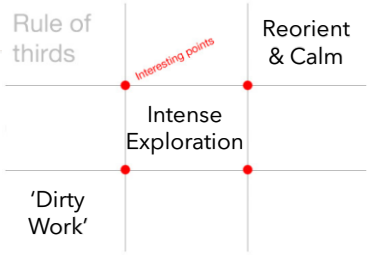
The Session



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The Person of the Supervisor vs. Therapist

"Secure boundaries create a safe arena where the work of recovery can proceed… Negotiating boundaries that both parties consider reasonable and fair is an essential part of building the therapeutic alliance" (Herman, 2015, pp. 149-150).

Photo by Yann Allegre on Unsplash

Transference & Countertransference

How do boundaries look different for supervision from therapy?

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Integrating Healing into Health

The Work of Integration & Consolidation

A. Promoting Growth through Trial
B. Establishing Healthy Practices
C. Cultivating New Meaning to Clinical Practice

"Now what?"

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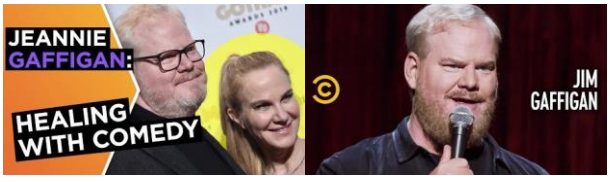
Incorporating Humor for Wellness



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Evaluating our Meaning Making

- Why did you choose to become a counselor? Supervisor?
- What aspects of your work as a counselor produce gratitude in you?
- Reflect together on how our work as mental health professionals requires courage and the will, determination, and persistence to follow through with difficult tasks for the sake of doing good and upholding our ethical integrity
- How can we hold each other accountable for developing the spiritual rhythms and practices that cultivate endurance, patience, and meaning in the midst of our challenging clinical work?

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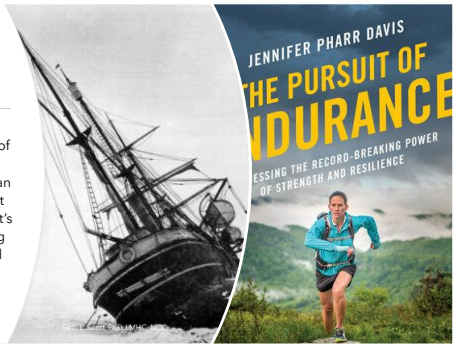
Growth & Resiliency

"Resilience is the strength and speed of our response to adversity – and we can build it. It isn't about having a backbone. It's about strengthening the muscles around our backbone" (Sandberg, 2017, *Option B*, p.10).



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Post-Traumatic Growth Inventory

Photo by cpnghill on Unsplash

To evaluate whether and to what extent someone has achieved growth after a trauma, psychologists look for positive responses in five areas.

1: Gaining Appreciation of life
2: Forming Deeper Relationships with others
3: Seeing New possibilities in life
4: Finding Personal strength
5: Spiritual change or increased meaning in Life

Source: Richard Tedeschi, PhD, and Lawrence Calhoun, PhD, *Journal of Traumatic Stress*, 1996

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"Mindset"

"The view you adopt for yourself profoundly affects the way you lead your life. Believing that your qualities are carved in stone–the ***fixed mindset*** –creates an urgency to prove yourself over and over… The ***growth mindset*** is based on the belief that your basic qualities are things you can cultivate through your efforts. Everyone can change and grow through application and experience" (Dweck, 2006, p. 6-7).

Suffering as an Interruption or a Forge

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Building Resilience

- What does this look like in supervision?
- How does what we have learned about effective supervision fit these beliefs?

Developing Four Core Beliefs

1. You have some control over your life
2. You can learn from failure
3. You matter as a human being
4. You have real strengths to rely on and share

-Sandberg, 2017, p. 114

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Providing a Professional Greenhouse

- Prioritizing relationships
- Encourage balanced self-care
- Foster shared values and virtues, giving back to encourage & normalize an atmosphere of growth and training
- Have fun

-Watson, 2018, p. 184

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Developing a Greenhouse Environment

- How does your supervision environment foster growth?
- In what ways can you engender and sustain collegiality and positive morale in your meetings or agency?
- What are you reading to inform and improve your care as a counselor & supervisor?

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Holistic Perspective of Persons

"Although the lives of people affected by traumatic events may be *changed* permanently as a result of their traumatic experiences, they do not have to feel *damaged* permanently by these events" (Levers, 2012, p. 584).

Disempowerment
Disconnection
Disassociation
Shattered

Empowerment
Connection
Association
Wholeness

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Conclusion: Call to Action & Response

- What will you do different as a supervisor as a result of this training?
- What will you do different as a counselor as a result of this training?
- What do you want to learn more about as a result of this training?
- Who will you ask to join your TEAM?
- With whom will you share your wellness plan?

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