

An Inside Look at a Peer Led, Relational Based Model of Clinical Supervision in the Women Recovering from Abuse Program (WRAP) at Women's College Hospital

Trauma Talks

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Supervision

- Extensive history of of clinical supervision across disciplines within psychotherapeutic fields and professions. Many models, research and practice examples. (Borders, 2012).
- Clinician Supervision viewed as necessary for safe and competent psychotherapeutic practice for a self regulating profession (Knight, 2004, 2013)
- Most literature addresses supervision in context of mentor-trainee but peer supervision models are also discussed
- While peer group supervision models have been identified as helpful or even preferred method of peer clinical supervision there are ‘few guidelines for organizing or conducting them.’ (Borders, 1999)

Supervision

- Supervision is essential for clinicians working with traumatized clients to minimize impact of work and promote self care (Knight, 2004, Courtois, 2018)
 - “trauma narratives, boundaries, transference/countertransference, vicarious trauma and the ability for therapist to share affective and personal responses, creating a supportive institutional environment for therapists.” (Knight, 2004, 2013)
- “Provides a reflective process inclusive of formative, normative and restorative functions.”(Barron et al, 2017)

Reciprocal Mentoring Supervision

- Definition: “is a structured, reciprocal learning relationship between peers ... who wish to work together, where trust, support, and challenge encourage honesty, in-depth reflection and constructive analysis on practice and related issues and contextual issues, enhancing self-confidence, personal and professional learning, and promoting best practice.” (Hawken and Worrall, 2002)

Peer Led Group Supervision in WRAP

- What is Women Recovering from Abuse Program (WRAP)?

Happy Birthday! *We are celebrating our 20th year!*

- Evolution of the WRAP supervision model

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Importance of organizational culture

- Organizational culture encompasses values and behaviours that "contribute to the unique social and psychological environment of an organization". [Wikipedia](#)
- Isomorphy
- Stone Centre feminist model
- Relational-Cultural Practice: Working in a non-relational world

Hartling & Sparks, 2002

Organizational culture eats strategy for breakfast, lunch and dinner



Culture



Strategy

Peter Drucker

Typology of Organizational Cultures

- Relational culture
- Pseudo-relational culture
- Hierarchical culture
- Survival culture

Hartling & Sparks, 2002

Steps to change a culture

- Read it: assess the workplace context
- Name it: what practices help or hinder connection
- Oppose it: identify healthy options or micro movements
- Replace it: Healthy resistance

Hartling & Sparks, 2002

Relational Cultures: Cultures of Connections

- Supportive of growth through relationship
- Mutual empowerment
- Responsiveness
- Authenticity
- Movement towards mutuality
- Moments of conflict and disconnection
- Commitment to and belief in the process

Hartling & Sparks, 2002

WRAP Supervision Relational Strategies

- Using a frame work to name and frame our work culture
- Acknowledge tensions and competing needs and values
- Speaking openly about power & role differentials within the team and the impacts on us
- Processing emotionally the impact of org. change on us
- Different opinions make for better decisions
- Experiment: no one way is the only right way
- Trusting the process when there is conflict

WRAP Supervision Relational Strategies

- Valuing reflection and risk taking towards greater mutuality
- Senior staff role model vulnerability
- Openness & curiosity about our own reactions
- Support and acknowledgment we are more than our work
- Celebrate and appreciate each other
- Making visible the impact of the work on us at work & home
- Making visible the impact of home on our work

Opposition:

Unhealthy or Healthy Resistance

- Strengthens power-over relationships of stratification
- Decreases mutual empathy, empowerment, authenticity in relationships
- Increases alienation

- Creates possibilities for constructive change
- Creates movement in relationships
- Increases mutual empathy, mutual empowerment
- Creates new, better connection

Hartling & Sparks, 2002

Audience Reflection

- What do you know to be or imagine the benefits and challenges of a peer-led, relationally based model of clinical supervision?

Panel Reflections on Benefits and Challenges of This Model

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Vicarious trauma

- "The transformation that occurs within the trauma worker as a result of empathetic engagement with the client's trauma experiences. Such engagement includes listening to graphic descriptions of horrific events, bearing witness to peoples' cruelty to one another, and witnessing and participating in traumatic reenactments"

■ Pearlman & Saakvitne, 1995

Vicarious Trauma



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Divisions of Equity, Gender and Populations and

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Complexity and Confidence





VICTORY LALL, BSCN, MN

Toronto Public Health Supervised Injection Service & The Works
Needle Exchange

(Former Masters of Nursing Student: Women Recovering from
Abuse Program 2017)

Understanding essential elements of a peer led, relational based model of clinical supervision

Victory Lall, RN, MN & Susan MacRae, RN, RP, M.Ed

Project and Poster Presentation to University of Toronto Bloomberg School of Nursing, June 2017





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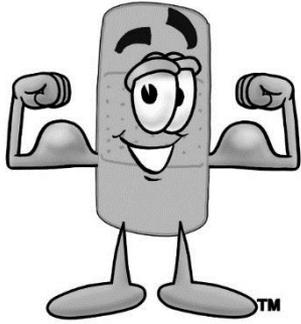
Five Good Things

Jean Baker Miller, M.D.

Growth-fostering relationships empower all people in them. They are characterized by:

- 1. A sense of zest or well-being that comes from connecting with another person or other persons.***
- 2. The ability and motivation to take action in the relationship as well as in other situations.***
- 3. Increased knowledge of oneself and the other person(s).***
- 4. An increased sense of worth.***
- 5. A desire for more connections beyond the particular one.***

The Jean Baker Miller Training Institute ~ www.jbmti.org ~ 781-283-3800
Celebrating 10 Years of Growth Through Connection!





Panel Discussion

Summary

Essential Elements of WRAP Peer Led Group Supervision Model

- Feminist based, relational, interdisciplinary, peer-led model
- Flattened hierarchy
- Cultivates safety by inviting the whole clinician person (personal and professional)
- Acknowledges parallel process (how clinician dynamics transfer into the therapy room).
- Required 1.5 hours per week

Benefits

- Supports comprehensive, collaborative, reflective , critically reflective and continuous care for complex clients
- Key strategy for self care, emotional support and safe use of Self to manage vicarious trauma and the impact of transference/countertransference
- Supports team cohesion and conflict resolution
- Resources sharing, shared professional development, and maintaining professional standards of practice
- Leads to job satisfaction and retention
- Support academic teaching and health professional learners

Challenges

- Threat to protected time in a system that measures workload by direct patient care
- Requires prioritization in supervision due to time pressures
- Challenges of confidence, fear of conflict, feelings of shame or shyness to participate
- Diversity of staff doesn't always reflect clients
- Maintaining non-hierarchy when systems are medical and administratively focused

Other applications

- Supervision should be applied more to other healthcare settings
- Especially in teams that share same clients and co-facilitate groups together
- Or in places where there is traumatizing clinical impact E.g., harm reduction settings where staff are exposed to traumatizing experiences

“By default, most clinical supervisors conceive of the supervision they provide as merely adjunct to other work. Common supervisory practices further constrain the possibilities by focusing only on the client or on client-therapist interactions, as though these can be extracted from the contexts in which they exist. By widening the landscape of relationships to consider, we acknowledge that the supervisor, supervisee/therapist and client are all embedded with larger relational, organizational and cultural contexts. Attending to this complexity brings essential information into the supervisory dialogue, as relational themes are understood to reverberate between and beyond the supervisory and therapeutic encounters.”

(Downs, 2006)

Questions/Comments?

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Thank you!