Trauma-Informed Supervision Experiences: A Preliminary Phenomenological Study

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Abstract

Trauma is pervasive in the clinical world of counseling. The current literature indicates adverse effects for survivors of a traumatic event and the counselors listening to the details of traumatic events, but there is a gap in research on the adverse effects trauma in counseling has on supervisors. This study aims to understand the lived experiences of supervisors who have dealt with traumatic experiences in clinical work through interviews with current supervisors of those who work with trauma. The results indicate trauma-informed supervision consists of trauma taking many forms, supervisors (and counselors) using the self in their work, supervisors knowing their stance, and developing a "third eye" as a new way of seeing.

Keywords

supervision, vicarious trauma, trauma-informed supervision, qualitative, phenomenological

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Trauma is pervasive in the clinical world of counseling. The current literature indicates adverse effects for survivors of a traumatic event and the counselors listening to the details of traumatic events, but there is a gap in research on the adverse effects trauma in counseling has on supervisors. This study aims to understand the lived experiences of supervisors who have dealt with traumatic experiences in clinical work through interviews with current supervisors of those who work with trauma. The results indicate trauma-informed supervision consists of trauma taking many forms, supervisors (and counselors) using the self in their work, supervisors knowing their stance, and developing a "third eye" as a new way of seeing.

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Trauma-related issues and client concerns are highly prevalent in the mental health field. In 2017, the World Health Organization (WHO) indicated that approximately one billion minors would experience a trauma prior to age 17 (WHO, 2017). Increasingly, professional counselors require trauma-focused training as they will encounter clients who have experienced trauma (VanAusdale & Swank, 2020). This presents challenges and opportunities for practitioners and supervisors such as understanding the impact of trauma in healthcare workers and implementing standards of practice. Chief among these challenges is the high burnout rate among counselors who have worked with trauma-related issues (Crable et al., 2013; Collins-Camargo & Antle, 2017; Dunkley & Whelan, 2006; Salloum et al., 2015; McCann, & Pearlman, 1990; Schauben & Frazier, 1995).

Structural changes within the brain occur when traumatic experiences are survived (Bremner, 2006; Flores & Porges, 2017; Geller & Porges, 2014). In working with a client's trauma, professional counselors witness pain and suffering and, in turn, experience stress and pain (i.e., compassion) internally (Lamm et al., 2007; De Jaegher & Di Paolo, 2007). As counselors assume some risk in hearing traumatic details, it follows that this risk extends to the supervisory relationship as well (Courtois, 2018). In fact, Finkelstein et al. (2015) suggested that professional support, like supervision, may buffer the effects of vicarious traumatization. The role of professional support, conceptualized as a key protective factor, is critical for counselors-in-training and practicing professionals interested in abating the impact of trauma-based counseling (Harrison & Westwood, 2009; Saakvitne et al., 1998). Supervisors who are repeatedly exposed to trauma can also be at risk for adverse effects (Bernard & Goodyear, 2019; cf., Linley & Joseph, 2007). These include vicarious trauma, compassion fatigue, secondary or tertiary trauma, and possibly burnout (Berger & Quiros, 2014). If left unaddressed, these adverse effects can impact counselor and supervisor performance and personal wellbeing.

In the United States, relevant professional organizations such as the Council on Social Work Education, Council for Accreditation of Counseling and Related Educational Programs (CACREP), and American Psychological Association have begun to recognize competencies needed to work with trauma and have emphasized the importance of preparing graduate students to work with trauma (Courtois, 2018). Starting in 2009, for example, CACREP required competencies in crisis intervention. In the current CACREP Standards (CACREP, 2015), counselors are required to develop minimal competencies in the intervention of crisis and trauma-informed strategies. This study aims to contribute to such efforts (e.g., Knight, 2018) by developing an understanding of supervisors' experiences in providing supervision to counselors currently working with trauma.

Trauma-Informed Supervision

Some literature has explored four major themes relevant to Trauma-Informed Supervision (TIS): "mission/values, diversity, constant change, team identity, and community embeddedness" (Collins-Camargo & Antle, 2017, p. 7; Courtois, 2018; Knight, 2018). TIS provides a framework for supervisors, counselors, and administrators to meaningfully attend to the influence of trauma. TIS thinkers advocate for reflective supervision (Knight, 2018) to work through effects of trauma on the counselor and client. Reflective supervision is conducted through purposeful questioning, which facilitates reflection within the supervision context (Collins-Camargo & Antle, 2017). Ultimately, supervisors provide support and meaningful feedback for the counselor's benefit. Previous research has conceptualized such supervisor support, or "positive social exchanges" (Ogbonnaya & Babalola, 2020, para. 45), as critical to the quality of services rendered to clients.

Supervision is an interdependent matrix of relationships between the client, the supervisee (counselor), and the supervisor. The supervisor and the client may never meet, yet the supervisor maintains an ethical and legal responsibility for the client's care and welfare (Courtois, 2018). Given such interdependence, TIC consists of addressing contexts of where trauma may surface, recognizing connections between the present, the past, and moment-to-moment adaption, and accommodation to the ways trauma symptomology arises (Knight, 2018). Although TIC and TIS provide useful frameworks for understanding how trauma may arise and how to effectively attend to it, little is understood about what supervisors experience in their work with counselors who work with clients experiencing, or who have experienced, trauma.

The purpose of this study was to more deeply understand the lived experiences of supervisors who are supervising counselors currently working with trauma (Moustakas, 1994). Specifically, the study seeks a deeper understanding of what supervisors currently do to alleviate the adverse effects of trauma in the counselors' relationships, promote emotional regulation, and understand supervisors' experience of their training.

Methodology

First, the methodology was determined. Gina Martin chose the phenomenological approach in that this was interpretive in nature. Gina used bracketing to preserve epoche to fully understand and be immersed in participants' lived experiences. Secondly, Gina established the interview guide and applied for IRB approval through University of Iowa's Institutional Review Board (IRB). The study passed through the IRB and then data recruitment began.

Gina Martin used a counseling listserv to recruit supervisors who have worked with counselors who counseled clients who experienced trauma. Next, they set up times to conduct

semi-structured interviews over a videoconferencing software. The interviews sought to answer the primary research question: what are the lived experiences of supervisors who are supervising counselors working with trauma? Gina Martin examined the epoché of participants' lived experiences within the supervision context through a semi-structured interview approach (Moustakas, 1994; Patton, 2002; Rossman & Rallis, 2017; Wertz, 2005). The semi-structured interview protocol (Appendix A) consisted of several open-ended questions in order to meaningfully elicit the experience from the participants in their own words (Sloan & Bowe, 2014). Each interview lasted between 30-60 minutes. Transcription and analysis of each interview was conducted by Gina Martin.

During the analysis codes were established and themes emerged. Coding procedures employed Saldaña's (2015) approach of pattern coding wherein the first author went through the data and coded the responses. Responses were organized according to emergent patterns, which were determined through stages of coding primarily by Gina. Gina used in vivo pattern coding according to Saldaña (2015). Saldaña (2015) defined a code as "a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute to a portion of language-based or visual data" (p. 11). The data is presented in the next section. After initial codes were established, Gina brought David and Gideon into the analysis and had them agree or disagree with the codes based on their interpretation of the transcriptions. After this process, there was a follow up with participants to ensure member-checking and that the participants were represented correctly (Shenton, 2004). Engagement with the data was completed over the course of a six-month time frame, which allowed for an immersion in the data. Trustworthiness of the study was addressed by maintaining analytic memos throughout data analysis.

In choosing this methodology, the researchers sought to focus on the unique perspective, or noesis, of the actual phenomenon, or noema. For the purposes of this phenomenological study, the noema was the data as provided by the participants, while the noesis is the explanation of the process itself. This study is considered phenomenological in that the analytical process is interpretive in nature, as in being phenomenological, rather than utilizing an extant phenomenology.

Participants

Participants consisted of supervisors from different regions of the country in a variety of counselor education contexts with varying levels of supervision experiences and unique perspectives. Initial recruitment materials were sent via a national listserv within the digital email network of counselor educators (Counselor Education and Supervision Network – CESNET) hosted at Kent State University. Participants included in this study satisfied the following eligibility criteria: 1) work experience as a supervisor for at least two years and 2) supervision experience with a mental health counselor who worked with at least one client presenting with a trauma-related issue. Ten potential participants contacted the research team, of which eight participants satisfied eligibility criteria and completed the full semi-structured interview protocol and member-checking process.

Participant demographics are presented in Table 1. Participants ranged in age from 32 to 53 years old ($m = 39.5$). Participant experience providing supervision ranged from three years to fourteen years ($m = 6.9$). A majority of participants identified as female ($n = 7$) and one participant identified as male. Participants identified as White/Caucasian ($n = 6$), Caucasian/Hispanic ($n = 1$), and African American/Hispanic ($n = 1$).

Table 1
Sociodemographic Characteristics of Participants

Name	Age (Years)	Gender	Ethnicity	Years of Supervision
	n	*n*	*n*	*n*
Lulu	35	F	White	3
Amy	38	F	White	11
Skylar	34	F	White	3
Meg	35	F	White	4
James	47	M	White	3
Dorothea	53	F	Caucasian/ Hispanic	14
Lisa	42	F	African American/H ispanic	12
Becky	32	F	White	5

Note. N = 8 Participants were on average 39.5 years old

Each individual participant in the study held a unique, personal, and professional perspective of the lived experience, or noema, of supervising counselors who have worked with clients who have experienced trauma. The study assumed that each participant's perspective was critical and held importance in furthering the field's understanding of the topic (Moustakas, 1994).

Reflexivity

Researchers cannot completely separate themselves from the data or analysis. As a qualitative researcher, Gina notes the importance of including a reflexivity statement to allow for bracketing and full disclosure (e.g., Brown & Grothaus, 2019): Gina identifies as a White, middle class, graduate-educated, cisgender female. Gina is also a counselor and a supervisor of student counselors-in-training and works clinically primarily with children and adolescents who have experienced trauma. As a trained professional counselor, Gina's *a priori* assumptions included that participants may spend much time sharing the negative effects of trauma on both counselors and supervisors. Gina has demonstrated this knowledge and bias as a result of the clinical work that she has done and inferred these assumptions based on her work supervising beginning counselors. The researcher cannot be fully parsed out from the noesis (e.g., the data collection, interpretation, or methodology; Moustakas, 1994; Rossman & Rallis, 2017); however, Gina employed bracketing to separate her views from the data and asked Gideon and David to confirm the themes and ensure that Gina was not too heavily including her own biases. Additionally, she utilized member checks to address how the researcher's worldview informed the follow up questions and data analysis. Gina viewed these narratives as constructed, powerful, and critical to an individual's self-concept.

Results

Four main themes were indicated by the data. No assumptions should be made about the order of presentation. The first main theme that emerged was *Trauma Takes Many Forms*. Within this first theme there was a subtheme of *Misattribution of Symptoms*. The next theme

that emerged was *Use of Self*. The third theme was *Supervisor Stance*. The fourth and final theme was *Building the Third Eye*. Throughout this section pseudonyms are utilized to protect participant confidentiality.

Main Theme 1: Trauma Takes Many Forms

All participants discussed the many forms trauma takes in supervision. They also discussed that trauma has different manifestations for their counselors. They each discussed the particular challenges that trauma presents in clinical work. One participant, Skylar, commented,

> I've always felt like even when you're treating clients with trauma you have to be very individual with that client and so supervising is a step away from that and creates a situation where I don't even have enough information sometimes to feel like I can give them specifics about what to do.

Skylar described the act of supervising as necessarily responsive and particularly tailored to the needs of the counselor and client dyad due to how trauma takes so many different forms, even though it is pervasive. Here, the participant points to the experience of not having enough information as a complication of supervision, but part of what contributes to it being a unique focus within clinical work.

Participants indicated there were many different ways to conceptualize trauma as a counselor, and that clients presented with varying forms of trauma. Several participants stated that the client is the one who determines what is traumatic and what is not, in addition to the differing symptom manifestation of trauma. Saakvitne et al. (1998) also discusses the uniqueness of individual responses to traumatic events. These components make trauma difficult to operationalize and define in clinical treatment.

Misattribution of symptoms. Due to the many forms in which trauma may present itself in clinical work and supervision contexts, misattribution of symptoms arose as a subtheme. One participant brought up how an incomplete trauma assessment could lead to a misdiagnosis of borderline personality disorder, for example. Multiple participants shared that a common response from counselors was to label the symptomology and move on without addressing the underlying traumatic experience. Dorothea stated,

> [Clients] have a trauma history a mile long, they've got substance use abuse, they're reporting clearly indicators of PTSD and nobody…nobody has diagnosed this. Just yesterday a woman has been in therapy since 1994 my intern is kinda like "we gotta diagnose PTSD here." Like great! How are you gonna write up your report?

Clinical skills, such as writing clinical reports, are key targets for learning that supervisors help their counselors practice across professions, but specifically in mental health practices. Accurate clinical documentation and assessment may become more difficult when trauma is involved due to the potential for misattribution or a lack of knowledge of the psychopathology of trauma. Diagnoses of other conditions (e.g., physical, mental) are oftentimes confused with trauma symptomology due to comorbidity (Sher, 2004; Khouzam & Donnelly, 2001). The same participant also mentioned, "I am so sick and tired of 'well, mom's borderline.' Has anyone considered mom's trauma history?" The connection between trauma and misdiagnosis is evident as this supervisor aims to take a contextual, family systems approach to situating trauma within the clinical conceptualization.

A different participant, Becky, discussed the misdiagnosis and trauma,

> I have taught about [trauma] at several conferences and community workshops. Kind of this capitol "T" and lowercase "t" trauma and broadening our conceptualization of what is trauma because I think that as clinicians we're trained to label only certain things as traumatic when really it's the clients perspective and experience that matters more in what defines something as traumatic or not traumatic so that's a big thing that I think is important to talk about that I think trauma is in the eye of the beholder, not in the eye of the diagnoser.

"The idea that labeling trauma is client-defined is difficult for [counselors], perhaps because of the myriad ways in which [counselors] are taught to diagnose and taxonomize human experiences" (Reed et al., 2013). Misdiagnosis, as described by this participant, is an error the counselor may make to the detriment of the client.

Main Theme 2: Use of Self

Every participant discussed the use of the counselor's experience (the supervisee) in great detail. Specifically, the counselor's presence, or their "self," contributes to the uniqueness of each session, thus arising as a target for growth in supervision. Participants shared how they foster awareness and focus on the counselor's use of self in session and supervision, as it is happening in the here and now. This focus on the counselor experience of self has helped counselors avoid vicarious trauma and burnout, by using immediacy and introspection. Focusing on the counselor's experience of self also helped participants see better client outcomes because counselors reported to be better equipped to handle trauma in its many forms (e.g., Epstein, 2017). James noted the importance of attending to the counselor's self by encouraging the counselor's reflection during supervision:

> I think just reflecting, honestly, I don't know that it's a technique as much as just being present with supervisees [counselors] to address "hey what happened in session" – especially with EMDR.

Here, James is attending to the counselor's reflective ability and inviting present moment awareness to provide support. Counselor effects, particularly interpersonal skillfulness, have been demonstrated to be a critical part of therapeutic relationship development and contribute to client outcomes (Anderson et al., 2015). Counselors thus benefit from the consideration of their personal selves and interpersonal skill development in trauma-informed supervision.

Supervisors reported attending to the counselor's experience by checking in with them during supervision and inquiring how they are coping with the exposure to trauma they experienced. Dorothea described this as follows:

> I say, "How are *you* doing?" And that's that trauma-informed supervision. How are you doing after hearing all this? How are you doing after not only hearing it, but listening to it on our tape, and writing up the intake so they're exposed to it at least two more times.

The same participant also discussed normalizing the experience and incorporating time for counselors to process the related emotions: "I incorporate that awareness of compassion fatigue. I legalize it, I normalize it." The participant explicitly invites the exploration of the

impact of trauma, be it compassion fatigue or vicarious impacts, into supervision. Making room in supervision for the counselor's experience of trauma is a recurrent theme.

James also shared a similar experience:

> …with supervisees [counselors], whether they be military personnel or civilians, to help them understand those dynamics are at play and to get over themselves as experts and to really seek to collaborate with an individual, to normalize what's going on.

This participant, too, normalizes the experience of working with trauma during supervision.

Another supervisor, Meg, had a similar experience: "I would say that it's one of the things I've become pretty aware of in the last year is how much I need to attend to [counselors'] experiences as the therapist given the kind of work that we're doing." Meg focused a significant amount of supervision time on helping counselors grow professionally and personally.

Skylar noted how she wants to "empower" her counselors to tend to the use of their own "self" in clinical work. Skylar's experience of supervision is about attending to the counselor's experience and reflecting back what she is seeing, as well as equipping them with the appropriate tools and resources. Similarly, Becky discussed how she takes the time to process with each counselor. She described:

> I take time to process my counselors' experiences with the clients. I like to spend a good amount of time processing just what is your experience with this client, what has been coming up for you because the client reads off of that energy so if they're worked up or don't know what to do or are getting really nervous then the client's going to get really nervous.

Amy also mentioned a focus on counselor experience and how counselors vary in their level of comfort with trauma. Amy shared how important it is to meet the counselor where they are at and help give them what they need in supervision, which is different for every counselor. Participants' input suggested the critical act of attending to the counselor's self in providing trauma-focused supervision.

Main Theme 3: Supervisor Stance

Participants mentioned that the supervisor's stance, or their own training and who they are, plays a role in motivation to supervise, as well as how they conduct supervision. Teaching was a profound motivator of why they supervise, but beyond that it was a passion for the mental health field that created their stance on supervision. They wanted to give back to others because of the variety of supervision that they received, but they also wanted to help influence the field, and supervision can reach more clients. Lisa stated, "So it was very important to me to help others learn how to work with people who may not fit the – the box, so to speak, who may have experiences different to their own." James captured the sentiment simply as, "I enjoy teaching," indicating teaching is a component of his supervision of trauma-based clinical work. He also indicated that supervising counselors would give him a broader reach to influence and teach counselors.

Skylar mentioned, "I naturally am an educator and always have been and someone who wants to engage with what I know and what I'm passionate about." Skylar's comment emphasizes the teaching approach to trauma-focused supervision. Such sentiments were echoed in other participants' comments throughout the interview process.

When asked what brought her to the role of supervisor, Becky confided, "Probably the same thing that motivated me to become an educator," further indicating that supervision and education are perceived as intrinsically linked. Amy stated, "I view my role as helping the counselor learn the skills and receive the training that they need to be more trauma-informed whatever that looks like and to help the counselor develop their skills for assessing, diagnosing and treating trauma." This again emphasizes the role of educator in supervision as well as the counselor's task of continuous learning and professional growth.

Lulu indicated:

I think my role for other supervisees [counselors] has been more like being a consultant and educator and helping them to really understand some of the impacts of trauma on more of an academic or intellectual level if that makes sense…I really wanted part of my work to include teaching and supervision.

This integration of teaching into supervision is important and intertwined with some participants' personal histories as well. Amy stated that she wanted to be an educator as long as she can remember: "You know, when I was little I wanted to be a teacher and that was one of my I just I don't know playing school was one of my favorite things to play and I loved it."

Additionally, most participants mentioned that it was due to really good supervisors, really bad supervisors, or a combination of those experiences that they were drawn to the field of supervision. Meg shared:

I also feel the other piece that really motivated me to want to be a supervisor is I do think that –um, well there are a lot of good therapists out there I also think there are a lot of therapists who don't – this sounds not super kind to the profession - but I also think there are a lot of pretty mediocre therapists out there who aren't causing harm necessarily but also you know maybe haven't reached a point of –I don't know—super intentional work maybe so to speak so I think I just felt motivated to be involved in counselor training and supervision to sort of help push the field towards more or at least some people in the field towards continuing to really challenge themselves to become more intentional and you know continue pushing themselves to expand their sort of skillset.

Here, Meg's passion is evident in her observation of other professionals' work, her interest in clinical competence, and the consideration of supervision as a method of professional development.

Main Theme 4: Building the Third Eye (Supervisors Need a New Way of Seeing)

When discussing what would help enhance supervisors' experiences of sitting with trauma, the theme of building the third eye emerged. The participants emphasized learning how to sit with deep emotions that come with trauma as critical to their experience of supervising counselors working with trauma. They advocated for developing awareness, a third eye to act as a way of seeing or overseeing the process, as to what trauma is and how it manifests, as well as how to connect with it on a human level and identify the issues that come as a result of it.

Skylar discussed how different each counselor under supervision is. Her responses captured the sentiment related to the insecurities that counselors may feel when facing trauma. She also talked about how interconnected everyone is, which further deepens the need for awareness, or the third eye, in supervision. Other participants picked up on this as well: awareness first, skill second. James stated, "I think being able to look at each other and be

honest in the process part of the training." Participants described awareness and relational strategies that are meaningful within their supervision work. Meg brought this up how she strategically engages with counselors:

> as a supervisor I tend to not use a lot of advice, I hold that back unless I think it has to happen for ethical reasons or it's a very immediate crisis situation then I work differently, but in general I really like to challenge each therapist to think through the different aspects of that client, the presenting sort of concerns they have, what their trauma history is, what their developmental history is and then like different identities, and how they connect that and sort of challenging them to think through all of those pieces as a way of supporting them and getting more clarity for themselves as opposed to me sort of jumping and saying like hey think about this or try this (Meg).

Her ability to tolerate deep emotions, sit in ambiguity, and ultimately be present and supportive of the counselor leads to successful supervisory relationships when dealing with trauma. Becky offered another perspective with respect to specific awareness in supervision:

> Kind of have the space to be validating the emotions it's [trauma] brought up for them so usually just a lot of times just sitting with that emotion of what was going on what was that like and what did that bring up for you and what assumptions are you making about this experience and kind of just dig into what is all of this (Becky).

The process of sitting in deep emotions requires attuned awareness and patience on the part of the supervisor. Perhaps, this mirrors the clinical relationship between counselor and client (e.g., Safran & Muran, 2003).

Lulu commented on the importance of the supervisory relationship, as a strategy:

> …helping them [supervisees/counselors] to manage their countertransference like for instance if there's some client with really intense trauma it seems pretty frequent that moreso the more emotionally attuned supervisees[counselors] will really get drawn in by that and that's good they are sort of beginning to develop that clinical empathy but sometimes my role has been to kind of be like an anchor for them so they don't get so lost in all these horrible things that this person has been through

Supervisors model for counselors what is helpful in moving towards effective emotional attunement (Southern, 2007; Watkins, 2017). Therefore, preceding techniques, supervisors require awareness and the ability to model awareness-in-action (Hawkins & McMahon, 2020) while experiencing the relational context and engagement that is supervision.

Skylar commented on this notion of broader awareness development with respect to trauma-driven specialized clinical practice:

> I wouldn't try to train on a specific trauma model or something cuz you've got people getting trained on all kinds of things and I think sometimes we get these ideas that "oh well, people need to be competent on this area" or, you know, "counselors and supervisors need to be competent in this and this and we make them take specific things and make them understand specific things" and it

really just pigeon holes us on that and it doesn't give us the opportunity to think
broader for our supervisees[counselors] either (Skylar).

The opportunity to think more broadly also requires heightened awareness on the part
of the supervisor. This can be accomplished through accessing personal counseling as well.
Amy mentioned this in her interview:

Well, I'm a big believer in counselors doing their own work and so I normalize
getting therapy for ourselves that it's, you know, a positive thing for multiple
reasons even if you don't think you need it sometimes it's nice just to go know
what it feels like to be on the other side of the couch to have a different
awareness or empathy for our clients but so I am a big believer in us doing our
own work and getting our own therapy so I throw that I'll throw that you know
out there frequently.

Lulu also noted the importance of "broadening your awareness" in supervision. This is
important for supervisors to foster because with awareness comes the ability to define trauma,
recognize trauma, recognize countertransference/vicarious trauma within the counselor
(Berger & Quiros, 2014), and then additionally work towards modeling with a counselor what
it might look like to attend to trauma. Becky commented on this connection:

I'm hoping to also model that for them so they can experience what that's like
to just have a calm person in the room saying okay this is your space for the
next forty five minutes what do you need right now and let's make that happen
for at least this time that we're together so if they kind of get to experience it
with me then maybe they'll feel more comfortable and validated doing it with
their clients.

Modeling awareness for counselors in supervision is important in the effort to increase
their awareness and ability to be emotionally present.

Discussion

According to Berger and Quiros (2016), and later emphasized by Knight (2018), there
are five main principles that substantiate trauma-informed care: safety, trust, collaboration,
choice, and empowerment. These five principles align with what the participants in this study
shared regarding their experiences supervising counselors working with clients who have
experienced trauma, which could indicate another parallel process that suggests evidence for
trauma-informed supervision work.

Implications from the findings may apply to counselor education, trauma training, and
future research. Implications are presented in tandem to the broader discussion of the results.
However, given the nature of the study, implications discussed herein require careful
consideration when compared to extant literature on the topic of trauma-informed supervision.

Main Theme 1: Trauma Takes Many Forms

Study participants all acknowledged that many clients presented with different
manifestations of traumatic symptoms. This is congruent with the literature on the diversity of
traumatic symptoms (Collins-Camargo & Antle, 2017; Dunkley & Whelan, 2006). Knight
(2018) also asserts that the reason clients seek counseling around traumatic experiences differs,

thus shifting the manifestation and presentation of the symptoms. Trauma symptoms can range from defenses forming (i.e., humor, regression, repression) to outwardly acting out towards others. Further, in clinical work trauma symptomology can be mistaken for other comorbid disorders. For example, Dorothea discussed the common misattribution of borderline personality disorder symptoms with trauma symptoms. This phenomenon has been established in the literature as well (Sher, 2004; Khouzam & Donnelly, 2001). Controversy around a diagnosis involving trauma has long been in effect, due to the inability to accurately portray and categorize an individual's trauma response (Knight, 2018). This further complicates clinical practice and necessitates the supervisor to be aware of the myriad possibilities of how trauma presents.

Interview participants all thought that training on trauma could be more robust. All eight participants attended different doctoral programs and talked about trauma training as a necessary part of both master's and doctoral training programs. However, due to the lack of available training in their formal coursework, they sought trauma-specific training at conferences or through other avenues like EMDR, research, real life experiences, and webinars. This raises the question of whose responsibility it is to train supervisors. One participant, James, asked, "Whose responsibility is that? Is it a counseling program's? Is it the supervisor's? Is it the individual's? Yeah, it is. It's everyone's." This is consistent with CACREP's new standards (CACREP, 2015) to incorporate trauma-informed care into curricula.

Main Theme 2: Use of Self

It is helpful to attend to the counselor's personal responses to the traumatic experiences as described by clients; we noted this as a second main theme: *Use of Self.* Targeted support follows the idiosyncratic assessment of the impact of trauma on the helper, as no two counselors will experience vicarious trauma in quite the same way. Focusing on the counselor's experience of self during session with clients and then during supervision with supervisors heightens awareness, builds introspection, and further distinguishes their clinical work from their personal, inner work. Supervisors engaged in *Use of Self* work when they invited counselor's reflection about the nature of doing trauma-focused work and the impact the work has in their personal and professional functioning.

Counselors' coping and resiliency strategies over the duration of a counseling relationship need to be tracked, adjusted, and encouraged in order to provide support that differentiates shifts in coping styles, emotional management, empowerment, and self-care. In attending to this Self of the counselor, the supervisor presents an opportunity for reflective learning and the promotion of personal wellness in the context of the professional role. Indeed, as the emotional labor of counseling is heavy, it is ill-advised to compartmentalize the experience of doing the work as simply "work." Rather, the very nature of counseling work itself impacts the whole being and personhood of the counselor. Supervisors are uniquely positioned to encourage such awareness and reinforce resiliency-building practices and rituals. Helpers who are more responsive to their own needs, in addition to their client's, will be more resilient and adaptive to the demands of working with trauma (Bennett-Levy, 2019; Killian, 2008; Lakioti et al., 2020).

Counselor Education

Throughout a training program, counselors in training need to be committed to working on their own issues, so that they can be more resourceful helpers. Counselor educators should not expect this to occur naturally without facilitation. Reflective opportunities and safe spaces to process these experiences need common provision in supervision and instruction from

microskills training to internship. By committing to these practices, counselors will advocate not only for their clients but potentially channel their passion to help others dealing with trauma.

Programs are encouraged to consider infusing trauma across curriculum prior to field work. As site placements are made, it may be a fair assumption that site supervisors' preparation in trauma work will vary greatly. Site supervisor training should then include the topic of trauma-informed approaches from a supervisory lens. This provides students sufficient time to process the complexities of trauma and learn reflective techniques to integrate this understanding before working directly with clients. This can begin as early as interviewing skills training, counseling theory courses, and professional orientation seminars. Counselors in training need time to understand these dynamics as the manifestation of trauma-related experiences are complex and cut across counseling specialties.

Main Theme 3: Supervisor Stance

The third main theme from our participants, *Supervisor Stance*, incorporated many facets about the supervisors themselves: who they are, what they have learned, how they have been trained, and what motivated them to pursue supervision. This theme provided a rich sense of why supervisors do what they do. Knight (2018) discusses the many challenges that clinical supervisors have (i.e., clerical or administrative duties, lack of understanding the many various forms of trauma and how it manifests, no supervisor training on trauma). These challenges or barriers are also why supervision in clinical practice is so imperative. Knight (2018) suggested that when a counselor's reactions are ignored, the most destructive form of trauma can occur, which would be losing sense of self, or feeling betrayed by experiences and resulting emotions. These negative experiences within supervision highlight the importance of attending to counselors, and being fully present (Knight, 2018). This requires an authentic relationship to take place between supervisor and counselor, which requires the supervisor's stance to be examined and understood on a deeply authentic level. The core responsibilities of a supervisor contribute to who the supervisor is, but beyond that the supervisor is human and made up of all their previous experiences, which further necessitates their own reflexivity and a deepened understanding of who they are, how they react to traumas, and how they form relationships with counselors. Courtois (2018) asserts that clear boundaries and expectations are essential in supervisory work. Courtois (2018) also shared a narrative about how a supervisor's willingness to be open and reflect our loud about feelings helped the counselor to open up as well. This process of modeling assists in developing the supervisor's stance on who they are and why they do what they do. In this study, there were many shared experiences of modeling for counselors, attending to what counselors needed in that moment, and responding to the numerous responsibilities of being a supervisor. These experiences all contributed to why these supervisors are passionate about trauma-informed supervision and are a testament to the personal reflexive work they have done to get to this point.

Supporting Supervisors

To support supervisors within the counseling profession, supervisors require specialized training and scaffolding baked into supervision coursework, clinical practices, and licensing boards' scope of interest. In order to be prepared to provide responsive approaches to help current and future counselors assess trauma, manage compassion fatigue, and process challenging content, supervisors require formal training. Exposure to trauma scholarship should be regarded as necessary at the doctoral level for counselor educators.

Main Theme 4: Building the Third Eye as a New Way of Seeing

Participants in this study emphasized that part of their experience of providing supervision was developing an awareness, as a consciousness-raising method, that leads to a new way of seeing the relational encounters of clinical counseling and supervision. This was termed, *Building the Third Eye as a New Way of Seeing*, and is the fourth and final main theme. Participants noted that they construct this new way of seeing as a parallel to their own beliefs about how trauma counseling should work: awareness first, skills second. This emphasis on awareness, specifically constructing a "third eye" (e.g., reflection-in-action), echoes of the work of Schön (1983), who, briefly, prolifically documented the many facets and dimensions of reflection. In supervision literature, this new way of seeing through a third eye may otherwise be considered "reflective knowledge" (Borders, 2014, p. 161) that supervisors utilize in their clinical supervision work. Previous research indicates that bringing attention to affect and emotion, attachment dynamics, and how beliefs shape expectations in moment-to-moment interactions (Game, 2008) requires significant demand on supervisors to hold a complex awareness of the supervision process. In *building a third eye* to see the counseling encounter differently, participants noted how they consider the many manifestations of trauma unique to each client, how they understand the function of emotions to be specific to each therapeutic relationship, and how they "see" the interconnectedness of trauma across physical and psychological symptoms and stories.

Limitations

This study was primarily limited by the recruitment and inclusion criteria for this study. The sample consisted of primarily White women's experiences, limiting transferability of results. Further, many of the participants had less than five years of supervisory experience. This study is also limited by the single interview design. Due to this design, there were limits to gathering data on multiple levels from multiple sources which indicates a lack of dimensional or dynamic information. Future scholarship exploring supervisors' work with trauma-focused counselors will also benefit from acquiring diverse samples. Through purposive sampling, future studies may yield more nuanced, diverse, and rich perspectives noting the role of trauma, the context of societal oppression, racial identity development, and the role of disempowerment experiences in trauma related phenomena. Additionally, a supervisor sample with more supervision and clinical experience could yield different results.

The participants also did not have a focus group or shared time together, which might have allowed them to connect their experiences over some of the presented themes, and further articulate their experiences of the supervision process. Subsequent interviews and the inclusion of a focus group phase in future designs might yield richer results. Giving participants an opportunity to directly interact with each other via a focus group might generate deeper insight and awareness into the complex variables that are associated with the impact of trauma on assessment, counseling relationship dynamics, and personal adaptive strategies.

There is a significant need to further understand supervisors' experience of providing trauma-focused supervision in order to better understand what supervisors are doing in-session and how the practice of trauma-informed counseling and supervision may be improved (Knight, 2018).

Conclusion

Knowing what is happening around the phenomena of trauma in clinical settings and how it affects the supervisor is imperative in knowing how to best to support counselors.

Considering the areas that supervisors feel well prepared for, and which areas they need more preparation, counselor educators can advocate for additional training. The consistent theme of needing more trauma-informed supervision training was clear. Adding more training to counselor education programs as well as clinical mental health programs can help supervisors feel more adequately prepared to face the adverse effects of trauma in clinical work and supporting counselors who are working with trauma. Supervisors need further training on developing awareness of how trauma impacts practitioners, honing their ability to assess it, and working on the ability to identify the issues that come from it within the unique context of supervision.

As Collins-Camargo and Antle (2017) presented in their trauma-informed supervision framework, the themes that emerged from this study would potentially augment the supervision process.; specifically, 1) awareness of the issues at hand, 2) training on how to recognize, define, understand, and explore trauma experience, as well as 3) how to identify and work with the issues that arise in relation to trauma.

The themes identified within this study evidence the need for more training on trauma-responsive supervision. Issues related to traumatic experience are present and prevalent in our society. Every participant discussed how there were limited educational opportunities that covered this kind of material in their CACREP programs. CACREP standards now include trauma-informed care into their requirements (CACREP, 2015). While trauma-informed care is needed, the mental health field can extend these approaches further to encompass the practice of supervision. Supervisors are training tomorrow's counselors, and the field needs to ensure that professional counselors are well-equipped to handle the traumatic experiences encountered in counseling relationships.

Appendix A
SEMI-STRUCTURED INTERVIEW PROTOCOL

1. How would you describe your experiences with supervising clinicians who are seeing clients who have experienced trauma?

   a. Tell me about any experiences you have had discussing trauma in supervision.
   b. How would you describe your role when discussing trauma issues?
   c. What kind of competencies do you help supervisees develop when dealing with trauma?

2. Please tell me about your training in supervision
   a. What motivated you to become a supervisor?
   b. Tell me about your training on supervising someone working with trauma.
   c. What kinds of things do supervisees tend to talk about related to trauma?
   d. What do you think supervisors should know when helping supervisees with trauma related issues?

3. What would you incorporate into trauma-informed supervision training?
   a. Are there specific aspects of training that would improve how supervisors are trained, in your opinion?

4. What techniques have you used to work with clinicians seeing clients who have experienced trauma?
   a. What worked well?
   b. What did not work well?
   c. Is there anything you would do differently?

5. Is there anything that I did not ask that you would like to share with regard to your supervision experiences?

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