Trauma Informed Recovery Oriented Systems of Care Supervision.

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Practical Activities to Encourage, Support, and Train Staff
Why Utilize Trauma Informed Supervision

Frequency of Diagnostic Criteria of PTSD Due to Secondary Exposure Related to Practice with traumatized Populations.

<table>
<thead>
<tr>
<th>CRITERIA MET</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>None</td>
<td>45%</td>
</tr>
<tr>
<td>Intrusion (B)</td>
<td>45.4%</td>
</tr>
<tr>
<td>Avoidance (C)</td>
<td>25.2%</td>
</tr>
<tr>
<td>Arousal (D)</td>
<td>25.2%</td>
</tr>
<tr>
<td>Intrusion + Avoidance (B+C)</td>
<td>20.2%</td>
</tr>
<tr>
<td>Intrusion + Arousal (B+D)</td>
<td>21.6%</td>
</tr>
<tr>
<td>Avoidance + Arousal (C+D)</td>
<td>17.4%</td>
</tr>
<tr>
<td>Intrusion +Avoidance + Arousal (B+C+D)</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

POINTS TO RISK
Developmental Model (Therapists, Case Managers, Peer Coaches)

LEVEL 1 Characteristics: 1. Highly dependent on others.
2. Lacking in self and other awareness.
3. Categorical in their thinking.
4. Highly motivated & committed to work.
(Highly susceptible to the influence of Trauma Recollections)

3. Inconsistently motivated.
(Highly susceptible to Stoicism)

2. Aware and accepting of self and other.
(Susceptible to built up Trauma Effects)
Trauma Informed Care Supervision Complexity

Difference between Traditional Treatment and ROSC (Recovery Oriented System Of Care)
Substance use disorders are too often viewed by the funder and/or service provider.
Traditional Treatment Experience

Severe 100

Symptoms

Remission 0

Continuous treatment response

Promote Self-Care, Rehabilitation

Tom Kirk, Ph.D
Supporting People’s Path to Recovery (ROSC)

Severe

Improved client outcomes

Remission

Time

Tom Kirk, Ph.D
Growing Realm of Supervision

- Therapists
- Case Managers
- Peer Coaches
- The Relationship
- Teacher
- Coach
- Mentor
- Consultant
HAZARDS OF THE PRACTICE
Or
WAYS TO RUIN YOUR AGENCY

HAZARDS OF THE PRACTICE (Supervisors Should Always Keep In Mind)
Thomas Skovholt (2001)

#1. Clients may have an Unsolvable Problem that must be solved.
#2. Clients are not always Honors Students.
#3. Clients have Motivational Conflicts.
#4. There is often a Readiness Gap between clients and the therapist.
#5. Sometimes Clients project Negative Feelings on to the therapist.
#6. Sometimes the therapist cannot help because the therapist does not have the skills.
#7. The Clients have needs greater than the System can meet.
#8. The inability to say NO.
#9. Therapists live in an ocean of Stress Emotions.
#10. Ambiguous Professional Loss.
#11. The Covert Nature of the Work.
#13. Elusive Measures of Success.
#14 Normative Failure.
#15. Regulation Oversight and Control by the External (often by unknown others).
#18. Legal & Ethical Fears.
#19. Practitioner Emotional Trauma.
#20. Practitioner Physical Trauma.
TRAUMA INFORMED CARE

5 Guiding Principles
TRAUMA INFORMED CARE

SAFETY
TRAUMA INFORMED CARE

SAFETY

TRUSTWORTHINESS
TRAUMA INFORMED CARE

SAFETY

CHOICE

TRUSTWORTHINESS
TRAUMA INFORMED CARE

SAFETY

TRUSTWORTYHINESS

EMPOWERMENT

COLLABORATION

CHOICE
Building Trauma Informed Supervision with Staff
Strategies to Use with the Team

1. Use Humor to break Tension
2. Defuse at the end of sessions by sharing thoughts & feelings
3. Encourage self pampering during time off
4. Encourage Buddy Working
5. Utilize Group Debriefing
6. Encourage positive talk
7. Encourage Mindfulness

Myers & Wee, 2002
QUESTIONS

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Bibliography:


