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**Trauma-informed Supervision:  
Core Components and Unique Dynamics in Varied Practice Contexts  
Introduction to the Special Issue**

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### Abstract

The Co-Editors of the special issue on trauma-informed supervision describe the need for increased attention to this topic and their goals for this issue. They then provide an overview of each article, all written by persons with extensive practice and/or research experience around trauma-informed supervision. They conclude with brief observations of the similarities and unique aspects of trauma-informed supervision in the varied settings and situations included in the special issue, and invite future contributions to the journal that build on the knowledge and insights provided by the authors of the articles in this issue.

*Keywords:* trauma-informed supervision, trauma-informed care

**Trauma-informed Supervision:**  
**Core Components and Unique Dynamics in Varied Practice Contexts**

**Introduction to the Special Issue**

Trauma is ubiquitous in our world. Stories of trauma from around the world flood news sources daily: children abused by their parents, caregivers, and others in positions of authority; women killed by their partners; refugees fleeing civil wars and genocide at home; immigrants facing threat of deportation; military personnel facing the horrors of war and lasting memories when they return home; Black men killed by police; random terrorist attacks that kill and maim innocent individuals; individuals and entire communities displaced after hurricanes or other natural disasters; persons targeted – even murdered – because of the religious beliefs they practice or the people they love; and the thousands of individuals dying from gun violence, car accidents, and other random acts of violence. These tragedies affect not only those directly involved, but also those around them who witness the events, whether in-person, through social media, or via other means. Indeed, research indicates that almost every adult has been exposed to at least one traumatic event in the course of their lifetime (Knight, 2018).

The short- and long-term impact of trauma exposure has been extensively investigated, and it is clear that survivors often face a number of challenges at the time of and long after their experience. Not surprisingly, efforts have been expended to identify appropriate and effective interventions that can be implemented in mental, physical, and behavioral health settings worldwide.

In 2001, Harris and Fallot introduced the term “trauma-informed” to refer to an orientation to clinical practice and organizational environment that takes into account the possibility that clients and consumers of services may have been exposed to one or more

traumatic events. Since that time, clinicians, researchers, and educators alike have expanded upon and articulated what it means to engage in trauma-informed practice and offer trauma-informed treatment to survivors. Although clinical supervision consistently has been identified as a key vehicle for enhancing trauma-informed practice, far less attention has been devoted to articulating its core components. It is our hope that this special issue can begin to address that gap - *and* inspire new and ongoing explorations of trauma-informed supervision in research and practice.

We set out to produce a special issue that would include a range of practice contexts and situations that require both trauma-informed practice and trauma-informed supervision. Based on an extensive review of the literature, across several disciplines, we identified leading scholars from various parts of the world and invited them to submit a paper in which they shared their knowledge, experience, and recommendations. Not all invitees were able to contribute to the special issue, but we believe we have assembled a collection of articles written by leaders in the trauma field that will assist our readers in understanding the nature and importance of trauma-informed supervision in a range of practice contexts.. We offer our sincere appreciation to our contributors for taking on the task of writing for the special issue and sharing their expertise with readers of *The Clinical Supervisor*.

First, drawing on her years of practice and scholarly attention to trauma, co-editor Knight sets the broad context for the special issue. She provides an overview of historical developments in understanding trauma and the evolution in thinking about trauma-informed practice and care. She then describes current views of indirect trauma - the impact that working with trauma survivors has on clinicians - along with characteristics of effective trauma-informed supervision

identified by scholars and researchers. Knight concludes with her thoughts about future challenges for researchers, practitioners, and supervisors.

Knight's article is followed by one authored by Christine Courtois (2018). Courtois also traces the development of the trauma-informed conceptualization, but her discussion is of a much more personal nature. Courtois truly is a pioneer in the field of trauma. She was one of the first clinicians to write about trauma work and she recognized early on the critical importance of knowledgeable supervision in this area. Her article provides an absorbing account of her personal and professional development as a trauma-informed clinician and supervisor. Readers will see how Courtois's observations resonate through many of the other contributions in this special issue.

Authors of the next three articles provide insider views from within specific settings requiring trauma-informed care and trauma-informed supervision. First, Collins-Camargo and Antle (2018) discuss the critical need for trauma-informed supervision in child welfare. They argue that the very nature of child welfare work creates trauma for the children who receive services and note that trauma also predominates in the lives of the children's families. Collins-Camargo and Antle provide a framework for understanding how supervisors can support their workers in this very challenging work, which includes managing the stress created by financial constraints placed upon public agencies and unfavorable media and public attention. A particularly important contribution is their discussion of the needs of child welfare *supervisors* who, like their supervisees, much manage intense stress and pressure associated with their roles.

Next, Veach and Shilling (2018) describe clinical services offered in their Level I Trauma Center in a large hospital and their approach to supervising students and practitioners who work in the acute care center. They highlight the startling costs of physical trauma, in both economic

and psychological terms, and point to how substance use, especially alcohol, contributes to traumatic injuries and thus must be an integral part of their work. Their case descriptions vividly reflect the intensity of their setting and their work. Finally, Johnson, Johnson, and Landsinger (2018) depict the unique challenges that uniformed mental health care practitioners face when working in deployed military settings. These challenges include both the physical dangers of *in-extremis* practice as well as difficult ethical quandaries (e.g., allegiance to the military mission vs. the service member client) practitioners encounter there. The authors include a compelling case example of the potential psychological impact this work can have on these military practitioners, and then conclude with a series of practical recommendations for clinical supervisors working in these settings.

The next five articles are focused on the interplay between trauma and culture and the need for trauma-informed supervision to be culturally relevant and competent. First, Berger, Quiros, and Hatzis (2018) explicate how the intersection of social and cultural identities influence trauma-informed supervision. They note how important it is for supervisors to understand the role that power and privilege play in the trauma-based supervisory relationship and, through the use of a compelling case example, identify skills that promote a more egalitarian and empowering experience for supervisees. Super (2018) provides a unique contribution through a chronicle of his personal involvement in the response to the June 2016 tragedy at the Pulse nightclub in Orlando, Florida. Super describes how events unfolded at a local agency that served LGBT+ clients, including his role there as a volunteer supervisor of volunteer helpers. His recollections and reflections, as a helping professional and a gay man, are at once distressing and inspiring. Haans and Balke (2018) describe their group supervision approach with practitioners who work with refugees who experienced torture and war in their

home countries. These authors' international perspective on trauma work and supervision with culturally diverse clients and therapists expands our understanding of what it means to be culturally competent. We want to note the challenges Hans and Balke faced in writing their piece, since English is not their first language. We deeply appreciate their perseverance in working with us to make sure their ideas and experiences were accurately translated.

Cashwell and Swindle (2018) focus on religious abuse, expanding the current definition of such abuse to include not only abuse by a religious leader but also abuse perpetrated by a religious community. They give particular attention to the unique aspects of religious abuse manifested as betrayal trauma conflated with 'the sacred.' In offering their suggestions for trauma-informed supervision around religious-based traumas, they provide informative case examples, particularly around attending to therapists' own histories with religious figures and institutions. Last in this section, Pieterse (2018) addresses racial trauma, a unique trauma response experienced by Persons of Color that seems particularly salient in the current social and political environment in the US. Unlike other types of trauma, Pieterse explains, racial trauma is based on one's membership in a particular racial group, and includes both overt acts as well as microaggressions and invalidations, as well as connections to intergenerational racism. He both highlights the potential for supervisors to overlook or avoid racial trauma of supervisees and their clients, thus compounding their experiences of invalidation, and provides specific suggestions for effectively attending to racial trauma and racial dynamics in clinical work as well as supervision.

In the final contribution to the special issue, Adamson (2018) provides an in-depth description of the role of clinical supervision in the context of natural disasters. Writing from Aotearoa New Zealand, a country prone to earthquakes and tremors, Adamson emphasizes the



need for a longitudinal focus in supervision and carefully outlines the supervisor's evolving roles through the phases of Disaster Risk Reduction Management. Of note, Adamson highlights the unique situation that practitioners often face after a natural disaster – as both disaster workers and disaster victims. She provides keen examples showing how these intertwining experiences may play out in supervision, as well as special considerations for clinical supervision with these workers.

Although we are pleased with the diversity of trauma situations reflected in the special issue, we would be remiss if we did not speak to its limitations. The articles primarily highlight supervisory responsibilities in settings that serve adults exposed to trauma. In addition, many other potentially traumatic situations are not included, either because an invited author was not able to participate and/or because of space limitations. These restrictions were not intentional, but we wish to acknowledge them. We hope readers who work in other areas (e.g., relationship, community, and domestic violence; sex trafficking; homelessness) will be inspired by this special issue to submit manuscripts for submission that report their own experiences and research. Also, an area of practice that is not adequately addressed is trauma informed practice and supervision in contexts that serve traumatized children and adolescents. Moving forward, all of these are important areas requiring attention.

Throughout the articles in this special issue, readers will note some similarities in the experiences of clients and practitioners across trauma settings and trauma events. These are important commonalities that demand attention of practitioners and their supervisors. Importantly, however, the authors identify unique manifestations of specific traumas in both clients and supervisees/practitioners. We believe these more focused discussions of trauma-informed supervision illustrate the more nuanced examinations that are necessary for advancing

our understanding of trauma-informed supervision in all the settings in which it should occur.

We hope the articles, often poignant, sometimes intense, encourage readers to pursue additional explorations of trauma-informed supervision; for starters, the authors' reference lists provide a wealth of resources for further study and reflection that can inform readers' trauma-informed supervision practice. Building from there, we hope such study and reflection will inspire conceptual and empirical works that can further our understanding of both common, core elements and unique dynamics of trauma-informed supervision. We would welcome such submissions to *The Clinical Supervisor*.

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