

Trauma-Focused Therapy Supervision: Fidelity vs. Flexibility, Parallel Processes, COWS, and Therapist Avoidance

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Learning Objectives

Participants will:

- Cite tools to help monitor TF-CBT fidelity in supervision
- Identify strategies for helping therapists balance fidelity with flexibility
- Describe examples of parallel process in TF-CBT supervision
- Identify skills for addressing COWs in TF-CBT supervision
- Describe techniques to overcome therapist avoidance in TF-CBT supervision

Responsibilities of a Supervisor in TF-CBT

- Know PRACTICE components well
- Identify appropriate cases through trauma assessment
- Provide guidance on implementation of PRACTICE components
- Give direct and honest feedback to clinicians
- Identify and help clinicians who are struggling
 - With TF-CBT implementation
 - With compassion fatigue and secondary trauma

Responsibilities of a Supervisor in TF-CBT (continued)

- Transfer of knowledge and skills
- Structure supervision
- Monitor fidelity
- Help clinicians balance fidelity and flexibility

Fidelity and Flexibility

- Importance of fidelity
 - TF-CBT research
- How to monitor fidelity
 - Fidelity checklists
 - Tracking cases
- The role of flexibility
 - Creative interventions
 - Clinical use of self

Fidelity and Flexibility: Examples

1. Christina is an experienced Registered Play Therapist. She was excited to learn in her TF-CBT training that she could use play techniques to teach the PRACTICE components, as she was initially skeptical about using such a structured, directive approach. However, you notice during supervision that Christina seems to be jumping around from component to component each session in no particular order, depending on the themes that emerge in the client's play. She hesitates to bring up the trauma unless the child is explicitly playing out trauma themes.

Fidelity and Flexibility: Examples

(continued)

2. John is a young therapist who recently graduated with his MSW. He is enthusiastic about trying out TF-CBT but anxious that he will make a mistake or do something wrong. When John describes his sessions to you, it appears as if he is following every page of Your Very Own TF-CBT Workbook and not introducing any other treatment activities or interventions with his client.

Parallel Processes in TF-CBT

- Similar issues and challenges in TF-CBT therapy and supervision
 - Structure
 - Setting agendas
 - Directive vs. non-directive
 - Countertransference
 - Avoidance
 - COWs
 - Culture and background
 - Personal style/characteristics

How Can Supervisors Use Parallel Processes to Guide TF-CBT Implementation?

- Agendas and structure in supervision
- Directly dealing with challenges
- Open processing of countertransference
- Normalizing and addressing therapist avoidance and helping therapist with client avoidance
- Calling out COWs and not allowing COWs to take over supervision
- Processing cultural issues and differences in background and approach

Crisis of the Week

- Normalize and predict
- Helping therapists differentiate between real crises and avoidance
- Creative ways to identify COWs in supervision
- What happens when supervision is crisis-focused?
- Are therapists avoiding?
- How to provide guidance and support without getting derailed

Strategies for Dealing with COWs

- Structure of supervision
- Setting and sticking to agendas
- Protected time for clinical supervision vs. case management/administrative focus
- Learning from parallel process
- Use of the group to call out COWs
- Ensuring focus on successes during supervision

Therapist Avoidance in TF-CBT

- Why do therapists avoid?
 - Fear of upsetting or retraumatizing child
 - Pressure from caregivers
 - Not wanting to hear the details
 - Countertransference/personal issues triggered
 - Secondary traumatic stress

Secondary Traumatic Stress

- Definition: the stress of helping or wanting to help a person who has been traumatized
- Common signs:
 - Avoidance (including of certain clients)
 - Preoccupation with clients/client stories
 - Intrusive thoughts/nightmares/flashbacks
 - Arousal symptoms
 - Thoughts of violence/revenge
 - Feeling estranged/isolated/no one to talk to
 - Feeling trapped, “infected” by trauma, hopeless, inadequate, depressed
 - Difficulty separating work from personal life

Strategies to Address Therapist Avoidance

- Normalize and validate
- Education on secondary traumatic stress (STS) and strategies to deal with STS
- Encouraging use of resources - EAP, mental health benefits
- Supportive challenging
- Reviewing rationale and processing impact of avoidance
- Parallel process - gradual exposure

Strategies for Addressing STS

- Balanced caseloads
- Reflective supervision
- Training and education
- Professional and personal self-care
- Work/life balance
- Supervisory and team support
- Organizational support

Exercises for Addressing STS and Building Resilience

- Relaxation exercises
- Creative outlets
- Team building
- Fun and laughter
- Cognitive reframing
- Advocacy/community outreach
- Self-care

Example: Avoiding Trauma Narrative

- Julia is a young Mexican-American therapist who is very empathic and engaged with her clients. She has a 13-year-old Mexican-American client named Chloe who has a history of severe sexual abuse, cutting, and suicidal ideation. Julia has completed PRAC with Chloe, and Chloe has been stable. Julia has been hesitating to start the narrative with Chloe out of fear of destabilizing her. You sense that Julia is not all that comfortable talking about sexual issues, and she identifies with Chloe's family's resistance to talk about sex and the sexual abuse.

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