

# TRAUMA RECOVERY CENTER SUPERVISION AND TRAINING

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*Photograph by Ezme Kozuszek*

“When we strive to become better than we are,  
everything around us becomes better too.”

—Paulo Coelho

*The UC San Francisco Trauma Recovery Center Model: Removing Barriers to Care and Transforming Services for Survivors of Violent Crime.* Edited by Stacey Wiggall, LCSW & Alicia Boccellari, Ph.D. Produced in collaboration with Allen/Loeb Associates  
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The TRC supervision model provides essential structure and support for staff. Weekly individual supervision encompasses both administrative and clinical aspects and is given to all staff who provide client services, including mental health clinicians (regardless of licensure status), paraprofessional case managers and peer counselors. TRC Clinicians who are not yet licensed, who conduct clinical intakes with new clients, also receive weekly intake supervision in order to develop their assessment skills and accrue needed hours toward licensure. In addition, all Clinicians and other staff can receive brief on-the-spot supervision, or check-ins, from the Building Officer of the Day (BOD).

In some mental health service contexts, weekly individual supervision for staff is viewed as impossible due to limited resources. However, the TRC model views weekly individual supervision as a necessity to ensure high-quality care, and because of the high risk of vicarious trauma and burnout when providing services exclusively to recent survivors of violent crime. When staff receive regular support and guidance, they provide a higher quality of care to clients and are more productive. In addition, because well-supervised staff are able to maintain career longevity, both clients and colleagues benefit from lower rates of staff turnover.

### **Primary Supervisors**

Primary supervisors provide weekly individual supervision. Supervisors need to be senior, licensed staff with experience in trauma-informed, evidence-based therapeutic approaches. They provide clinical supervision of individual cases, including help with treatment planning and guidance with therapeutic models. Primary supervisors also provide administrative supervision, ensuring that each Clinician meets productivity standards but is not overwhelmed with cases. They check on documentation responsibilities and co-sign as needed for unlicensed supervisees. The primary supervisor is also responsible for approving requests to extend treatment beyond 16 sessions, to as many as 32 sessions (See *TRC Service Flow* chapter for more detail on this process.)

### **Intake Supervisors**

Trainees and unlicensed staff who conduct clinical intakes with new clients are given an hour a week of intake supervision in addition to their primary supervision. Intake supervision may happen individually or in a group. Intake supervisors help TRC Clinicians to refine their interviewing, assessment and diagnostic skills; supervisors also address barriers to effective rapport-building and client engagement if any are present. In addition, supervisors review written intake reports and co-sign documentation.

## Characteristics of Individual Supervision

Supervision of staff, like client services, should be trauma-informed. The following are characteristics of TRC supervision:

**STRENGTHS-BASED.** Supervision should be collaborative and empowering. It emphasizes acknowledgement of what the TRC Clinician is doing well, in addition to feedback on areas of growth or new ideas/practices to consider. This does not mean saying, “You’re doing a good job in general, but . . .” and then addressing weaknesses. The supervisor gives specific, genuine, positive feedback highlighting strengths, and offering constructive feedback as well in order to facilitate Clinicians’ growth.

**TRANSPARENCY AND STABILITY.** Supervisors’ expectations and work-related protocols should always be clear; supervision should be scheduled on a weekly basis.

**CULTURAL HUMILITY AND RESPONSIVENESS.** Supervision should encompass dialogue about cultural factors that impact both clients and staff.

**RESILIENCE AND RECOVERY.** Supervision should aim to highlight and build upon instances of client and staff resilience, and promote client recovery.

## Building Officer of the Day

The Building Officer of the Day, (BOD) is the lead supervisor on-call. The BOD provides on-the-spot supervision and consultation. The agency’s most experienced clinicians take turns serving as BOD. The BOD triages referrals, screening for eligibility and scheduling intake appointments. BODs also meet with any walk-in clients, assess their risk, and can schedule an intake for TRC services or help clients link with other resources (i.e., a domestic violence shelter). BODs are also responsible for helping to manage client crises that arise on-site, for example, the acutely suicidal client. TRC Clinicians who are meeting with clients out in the community can also consult with the BOD by phone. Front desk (reception) staff also receive training on when to call the BOD.

In the TRC model, a BOD should be on-site at all times. The length of shift can vary according to the needs and resources of each TRC. At the UC San Francisco TRC, BODs are assigned for 4.5 hour shifts, with a shift change in the middle of the day.

If a TRC Clinician has strong, immediate concerns about a client they are meeting with, the Clinician can excuse himself/herself from the session to consult with the BOD or ask the BOD to come in and jointly meet with the client.

**EXAMPLES OF SITUATIONS** where the BOD should be consulted by clinicians or reception staff include:

- The client appears to be at high risk of harming self or others.
- The clinician believes it may be necessary to make a mandated report (i.e., to child protective services or adult protective services).
- There is a potential Tarasoff “duty to warn” situation.
- The client is extremely agitated or potentially assaultive toward staff.

When calling in a BOD, the clinician can introduce the idea to the client by saying something like, “We work as a team here, and I’m concerned about what you’re sharing with me right now. I’m going to call in my colleague and ask her to join us so we can all discuss how to best help you through this.” Some clinicians who are newer to the TRC model may be reluctant to ask a BOD to join a client’s session, for fear the client will experience their presence as intrusive. Over the many years that UC San Francisco TRC has been operating, the great majority of clients do not object to this extra consultation, and often report feeling relieved and helped by the assistance of others on the TRC team. This is especially true when a clinician’s consultation with the BOD is 1) transparent to the client; 2) clearly motivated by genuine empathy for the client and 3) maintains focus on helping the client achieve safety and stability.

The BOD helps create a safe place both for the client and the clinician. Along with maintaining safety, the BOD system helps to reduce vicarious trauma and prevent staff burnout.

### **Time in weekly meetings and supervision**

At the UC San Francisco TRC, clinicians generally participate in:

- 1 hour of individual supervision
- 1 hour of group or individual intake supervision (for unlicensed staff and trainees)
- 1.5 hours of intake team (proposed new cases presented and discussed)
- 1 hour of general staff meeting
- 1 hour of staff professional development meeting, which usually involves either a case conference or a speaker
- 1 hour of self-care group (voluntary)

Participation in these meetings and supervision serves to promote a high quality of care for clients and to reduce vicarious trauma and burnout. Following is more detailed information about the structure and goals of meetings that are in addition to supervision. This chapter closes with sample agendas for TRC supervision and meetings.

**GENERAL STAFF MEETING.** The purpose of the general staff meeting is two-fold: an opportunity for team-building with everyone coming together, and communication. A typical weekly meeting covers recent client successes, a 10-minute discussion or exercise to increase staff cultural humility, sharing of information such as new resources or updated policies, anticipating any problem the clinic is facing, and reviewing strategic planning. The meeting closes with staff acknowledgements of each others' successes, or instances of going "above and beyond."

**WEEKLY INTAKE TEAM.** At the intake team meeting clinicians present a summary of their intake reports for new clients. After Q & A and discussion, the diagnosis and initial treatment plan is finalized (see Assessment and Treatment Planning chapter for more detail).

**WEEKLY PROFESSIONAL DEVELOPMENT.** In order to provide high-quality care based on current best practices for trauma treatment, a TRC program should have a one-hour professional development meeting each week. This can involve an outside speaker, such as an expert clinician covering a treatment approach, or a staff member from a collaborating agency discussing issues or resources of shared interest. A case conference, that focuses on cultural factors, less familiar therapeutic interventions, or complicated treatment planning also makes for a useful session. Staff can also read and discuss journal articles or have more in-depth discussions on value-driven topics such as cultural humility. In addition to ensuring high-quality services, a professional development meeting also helps buffer staff against vicarious trauma and burnout, and helps with staff retention.

**STEERING COMMITTEE MEETING.** The TRC Director and senior, supervising clinicians also meet weekly as a group. This provides an opportunity for supervisors to communicate about issues such as program planning and development, recent crises or complications, managing client flow, and other aspects of clinic management that may not be relevant for all staff and trainee participants of the larger staff meeting. The supervisors meeting also helps ensure clinicians' fidelity to the shorter-term TRC model of care. If a clinician wants to extend a client beyond 32 sessions, they present the case at the steering committee meeting for review.

## Additional Training

**DE-ESCALATION SKILLS.** On an annual basis, all TRC staff (both clinical and administrative) and trainees receive training on compassionately and effectively de-escalating agitated clients. The training is facilitated by senior TRC staff, such as the Clinical Coordinator, sometimes in conjunction with other experienced members of the team. Participants learn (or review) de-escalation skills in the context of compassionate care, in order to help ensure safe outcomes for all clients and staff.

**RISK MANAGEMENT.** Staff and trainees also receive training on the assessment and management of suicidality and homicidality. Training includes clinical assessment and safety planning, team protocols, mandated reporting requirements, and a review of local resources such as mobile crisis, urgent care shelters, and psychiatric emergency services.

**NEW EMPLOYEE TRAINING.** New Clinicians have an initial period of intensive orientation and training while building their caseloads with individual clients. New staff are oriented to all aspects of the TRC model and their role as a TRC Clinician.

**CASE MANAGEMENT DAY.** On an annual basis, a couple of UC San Francisco TRC Clinicians organize a Case Management Day in the community, during which **all trainees and new staff** spend a day visiting several community partner agencies in order to learn about their services and build collaborative relationships. Clinicians and trainees have the opportunity to view agencies and ask questions of program staff, which helps them provide linkage and effective clinical case management to TRC clients as needed.

## Guidelines for all TRC meetings

**AVOID UNNECCESSARY DISCUSSIONS OF DISTURBING MATERIAL.** As discussed in the vicarious trauma chapter, it is important that graphic or otherwise disturbing details about clients' experience not be shared in staff meetings, because this will needlessly expose other staff to potential traumatization. When a staff member needs to discuss such matters, this should occur in individual supervision. Even at intake teams, where new cases are presented to the team post-intake, clinicians need to be mindful of summarizing traumatic details and not devolving into "story-telling." More detail may be shared in the written report than is necessary to share when verbally presenting the case to colleagues.

**FOCUS ON RESILIENCE.** The positive and supportive culture of TRC is maintained by focusing on resilience. This is achieved at staff meeting by sharing client successes and discussing how they were achieved. Helpers often have a tendency to pass over discussing clients who are progressing well and instead concentrating on those who have the most problems. When successes are emphasized instead, the outlook of the whole

team is affected positively. Naturally, the team can discuss clients who have problems as well, but this should be kept in proportion, and done in a way that does not vicariously traumatize the whole team. When a Clinician or other team member is upset or overwhelmed, or when he or she needs to discuss potentially traumatizing details, in most instances this should be handled in individual supervision rather than a team meeting. Periodically, staff meeting leaders should also use meeting time to check in on group morale. During periods of lower team morale, it can be helpful for this to be communicated directly to leadership, with a discussion of both contributing factors, and possible solutions.

**PROMOTE STAFF CAMARADERIE.** At the UC San Francisco TRC, weekly staff meetings open with an opportunity to share clients' successes, as described above. Staff meetings close with Acknowledgements, an opportunity to publicly acknowledge another staff member who you observed going above and beyond in some way, or who helped you out during the week, or perhaps achieved a significant goal (such as becoming licensed). Staff appreciate the opportunity to demonstrate their appreciation and gratitude for the positive contributions of others, and sharing in these acknowledgements helps set the tone for a culture of support and positivity.

**IN SUMMARY.** TRC supervision and meeting structure gives essential support to staff. The practices outlined above help create culture of compassion and camaraderie that promotes staff longevity and high-quality client services.

## References

Coelho, Paulo. (1994). *The alchemist*. San Francisco: HarperCollins.