Clinical
Supervisor Training

Class One,
Part One

Foundations of Trauma-Informed Therapy and Supervision

An Introduction

Our Class One Roadmap

1. Holding and performing clinical supervision foundations and tasks while viewing our supervisees and their client cases through trauma-educated (trauma-sensitive) lens – on a micro and macro level.

2. The 10 core foundations of trauma-informed therapy and supervision.

What Is *Super-vision*?

Seeing things from a full and comprehensive perspective of two people in the room.

- A faraway look at the **big picture** of the client, the supervisee, and what is happening in the supervision session.
- A **close-up look**: at a particular aspect of something being brought up (or is showing up) in a supervision session.

What Is Super-vision?

- Supervision is **more than case discussion or consultation**:
  - It includes routine invitations for reflection by both parties in a collaborative way.
  - It makes space for exploration, reflection, and feedback on different levels: situational, cognitive, emotional, and nervous system levels.
  - It is interactive - growth happens within the supervisory **relationship.**
  - It supports supervisee **growth** while **protecting clients** and the **public.**

What Is Super-vision?

Sometimes **Evaluative** and, Therefore, **Hierarchical** — Yet Also **Developmental**:

- Supervision includes evaluation and authority.
- Evaluation protects clients, the supervisee, and the profession.
- Promotes accountability, integrity, and encouragement.
- The purpose of the evaluation is developmental — not control or shaming.
- There is a power difference that must be used ethically.

What Is Super-vision?

Structured, Contracted, and **Accountable:**

- Supervision is intentional and organized.
- Clear agreements outline the roles and expectations in the supervision relationship/dynamic/process.
- Things like: frequency, documentation, goals, and specific evaluation tools/goals are well-defined ahead of time.
- Transparency creates safety and clarity – it sets the tone for honest introspection and growth.
- Because client welfare is involved, supervision carries real responsibility.

What Is Super-vision?

Embedded Within Ethical, Cultural, and Regulatory Systems:

- Supervision exists within well-defined ethical codes and standards that are understood and/or taught.
- It operates inside regulatory and professional frameworks.
- Supervisors must consider culture, diversity, and power.
- Clinical work isn't just on the client level; it is also shaped by broader social systems. **These are always being considered together** (macro and micro levels).
- Super-vision means seeing the client, therapist, system, and profession together.

Super-Vision is Relational So We Can Support:

- Multiple viewpoints - in a safe space/process to explore these.
- The complexity of the client's world as it intersects with the therapist's world, and how this then shows up in the supervisory relationship / experience.
- Collaborative conversations.
- Goodwill and respect.
- It 'interrupts' our typical practice. It wakes us up to what we are doing. Supervisors are a gentle and respectful 'agitator' of multiple and intersecting functions (both seen and unseen).

Super-Vision is Relational So We Can Support:

Hawkins and McMahon (2020):

- A joint endeavor in which a therapist, through the help of a supervisor, attends to his clients, himself, the client-therapist relationship, and the wider system and cultural contexts.
- Here, she improve the quality of her work, herself as a tool in this, the client's life, and the wider profession, all while staying open to their continuous learning, evolution, and development.

Core Mandate of Super-Vision: Clinical Competence and Client Growth and Welfare

Client welfare anchors supervision:

- Ensure supervisee skills, knowledge, and competence
- Safeguard client welfare
- Provide ongoing evaluation and feedback
- Protect the public
- Act as gatekeepers of the profession
- Help supervisees grow and develop their own 'inner supervisor'

Three Interwoven Functions

Effective supervision integrates all three (Hawkins & Smith, 2013; Milne, 2009):

- *Normative*: standards and accountability
- *Formative*: teaching and development
- *Restorative*: support and reflection

On both micro and macro task levels.

Self Reflection: Which of the three is your default? And which one goes missing when you're stressed or rushed? What's your prediction about this if supervising a therapist?

The Concept of Super-Vision

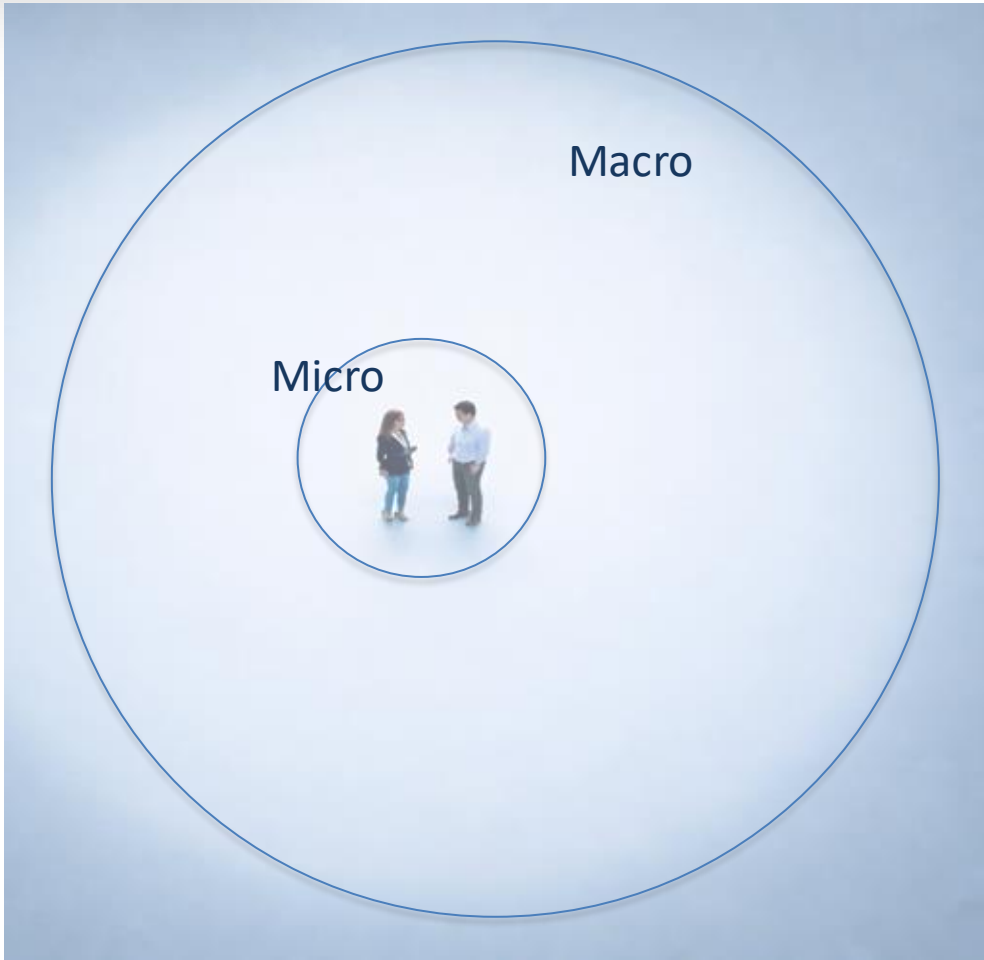
(And, What This Means…)

Micro — Person-Level Considerations

- Emotional & Psychological Health
- Developmental Lags and Needs
- Relationships and Attachment
- Identity and Meaning-Making
- Physical and Functional Well-Being
- Practical Life Stressors

Macro — System-Level Considerations

- Social and Cultural Context
- Economic Environment
- Legal and Institutional Systems
- Health Care & Service Structures
- Societal Stressors



Super-Vision Tasks on the Micro Level

What the Supervisor Is Doing in the Room and Supervisory Relationship:

- Building a respectful alliance where learning and honest dialogue can happen
- Being clear about roles, expectations, and the supervision contract
- Slowing down to deepen case conceptualization
- Helping the supervisee connect theory, intervention, and clinical judgment
- Exploring supervisee reactions, including transference and countertransference
- Noticing blind spots and defensive patterns in a supportive way
- Giving clear, balanced, evaluative feedback
- Supporting ethical considerations and boundary awareness
- Challenging gently to expand clinical thinking
- Helping tolerate ambiguity instead of rushing to fix
- Tracking growth and clinical competence over time
- Supporting the development of reflective practice and “internal self-supervisor”

Super-Vision Tasks on the Macro Level

What the Supervisor Is Doing in the Room and Supervisory Relationship:

- Keeping client welfare and public protection at the center
- Ensuring adherence to ethical codes and regulatory standards
- Using structured supervision agreements and documentation
- Evaluating competence and readiness for increased responsibility
- Acting as a professional gatekeeper when needed
- Monitoring scope of practice and professional boundaries
- Modeling professionalism, integrity, and accountability
- Attending to cultural context and social influences in cases
- Recognizing power and hierarchy within supervision
- Preparing supervisees for organizational and institutional realities
- Transmitting professional identity and standards of practice
- Supporting long-term competence within complex systems.

Super-Vision Outcomes for the Supervisee

Outcomes for the Supervisee (Because of Micro Level Supervisory Foundations)

- Increased psychological safety and confidence in learning
- Stronger emotional regulation under clinical stress
- Greater self-awareness of triggers, blind spots, and reactions
- Improved case conceptualization and clinical reasoning
- Ability to tolerate ambiguity without rushing to fix
- Reduced shame around mistakes and performance anxiety
- Stronger ethical judgment in real time
- Increased capacity to self-reflect mid-session
- More thoughtful intervention pacing
- Clearer boundaries and professional decision-making
- Ownership of clinical choices
- Development of an internal reflective supervisory voice

Super-Vision Outcomes for the Supervisee

Outcomes for the Supervisee (Because of Macro Level Supervisory Foundations)

- Clear understanding of ethical and regulatory responsibilities
- Stronger professional identity and sense of role
- Greater awareness of power, hierarchy, and authority
- Ability to recognize (even insidious) systemic trauma and structural stressors
- Increased cultural humility and bias awareness
- Reduced tendency to over-pathologize survival adaptations
- Confidence navigating institutional pressures
- Clearer understanding of scope of practice
- Competence in documentation and accountability practices
- Feel more resilience and confidence/self-trust in high-stress environments
- Stronger systems-level thinking beyond the therapy room or your own experience

Foundations of Providing *Highly Trauma-Informed* Clinical Supervision

Ten *Trauma-Informed* Super-Vision Foundations

1. Safety as a Primary Goal
2. Pacing, Titration, and Timing
3. "Symptoms" as adaptations that are 'normal' given the trauma context
4. Attachment, Power, and Authority issues
5. Transference and Countertransference
6. Rupture and Repair
7. Vicarious Trauma and Sustainability
8. Shame-Sensitive Languaging
9. Dissociation Awareness
10. Nervous system literacy

One:

Safety as the Primary Clinical Goal

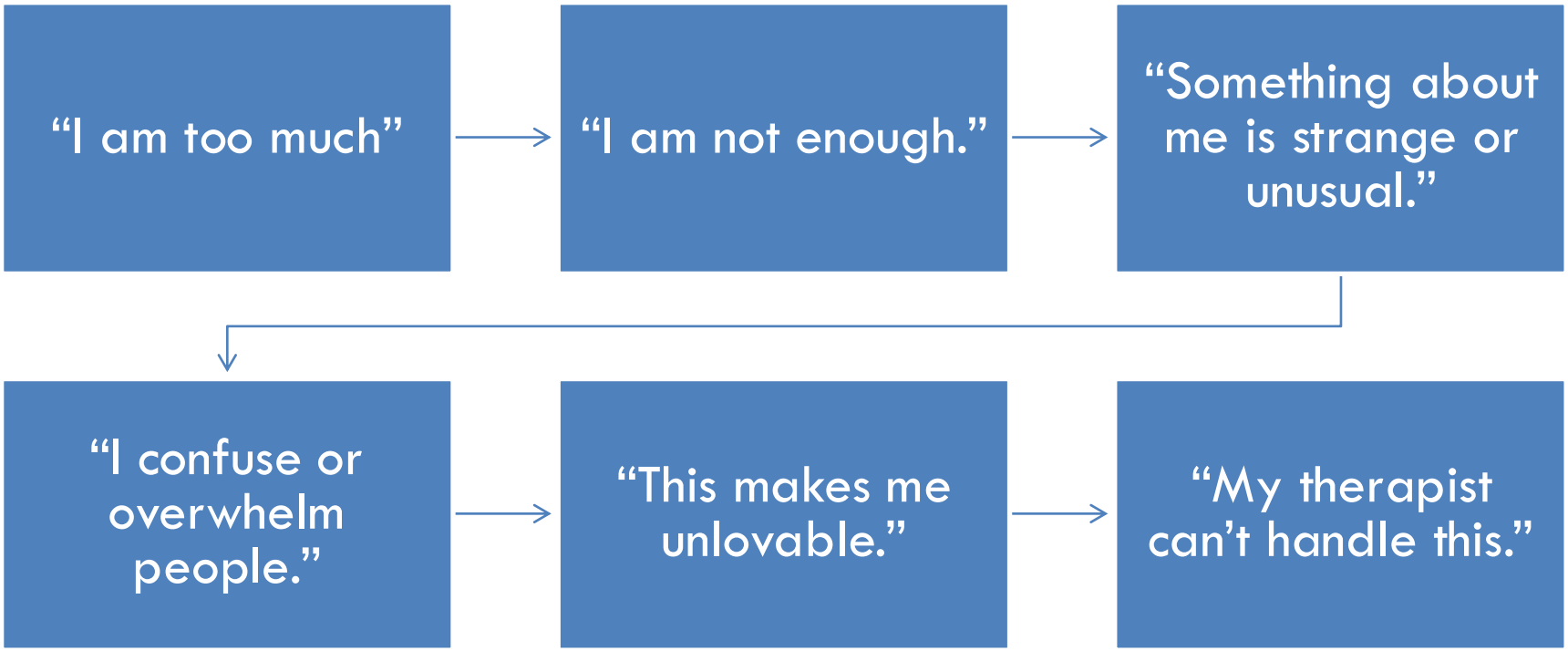
- Pacing the Client
  - Regulation
  - Timing
  - Developmental Issues
  - Boundaries
- Knowledge and Skill
- Therapist Attunement and Authenticity (Use of Self)
- Therapist Curiosity
- Therapist Self-Trust
- Therapist Trusting Client

Safety as the Primary Clinical Goal in Trauma Therapy

Why New Therapists Often Move Too Fast Impacting Safety

- Pressure to help quickly (from client)
- Desire to reduce distress immediately
- Need to demonstrate competence
- Rigid use of therapy techniques
- Lack of self-trust
- Lack of training
- Client's defenses are 'running the session'
- Triggered by the client
- Still developing their own inner safety

Core Shame Impacting Safety for Client



Always Assessing Safety:

- Is the client able to stay present and engaged?
- Is the client becoming more open and curious or more guarded?
- Is the nervous system moving toward regulation or (old) self-protection?

- Is a part of the client feeling unsafe even if cognitively safety is understood?

- Is this a safety issue we can process in the session with pacing?
- How is my sense of safety with this client?

B

Overt Indicators of Lack of Safety for Clients

- **Talking quickly or filling space with words**
  A flight response that prevents slowing down into emotional experience.
- **Interrupting or talking over the therapist**
  Can reflect nervous-system urgency rather than intentional disrespect.
- **Restless body movement**
  Foot tapping, shifting posture, adjusting clothing repeatedly.
- **Sudden changes in breathing**
  Breath becomes shallow, held, or irregular when certain topics arise.
- **Urgency to "solve" the problem immediately**
  The client pushes toward solutions to escape emotional discomfort.
- **Abrupt topic redirection**
  Quickly steering the conversation away from vulnerable material.
- **Overly intense eye contact**
  Sometimes a hypervigilant monitoring of the therapist's reactions.
- **Sudden shifts in energy or tone**
  Becoming animated, joking, or overly lively when difficult topics arise.

B

Subtle Indicators of Lack of Safety for Clients

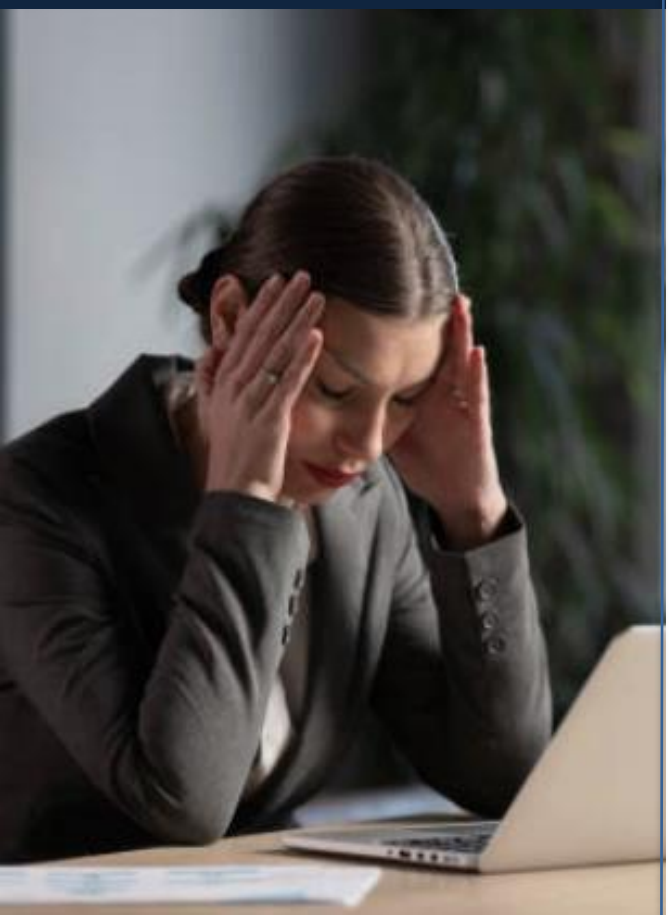
- **Over-compliance or "good client" behavior**
  Agreeing quickly with interpretations or suggestions.
- **Excessive intellectualizing**
  Analyzing experiences instead of feeling them.
- **Detached storytelling**
  Describing trauma events without emotional engagement.
- **Minimizing distress**
  "It wasn't that bad," or "Other people had it worse."
- **Rigid politeness**
  Avoiding disagreement or expression of discomfort.
- **Nervous laughter** or smiles around painful material
- **Vague or short answers** to meaningful questions
- **Difficulty identifying emotions or body sensations**
  "I don't know what I feel."

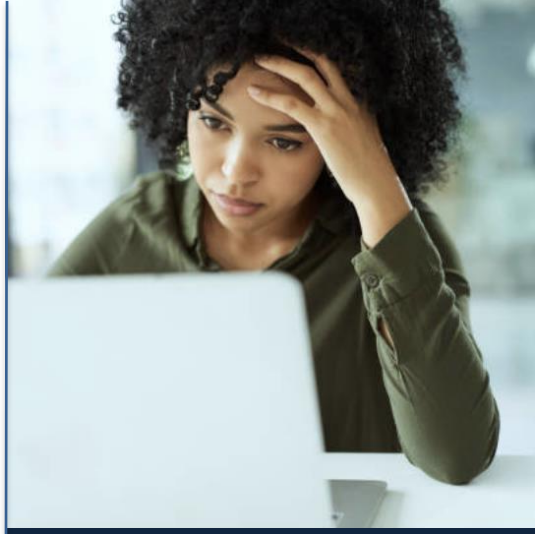
Asking Supervisee, "Is There…"

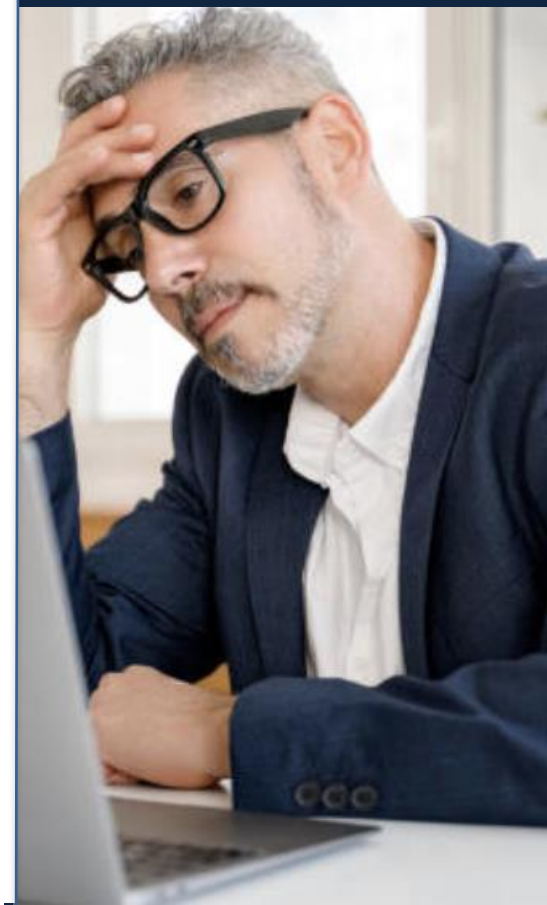
- Predictable structure and pacing?
- Gentle but open curiosity?
- Expressing non-judgement?
- Trauma psychoeducation to the client?
- Regulation skills and window of tolerance building?
- Tracking of protective parts of client in therapy?
- Tracking nervous system reactions/states?
- Providing lots of choice and control?
- Repairing relational ruptures properly?
- Sensitive and non-shaming language?

Safety Issues Can Also Occur in the Supervisee

- Client emotions may feel overwhelming
- Fear of making mistakes
- Sessions feel unpredictable
- Session content may feel concerning, overwhelming and/or urgent
- Uncertain what to do
- Uncertain of their skill / pressure to know quickly
- Personal triggers
- Fearing a 'version' of the client
- Fearing client's Protector Parts
- Client inviting 'old dynamic' in therapist that challenges collaboration / safety



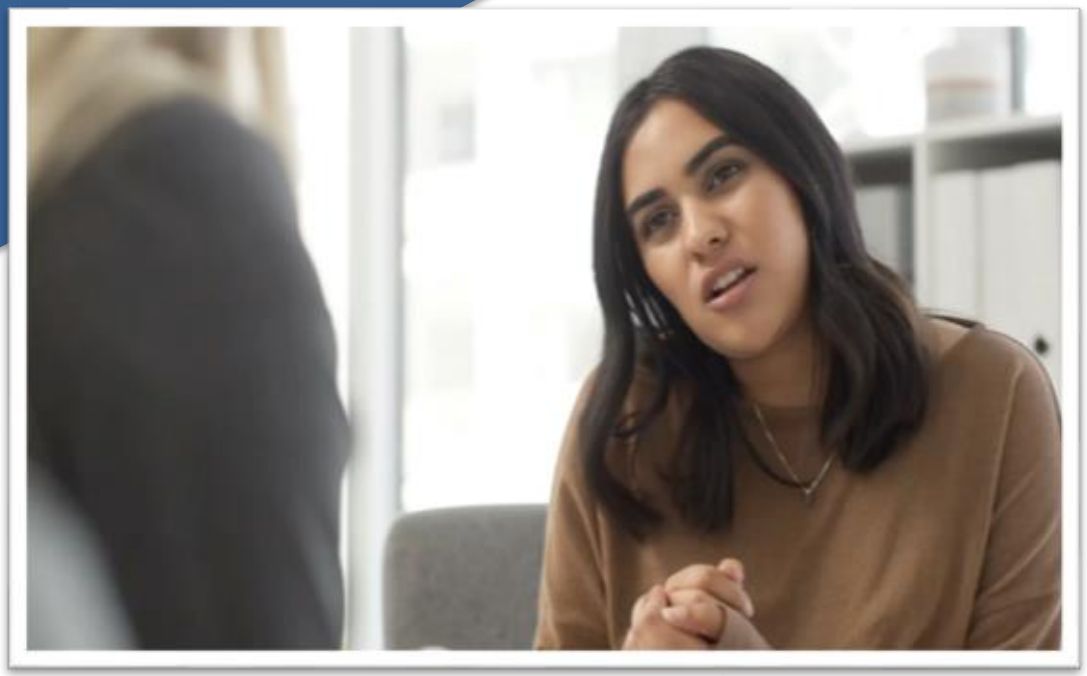




How Safety Issues Can Show Up in the Supervisee

- Agreeing quickly with supervisor feedback without discussion
- Presenting cases in overly polished or simplified ways
- Avoiding bringing difficult or confusing sessions to supervision
- Speaking cautiously or choosing words very carefully
- Asking fewer questions than expected for their level of training
- Shifting discussion quickly away from their own reactions in sessions
- Deflecting attention toward techniques or theory rather than their experience
- Being frequently challenging or begging to differ
- Seeking answers over being curious
- Appearing hesitant to challenge or clarify

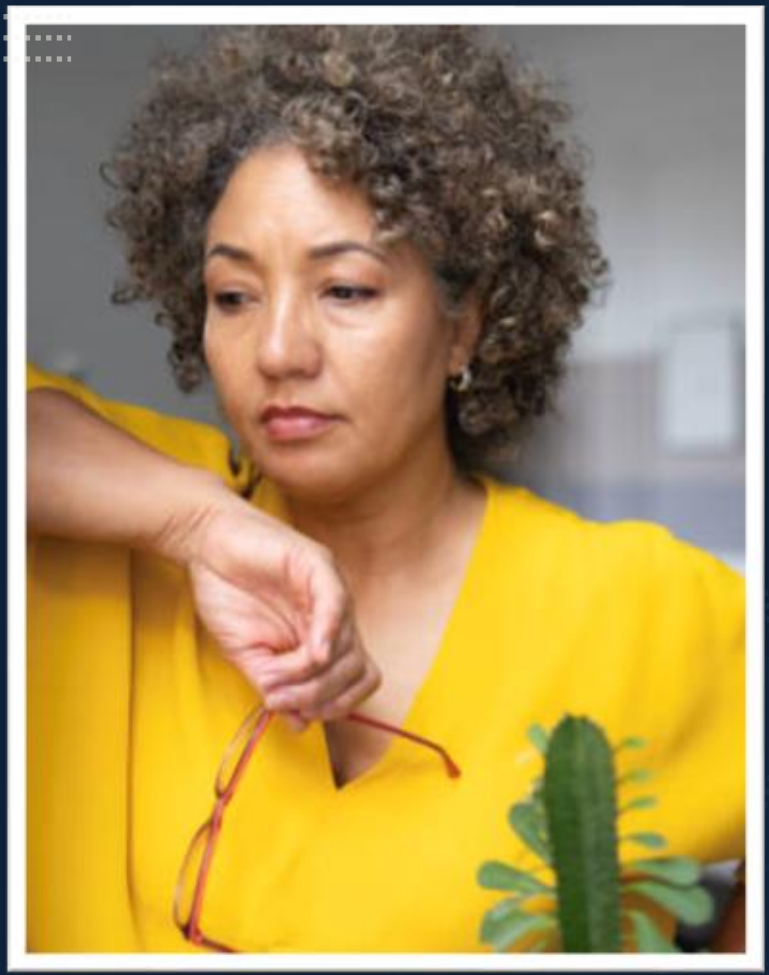
Clinical Supervisor Task



- Normalize uncertainty and learning
- Inquire
- Normalize protection activation in client and supervisee
- Emphasize/model curiosity rather than judgment
- Slow the pace of supervision

- Invite honest discussion of difficult moments
- Be transparent about the supervisory process
- Balance support with guidance
- Acknowledge the emotional impact of the work
- Listen and repair ruptures in supervisio

How Unsafety May Show Up During Supervision (For Both the Supervisee and the Supervisor)




Two:
Pacing,
Titration, and
Timing

Supervising Pacing in (Trauma) Therapy Work

Trauma processing must occur at a speed the client's nervous system can tolerate (not just cognitive assessment of this).

When therapy moves too quickly, clients may experience overwhelm, shutdown, or dissociation.

Effective trauma therapy requires clinicians to track:

- nervous system regulation
- emotional intensity
- cognitive processing capacity
- relational safety
- inner and external resources

Supervisors help supervisees evaluate and slow down the work when needed.

Supervisor Task:

Signs Therapy May Be Moving Too Fast

Supervisors may notice the following indicators in supervisee Case discussions:

- Sudden emotional flooding in the client
- Dissociation, spacing out, or loss of focus
- Difficulty describing experience or finding words
- The client becomes overly intellectual or disconnected
- Increased avoidance between sessions
- Worsening symptoms after trauma discussions
- The client becomes withdrawn or shuts down during session
- Increased panic, agitation, or distress in session
- The client appears confused, foggy, or disorganized

When these signs appear, supervision tasks:

- Grounding and orientation
- Regulation of the nervous system
- Strengthening internal and external resources
- Re-establishing present safety before continuing trauma exploration.
- Checking the safety in the therapy relationship

Supervisor Task:

Signs Therapy May Be Moving Too Slow

Supervisors may notice the following indicators in supervisee Case discussions:

- Sessions stay focused on education or coping skills with little movement toward deeper material
- Prolonged stabilization without gradual entry into processing
- Client shows readiness to explore more, but the clinician hesitates
- Conversations remain intellectual rather than emotional
- Repeated use of the same safety exercises without progression
- The client reports feeling stuck or not moving forward
- Subtle avoidance of trauma material by the client or clinician
- Clinician expresses fear of dysregulating the client despite adequate stability

When this occurs, supervisors may guide clinicians to:

- Identify small, titrated entry points into trauma material
- Explore protector part concerns about moving forward
- Support manageable emotional engagement
- Move toward gradual processing while maintaining regulation
- Note situational issues that need support first

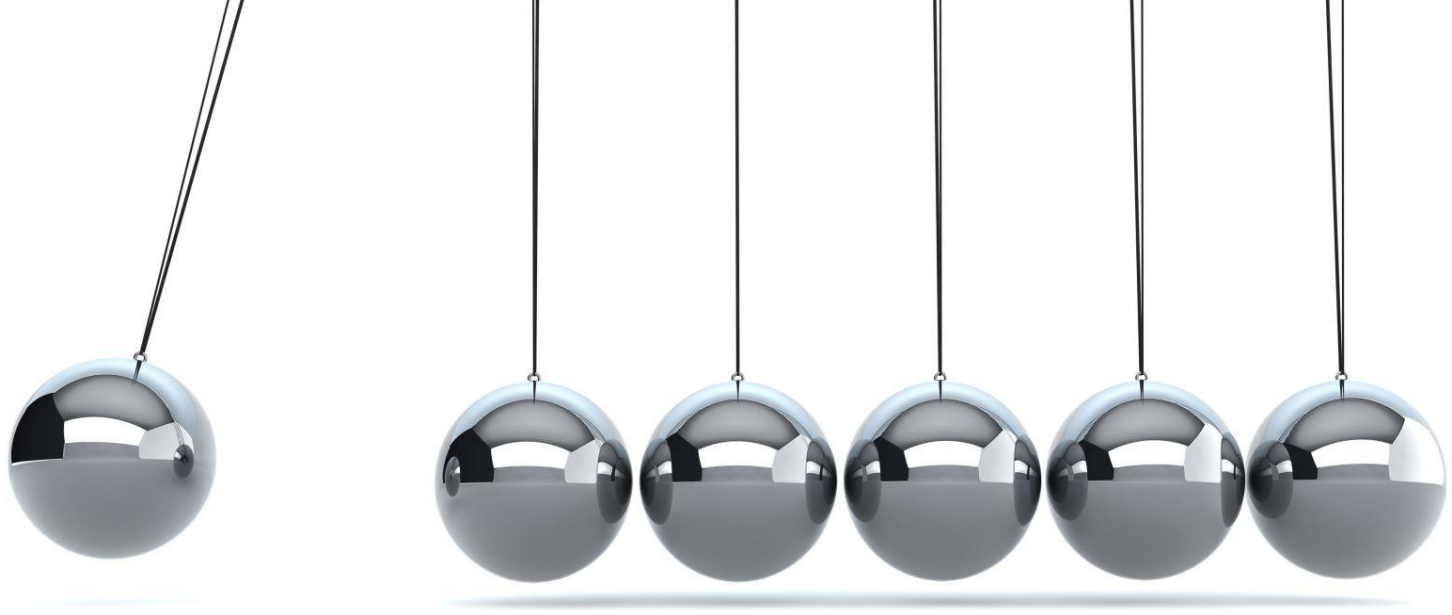
Titration

Trauma processing is most effective when approached in manageable increments.

Titration involves:

- approaching traumatic material gradually
- working with small pieces of experience
- alternating between activation and regulation
- allowing integration before moving deeper

Ask: Is this work too much, too little, or just enough right now? ("Goldilocks" evaluating)



Pendulation

Pendulation involves moving back and forth between activation and regulation.

Therapy shifts attention between:

- difficult sensations, memories, or emotions
- present-moment safety and grounding

This rhythm allows the nervous system to:

- process activation gradually
- release survival energy
- restore balance
- prevent overwhelm or shutdown

Three:

Trauma "Symptoms" as Adaptations

(Not Pathology)

Trauma responses are adaptive survival strategies:

- Symptoms reflect nervous-system learning, not disorder or something needing urgent 'fixing'
- Behaviors often labeled 'resistance' are protective
- Supervisors reframe pathology into adaptation and use these to teach supervisees to generate curiosity within themselves, and their clients.

Why This Reframing Is Essential in *Trauma-Informed* Supervision

Pathology-based framing increases shame, defensiveness, and urgency:

- Clinicians may become directive, corrective, too 'evaluative' or confrontational
- Clients' protective nervous-system responses escalate or shut down, and deeply impact therapy (impasses arise)
- Therapy (or supervision) that (even inadvertently) reinforces pathology often recreates trauma dynamics and impasses / stuck points in the work.

Supervisory Task:

Shift Supervisee Languaging and Mindset

"What's wrong?" to "What is (has) this been protecting the client from?"

- Help clinicians identify the *threat* (old/current/real/imaged) the ***nervous system and resulting behavior is organized around***
- Teach supervisees to slow down and be curious… rather than quickly confront and 'fix' protective strategies
- This reframing reduces shame, increases curiosity, and supports ethical trauma care
- Keeps the client's nervous system in the room, not just thoughts and behaviors

What Changes When We Reframe Behavior as Adaptation

Curiosity replaces judgment (and fear) in both therapist and client:

- Protective behaviors are understood (and even respected *before* change is attempted
- The nervous system feels safer, allowing *connection, curiosity, learning and integration*
- Supervisee learns to work with protection rather than against it – more flow, less 'stuck' ("resistance"). Prevents cognitive mind vs. nervous system fears.

The Supervisor's Task:

Modeling the Reframe

Supervisors teach trauma-informed care through how they conceptualize cases.

How supervisors think becomes how clinicians practice:

- Reframing in supervision teaches clinicians how to reframe with clients.
- This stance reduces re-traumatization and ethical drift.
- Works with 'stuckness'
- Helps de-shame the client, while building safety, understanding, and relational alliance.

Clinical
Supervisor Training

Class 1

Let's Continue…

I'll see you in
Part Two

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