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Trauma-Informed Supervision in Substance Use Treatment Agencies

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Walden University

College of Social and Behavioral Health

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Janice Ruesler

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Walden University
2024

Abstract

Trauma-Informed Supervision in Substance Use Treatment Agencies

by

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MA, Southeast Missouri State University, 2008

BS, Truman State University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2024

Abstract

There is limited research from supervisors' perspectives on the use of trauma-informed supervision practices when supervising substance use counselors. The purpose of this grounded theory study was to explore the process of licensed professional counselors who are clinical substance use supervisors using trauma-informed supervision. The research question was: How do substance use counselor supervisors engage in trauma-informed supervision? Participants included eight licensed professional counselor substance use supervisors who met the inclusion criteria of more than five years of clinical experience, utilized a trauma-informed supervision model, and supervised one or more supervisees. Following grounded theory methodology, a bottom-up coding approach was used for data analysis. The developed categories and subcategories included lens/framework, behaviors, roles, trauma-informed care principles and practices, and outcomes. These categories and subcategories were used to develop a theory around trauma-informed supervision practices. Recommendations include using a trauma-informed lens while showing supportive behaviors, taking various roles, and being grounded in trauma-informed care principles and practices when providing supervision. This theory and guidance could protect clinicians from burnout and be used to manage their secondary trauma responses better. Trauma-informed supervision offers the opportunity to assist clinicians and improve practices for individuals who have experienced trauma by helping those with trauma histories receive quality care and providing the opportunity for their voices to be heard.

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Dedication

This study is dedicated to the memory of my parents, Charlie and Tillie. Both of you believed that the sky was my limit and encouraged me never to stop growing academically. You both motivated me to keep pushing my boundaries and that everything was possible.

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I want to acknowledge my committee chair, Dr. Cyndi Briggs, for her support and guidance throughout this journey. Your encouragement, continuous writing review, and efficient feedback made this process enjoyable and encouraged me to explore my interests. Your mentorship will forever be valued.

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Chapter 1: Introduction to the Study

Introduction

Vicarious trauma (VT) symptoms have been shown in research to lead to impairment of clinicians and poor care management (Martin et al., 2022). Therefore, support is needed to guide counselors in their processes of exploring their trauma, reducing burnout, and maintaining a positive impact on service provision. Research indicates trauma-informed supervision can decrease the effects of VT and needs to be studied as an everyday practice (Martin et al., 2022). While research shows it is a beneficial plan, there is limited research on using trauma-informed supervision in fields outside of mental health counseling. There is limited literature regarding supervisor experiences (Martin et al., 2022) and no research on the processes of using this type of supervision in substance-use settings (Jones & Branco, 2020).

In this study, I explored supervisors' perspectives, experiences, and potential ways to use supervision to support counselors. I examined the implications and impacts of trauma-informed supervision. Without continued exploration, counselor supervisors and educators are limited in their ability to prepare or support counselors working with clients who have an addiction (Knight, 2018) and who are also impacted by trauma (Martin et al., 2022).

In this chapter, I will summarize the study and discuss the background that led to the exploration, problem statement, purpose statement, nature of the study, limitations, and significance. I will also review the theoretical background of the study and my assumptions.

Background

Clinicians used trauma-informed care to provide treatment in response to a traumatic experience or current problems that stem from past trauma (Knight, 2018). Clinicians use this format of client support to be aware of trauma and examine the impacts the trauma has had on their client's lives. However, trauma-informed care also compels clinicians to identify the effect of trauma on themselves and be proactive in self-care practice (Knight, 2018). The processing of VT, secondary traumatic stress (STS), and compassion fatigue (Knight, 2018), as well as the encouragement of self-care, often come from the individual providing supervision to the clinicians. To provide adequate supervision for these needs, supervisors must consider using trauma-informed care practices and adapting them to supervision, indicating the importance of trauma-informed supervision.

Research has shown that supervision plays a fundamental role in service delivery, especially when using a trauma lens in supervising counselors who provide clinical services to clients (Berger & Quiros, 2016; Keum & Wang, 2021). Supervisors who use a trauma lens allow supervisees to explore their needs while working through client cases. Effective supervision empowers and creates a sense of emotional and physical safety for clinicians (Berger & Quiros, 2016), increases client satisfaction with services, and encourages clinician development (Keum & Wang, 2021). Supervision that allows emotional and physical safety sets up a safe space for clinicians to explore the impact trauma is having on them while working with their clients. This format and structure of

supervision also increase supervision satisfaction, which supports reduced burnout and stress and increased job satisfaction (Park et al., 2019).

More literature on using trauma-informed supervision practices for substance use counselors (Jones & Branco, 2020) and supervisor experiences (Martin et al., 2022) must be published. In this study, I explored supervisors' perspectives to help provide supportive supervision for substance use counselors while considering STS impacts and VT.

Problem Statement

There is limited research about supervisors' perspectives on the use of trauma-informed supervision practices when supervising substance use counselors. VT issues are prevalent in mental health and counseling practice (Martin et al., 2022). Aafjes-van Doorn et al. (2020) found that 67% of therapists have experienced a moderate level of VT, and 14.9% report experiencing a high level of VT. Researchers also found that young or inexperienced therapists report higher levels of VT than experienced therapists (Aafjes-van Doorn et al., 2020). Therapists reported feeling tired, disconnected from clients, a loss of rapport, and less competent (Aafjes-vanDoorn et al., 2020; Gustafsson & Hemberg, 2022; Park et al., 2019; Ravi et al., 2021). These clinicians need ongoing support, mentorship, and quality supervision to help them work through their VT situations and improve client outcomes (Aafjes-vanDoorn et al., 2020). Due to the high levels of VT, supervisors need to understand the impact of trauma on supervisees (Berger & Quiros, 2016), and research is necessary to develop evidence-based standards of practice around trauma-informed supervision (Martin et al., 2022).

VT symptoms can lead to counselor impairment and inability to service clients' needs appropriately (Martin et al., 2022). Therefore, supports, such as trauma-informed supervision, can help reduce the effects of VT and need to be explored more as standard practices (Martin et al., 2022). While being seen as a helpful outline, trauma-informed supervision has not been explored from the perspective of supervisors' experience (Martin et al., 2022), especially those working in substance use treatment. There is a gap in the literature as there is no information about supervisor experiences and processes using this type of supervision in substance use settings (Jones & Branco, 2020). Without this research, counselor educators and supervisors are not prepared to educate, train, supervise, or support counselors in substance use practice (Knight, 2018), providing services to individuals with trauma (Martin et al., 2022).

Purpose of the Study

The purpose of this grounded theory study was to explore the process of licensed professional counselors who are clinical substance use supervisors using trauma-informed supervision. My goal was to guide supervisors on using trauma-informed supervision to reduce VT and burnout and develop evidence-based practices. A qualitative approach was the best methodology due to the individualized nature of supervision and the individualistic nature of perspectives. These perspectives are hard to measure in quantitative fashions and would best be respected and represented through qualitative data gathering and analysis.

In this study, I used relativism ontology and respected that every individual's experience is their reality (Knight, 2018). This study was best explored in a substance use

setting as I sought perspectives and processes in the substance use field. There needs to be an increased understanding of these processes so supervisors are prepared to train, educate, and supervise substance use counselors (Knight, 2018) who provide services to traumatized individuals (Martin et al., 2022).

Research Question

I answered the following question in this study: How do substance use counselor supervisors engage in trauma-informed supervision?

Conceptual Framework for the Study

In this study, I used a grounded theory approach. Incorporating this approach grounded my research process in relativism and I showed respect for all individuals' realities, truths, and experiences (see Mills et al., 2006). Grounded theory is used to explain instead of describe (Mills et al., 2006; Corbin & Strauss, 2014). I used this approach to treat each person's experience as truth to help draw conclusions and build theories from the collected data (see Urquhart, 2013).

The relationship also plays a part in the grounded theory process as it concentrates on the relationship between the participant and researcher and the interactions that support data generation (Mills et al., 2006). Since the researcher seeks to build theory off participants' experiences and processes, researchers must respect participant realities as data and knowledge construction (Mills et al., 2006). In grounded theory, the researcher is conscious of their assumptions and role in the research process (Mills et al., 2006). The grounded theory approach encourages researchers to bring their views in their writing to be transparent about its influence on the reconstruction of meaning (Mills et al., 2006).

Because I sought participant input in the reconstruction of data and played an active role in the relationship building with the participant, the grounded theory approach was the best methodology for this situation.

Nature of the Study

The phenomenon that I studied was the perspectives of experienced substance use counselor supervisors engaging in trauma-informed supervision. I explored the social processes they are experiencing while providing supervision in the field and create evidence-based practices to guide counselor supervisors. In qualitative research, the researcher emphasizes meanings, seeks to understand other's perspectives, and uses themselves as an instrument (Morgan, 2014). Qualitative research is also subjective and contextual (Morgan, 2014). Because my inductive purpose was to generate theory from observation and data collection, I used a qualitative research, specifically grounded theory.

Grounded theory is used to explore social processes to study the concepts and construct theory (Corbin & Strauss, 2014). In this approach, researchers are urged to interact with their data and continuously investigate the outcomes through ongoing data analysis (Corbin & Strauss, 2014). Grounded theory includes analyzing data and creating abstract constructs that can be supported by the developed data (Corbin & Strauss, 2014). Data for this study were gathered through interviews with counselors providing trauma-informed supervision to substance use counselors. I developed a theory through ongoing data analysis, which included open and axial coding (see Corbin & Strauss, 2014). The data were also continuously compared through a constant comparative method (see

Edmonds & Kennedy, 2017). My goal within the study was to create a model of supervision that best fits a grounded theory qualitative approach.

Definitions

Secondary Traumatic Stress (STS) is an adverse effect of being exposed to trauma, which, if left unaddressed, can influence a counselor's work performance and welfare (Martin, 2022). It is also sometimes used interchangeably with VT.

Substance Use Counselor is a person who has knowledge and skill for treating individuals with substance use disorders and is a qualified mental health professional licensed with at least one year of full-time experience in the treatment of persons with substance use disorders (Missouri 9 CSR 10-7.140).

Supervision is an intervention where an experienced counselor works with a learning counselor to build professional and clinical skills (Bernard & Goodyear, 2019).

Trauma Informed Care (TIC) is a model of care also called Trauma Informed Practice (TIP) that focuses on trauma-related indicators with clients to advocate for best practices in client care (Berger & Quiros, 2014; Knight, 2018; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a, 2014b).

Trauma-informed supervision is a model of practice that mirrors the beliefs of TIP (safety, trustworthiness, choice, collaboration, and empowerment) and utilizes them to inform supervision practices (Jones & Branco, 2020).

Vicarious Trauma (VT) is the progressive effect of providing services to trauma clients due to the counselor's compassionate engagement and experiencing the client's emotions (Jordan, 2018).

Assumptions, Limitations, Scope, and Delimitations

My first assumption was that substance use supervisors would have a level of expertise around trauma, and they would be aware of the implications of trauma on those that they supervise. I also assumed the supervisors would know the terminology I used based on their training and education. Finally, I assumed these supervisors would be open and honest in answering questions during the study.

The scope of this study was limited to the experiences of substance use counselor supervisors with a master's degree in counseling and at least some training in trauma-informed supervision. This study did not include master's level supervisors who do not have specific training in trauma-informed supervision or supervisors outside of the field of substance use specifically. This was because I wanted to ensure the participants had specific training and worked in the substance use field, as those experiences are particular and reduced variance in the experiences of participants.

A limitation of the study was finding qualified participants. While I believed the qualifications were broad enough, there were limited participants with the time and availability to participate in the study. Not all individuals providing supervision in the field of substance use counseling had trauma-specific training or trauma-informed training. Finally, not all clinical supervisors felt experienced enough to share their perspectives.

Significance

Researchers need to consider their impact on social change, social justice, and the overall improvement of society. In this study, I explored clinician supervision within

substance use treatment practice. There is currently no solid evidence-based theory for how individuals should supervise clinicians working with clients who have experienced trauma, especially in the substance use field (Knight, 2018). I developed a theory and guidance for supervisors to support clinicians working with individuals who have trauma. This theory and guidance could protect clinicians from burnout and help them manage their secondary trauma responses better. Evidence and research show that obtaining quality care results in individuals healing and recovering from traumatic events (Knight, 2018) and a return to more socially appropriate functioning.

Research also demonstrates that those individuals who have received services are more likely to become trauma-informed advocates (Knight, 2018). In this study, I offered clinicians working with trauma the opportunity to have evidence-based supervisor support to ensure they practice good self-care and to consult on advocating for client needs for individuals who may not have had a voice. This advocacy endeavor can expand social transformation by helping those with trauma histories receive quality care and be provided the opportunity for their voices to be heard outside of their own families and communities, which provides opportunities to overcome social barriers using trauma-informed care and supervision, allowing the clinicians to be empowered. The trauma victims feel welcome while regaining their sense of self in a safe environment in which to heal.

Safety is a necessity and a fundamental right. When considering the impact of research, it is crucial to examine and explore small shifts that can significantly change individuals' lives in communities, neighborhoods, and beyond. Each clinician and client

impacted can also influence more change by recognizing trauma survivors' struggles while moving through the healing process. Finally, I encouraged seeking justice for trauma survivors and encouraging system changes around care by considering trauma impacts and the healing journey.

Trauma-informed supervision offers the opportunity to assist clinicians and improve practices for individuals who have experienced trauma. Trauma-informed supervision can improve the lives of clients by allowing them to address their trauma, as well as the substance use they are experiencing in a safe environment that is supportive and encouraging. Social change comes from making small changes within the treatment process to ensure quality care, advocating for client rights to equality and fair treatment, and recognizing barriers that must be addressed to improve societal functioning.

Summary

In Chapter 1, I outlined the study's background, problem statement, purpose statement, research question, and theoretical and conceptual framework. I also established the significance of the study for improving trauma-informed supervision practices within the substance use counseling profession. Chapter 2 includes a literature review summarizing trauma-informed care, trauma-informed supervision, supervision practices, compassion fatigue, and burnout.

Chapter 2: Literature Review

Introduction

There is limited research from supervisors' perspectives on the use of trauma-informed supervision practices when supervising substance use counselors. The purpose of this grounded theory qualitative study was to explore the experiences and processes of experienced licensed professional counselors who are clinical substance use supervisors using trauma-informed supervision in substance use treatment agencies.

The TIC movement has been widely recognized within the counseling field as a best practice. TIC has increased staff satisfaction, organizational climate, and client retention (Hales et al., 2019). With this movement, there was recognition of the importance of using trauma-informed supervision practices to support clinicians. Trauma-informed supervision is a supervisory procedure, and the therapeutic alliance built into the supervision process helps enhance supervisees' familiarity with the services to provide TIC (Berger & Quiros, 2016).

Effective trauma-informed supervision practices focus on relational components, empower supervisees, help them feel emotionally and physically safe, show support, and advocate for solid self-care practices (Berger & Quiro, 2016; Coleman et al., 2021). These practices not only help to enhance the relationship with the supervisee but also build resilience skills within the counselor that help them to be able to manage their responses to situational and secondary trauma. This relationship helps to normalize VT and models trauma responses that promote self-care (Berger & Quiros, 2016; Gustafsson & Hemberg, 2022; Ravi et al., 2021; Szilagyi, 2021).

Through exploring trauma-informed supervision, it is essential to note the situations such as burnout, compassion fatigue, secondary trauma, and lack of support (Park et al., 2019) that lead to the need for trauma-informed clinicians and, specifically, trauma-informed supervision formats. Research studies have indicated that between 70 and 87% of adults have been exposed to trauma in their lives (Brown et al., 2022; PTSD Alliance, n.d.). Due to the large number of individuals, there needs to be more trauma-focused interventions. These types of interventions could include more trauma training for counselors and more research on trauma-attuned supervision to help engage clients and take care of the counselors providing care. It is noted that trauma-informed supervision is becoming more critical as more counselors are faced with working with trauma-impacted clients (Jordan, 2018) and need to be aware of the impacts of burnout, VT, and compassion fatigue.

In this chapter, I will discuss the literature search strategy and explore the study's theoretical foundation. This chapter includes a synopsis of the available literature on the key concepts of supervision, TIC, STS, and VT. Finally, in this chapter, I examine key constructs used to develop this study on trauma-informed supervision practices for substance use counselors.

Literature Search Strategy

In this section, I will discuss the strategy I used to complete the literature review. I chose literature based on significance in relation to the research question. I used the following keywords: *supervision, supervising, supervisory, supervisor, trauma-informed supervision, counseling supervision, therapy supervision, TIC, trauma-informed practice,*

trauma, trauma-informed approach, substance use, substance abuse, drug use, dependence, addiction, and drug abuse. A combination of keywords was used to search the following databases: APA PsycInfo, SAGE journals, SocINDEX, TAYLOR AND Francis Online, Academic Search Complete, and ERIC.

I explored areas needed for supervision within substance use fields and explore what practices were already being completed. I found literature regarding the gap between counselors working in mental health and counselors working in the field of substance use. I focused on articles that explored trauma-informed practices and supervision within a range of professions, including nursing, social work, social advocacy, and health and human services, to ensure there was not a model of supervision already available that could be adapted to the counseling field.

Theoretical Foundation

I used the grounded theory approach for this qualitative study. In this study, I used relativism and showed respect for all individuals' realities, truths, and experiences (see Corbin & Strauss, 2015; Mills et al., 2006). Grounded theory focuses on the relationship between the participant and researcher and researchers use this design to create data through their interactions (Corbin & Strauss, 2015; Mills et al., 2006). Because grounded theory researchers build theory through individuals' experiences, they must respect participants' realities as data and knowledge construction (Corbin & Strauss, 2015; Mills et al., 2006). Because I sought participant supervisors' input in data reconstruction, grounded theory was the best approach for this study.

Grounded theory requires that researchers be aware of their assumptions and encourages researchers to bring their stance in their writing to be transparent about its impact on the reconstruction of meaning (Corbin & Strauss, 2015; Mills et al., 2006). Grounded theory is used to explain instead of describing (Corbin & Strauss, 2015; Mills et al., 2006; Urquhart, 2013). Therefore, when using this theory, researchers treat each person's experience as truth to draw conclusions and build theories from the collected data (Corbin & Strauss, 2015; Urquhart, 2013).

Literature Review

In this section, I will summarize the key concepts of the literature review. I will address TIC practices, trauma-informed supervision, and the impact of supervision on counselors. Additional concepts include burnout, compassion fatigue, and STS or VT to help explore the need for supervision within the substance use field. The following review demonstrates the current knowledge about the key concepts within this study.

Trauma and Substance Use

The Substance Abuse and Mental Health Services Administration ([SAMHSA]; 2022) reported that more than two-thirds of children have experienced trauma before age 16. This trauma leads to other long-standing consequences and clients turning to alternative coping skills (Stones & Dennis, 2023). For example, in substance use treatment, participants often report higher instances of childhood trauma, implying trauma can lead to addiction and substance use issues (Stones & Dennis, 2023). Childhood trauma effects persist into adulthood (Stones & Dennis, 2023), which can impact an individual's ability to cope healthily. For individuals in substance use

treatment, research has indicated that early childhood trauma leads to early substance use onset and increased severity (Harerimana et al., 2022).

Counselors must understand how trauma impacts clients and counselors themselves (Borders et al., 2022; Foreman et al., 2020), especially those working in substance use. Research studies have indicated that between 70 and 87% of adults have been exposed to trauma in their lives (Brown et al., 2022; PTSD Alliance, n.d.). Therefore, research indicates that most people seeking out mental health and substance use counseling support have been exposed to trauma (Borders et al., 2022; Foreman et al., 2020). With the increased number of clients exposed, clinicians must take a trauma-informed approach to service provision. SAMHSA has identified TIC as a priority, and specific initiatives have been created to design best practices (Stieker, 2015).

However, when it comes to understanding the implications of trauma on the clinicians themselves, there are some shortfalls. Unfortunately, the extant literature offers limited direction around trauma-informed supervision (Henning et al., 2021; Miller, 2018), although there are multiple citations of its importance to counselors working with trauma (Knight, 2018; Sprang et al., 2019). Currently, there is literature on using trauma-informed supervision practices and TIC in mental health settings, but there is a gap around use for substance use clinicians (Knight, 2018). There are gaps around specific models for trauma-informed supervision (Knight, 2018). Therefore, it is important to continue to explore the format of use with those working in mental health to help cross over the bridge into substance use counseling utilization.

Ethical Violations in Substance Use Counseling

Jones and Branco (2020) report increased ethical violations in substance use counseling, with substance use counselors having more violations than any other type of counselor (e.g., clinical mental health counselors), which leads to an increased need for supervision support. Substance use counselors are exposed daily to the traumatic experiences of those who have been using substances. As demonstrated in research, those numbers are higher than in other areas of counseling. Research indicates a high rate of traumatization for individuals who have substance use disorders (Borders et al., 2022; Foreman et al., 2020) and that trauma has implications for their use of substances for coping. This increase in trauma can lead to more complex cases for counselors to manage, higher levels of burnout, and STS.

Because counselors working in this field have a higher chance of developing VT, burnout, and compassion fatigue, these significant issues must be addressed in supervision. Trauma-informed supervision encourages processing VT, STS, and compassion fatigue (Knight, 2018) and invites self-care practices. With the needs listed, supervisors must consider using TIC principles to teach substance use counselors how to work with their clients and practice these principles in supervision. This trauma-informed approach can be used by supervisors to address these issues that arise during the supervision process with client cases while being cognizant of the supervisee's needs. Supervisors can use this approach to point out counselor impairments, the need to work on self-care, and the need to address STS or VT.

The American Counseling Association (ACA) Code of Ethics (ACA, 2014) requires impaired clinicians to seek assistance when they cannot provide care. Clinicians must seek support to ensure they are not causing harm to clients and are taking care of their mental health. Articles state that self-care and dealing with VT should be considered an ethical requirement (Edwards & Goussios, 2021; Johnson et al., 2021) for all clinicians to maintain appropriate practices. Ethical practice should not be taken lightly, and it is the clinician and the supervisor's duty to ensure that ethics are being followed and that encouraging clinician wellness is a priority.

However, encouraging self-care is not enough, and clinicians must be allowed space to reflect on their experiences and build a resiliency plan (Johnson et al., 2021; Borders et al., 2022). Clinicians must be self-reflective to identify their own VT and to seek out support around traumatic concerns. Clinicians need the opportunity to explore STS and VT with a supervisor who understands trauma-informed practices and can provide feedback to clinicians about how to address their STS and VT. However, supervisors must ensure that they are clear in their boundaries and do not serve as therapists for their supervisees, as this is a requirement for ethical supervision behaviors (ACA, 2014). TIC practices and supervision have become an appropriate way to address increased ethical violations, burnout, VT, and other impairment issues in these situations (Berger & Quiros, 2016; Jones & Branco, 2020; Knight, 2018).

Trauma Informed Care Practices

TIC has become a buzzword in the field of counseling, especially in mental health, throughout the last decade. TIC is founded on the principles of safety, trust,

choice, collaboration, and empowerment (Berger & Quiros, 2014; 2016; Borders et al., 2023; Jones & Branco, 2020; Knight, 2018; Substance Abuse & Mental Health Services Administration [SAMHSA], 2014a, 2014b). These principles are set to guide treatment decisions, help counselors understand client perspectives, and empower the individuals receiving services. TIC demonstrates awareness and understanding, considers how trauma is pervasive, and impacts how individuals connect to treatment services (University of Buffalo, n.d.). Clinicians use TIC as a guide to ask what happened to a client instead of looking at their behaviors as independent of their histories, promoting a healing and recovery environment (University of Buffalo, n.d.).

TIC focuses on understanding the client, including awareness of how their past may have impacted their self of self, their belief systems, core values, and trust in others (University of Buffalo, n.d.). Clinicians may forget that clients may have trust issues with authority figures, have core values and beliefs that may not make sense to the clinician, and may come from a different background. These trauma-impacted beliefs have been shown to impact a client's ability to connect with clinicians, limit their motivation for treatment, and impact their ability to heal (University of Buffalo, n.d.). Therefore, when focusing on providing trauma-informed services, providers report improvements in client outcomes and engagement, treatment compliance, and clinician self-care (Menschner & Maul, 2016).

TIC refers to a system approach in which trauma is understood as interpersonal and environmental (Berger & Quiros, 2016; Steiker, 2015). By expanding focus on interpersonal and environmental factors, clinicians look at the whole picture of trauma

and how it influences clients' interactions, lives, and responses. TIC includes assessing trauma and symptoms as part of standard practice while ensuring clients have access to trauma-specific interventions (Steiker, 2015). These trauma-informed assessments again use the TIC tenet, focusing on five specific areas: safety, trustworthiness, choice, collaboration, and empowerment (Berger & Quiros, 2016; Jones & Branco, 2020; Knight, 2018). Some models add tenets around cultural, historical, and gender issues (Berger & Quiros, 2016; Jones & Branco, 2020), including environmental and cultural issues, through which counselors examine clients' traumatic experiences throughout their lives.

With this understanding of TIC and its impact on clients, it is crucial to think about the individuals providing services to these clients. Berger and Quiros (2016) conducted a qualitative study regarding what supervisors considered best practices for training trauma-informed staff. The three themes that emerged were factors that shaped supervision, challenges in providing it, and perceived effective strategies (Berger & Quiros, 2016). Within the factors that shaped supervision, the participants' characteristics, supervisory relationships, and contextual aspects were analyzed to explore their impacts on supervisory outcomes (Berger & Quiros, 2016). The study reaffirmed the relationship, interpersonal characteristics, and organizational factors that influence the supervisory relationship, as well as the importance of addressing the impact of trauma in supervision (Berger & Quiros, 2016).

Counselors becoming more trauma-informed in their practice includes supervisory strategies that help address professional education about emotionally difficult and traumatizing session content (Berger & Quiros, 2016). However, it is essential to

identify that the environment in which this supervision happens is vital. Learning about trauma-informed practice is a crucial portion of learning to deal with trauma clients.

Felter et al. (2022) found that teaching trauma content can be harmful if it is not provided in a trauma-informed environment, which indicates the importance of utilizing trauma-informed practices in supervision. Trauma-informed supervision provides support for individuals who are often working with trauma-affected clients and develop vicarious or secondary trauma (Jordan, 2018).

Trauma-Informed Supervision

The literature currently provides inadequate direction on how to utilize trauma-informed supervision (Borders et al., 2023; Henning et al., 2021; Miller, 2018;), even though there are multiple citations to the vitality of application for clinicians who are working with trauma-impacted clients (Borders et al., 2023; Knight, 2018; Sprang et al., 2019;), such as those impacted by addiction. There are multiple implications that supervisors should be utilizing the practices that are supported by the core principles of trauma-informed supervision to support individuals providing clinical services to clients who have an addiction. However, once again, there is no formal model of trauma-informed supervision.

Research has shown that trauma-informed supervision needs multiple facets based on the authors who are demonstrating how trauma-informed supervision should be implemented. There needs to be structured education about TIC and the provision of services (Brown et al., 2023). However, just teaching how to provide care falls short without ongoing consultation and supervision to allow clinicians to explore interventions

and protocols with support (Brown et al., 2023). The goals during these supervision sessions are to help the clinicians explore the interventions and to help identify any client and clinician barriers (Brown et al., 2023). These barriers may include environmental conditions, attitudes toward care, and responsiveness and should be acknowledged as not static (Brown et al., 2023). This research team's concepts demonstrate that trauma-informed supervision can vary based on what the supervisors see, their experiences, and their training (Brown et al., 2023).

Trauma-informed supervision has been indicated as a format of support for clinicians to not only explore themselves and be aware of their trauma but also to encourage self-care to reduce STS, VT, and burnout. Therefore, there is potential that utilizing trauma-informed principles in supervision could have a lasting impact on both the clinician and the client if there was a more formalized model. However, while this has been explored on the mental health side of counseling, there has not been a focus on how this supervision practices with those working with substance use clients. There is no developed model of trauma-informed supervision for supervisors to utilize with substance use clinicians to help guide them in utilizing this practice to care for the clinicians who are providing direct services (Jones & Branco, 2020). “Until there is more empirical guidance around the precise principles supporting efficacious trauma-based supervision, we rely upon these broader guidelines” (Brown et al., 2023, p. 153).

Trauma-Informed Supervisors

Trauma-informed supervisors must be knowledgeable and competent in providing not only supervision but also in working with trauma-impacted clients (Jordan, 2018;

Martin et al.,2022). The competency of supervisors can impact how supervisees understand the supervision process and how they grow as professionals. It is helpful if the supervisors have received trauma-informed supervision (Jordan, 2018) or training for counseling individuals with trauma (Martin et al., 2022). Without this basic understanding of trauma, working with individuals with trauma, and how to integrate it into supervision, supervisors are not providing the basics of needed support for clinicians. Therefore, it is possible to set up counselors to fail without supervisory support.

Along with support, the supervisor must provide time to check in and develop a safe and validating relationship that encourages supervisees to be upfront about their challenges (Jordan, 2018) and address their traumatic experiences (Martin et al., 2022). Creating safe spaces allows counselors to explore their processes, be willing to share their own traumatic experiences, and be willing to self-explore. It is found that many clinicians work in this specialization due to their trauma histories (Brown et al., 2022; Jordan, 2018), which adds to the importance of supervisors providing safe spaces for explorations, potential bias, and other areas of transference or countertransference (Miller, 2018). The space created by supervisors is a vital part of being a trauma-informed supervisor.

Trauma-informed supervision requires support, safety, and education (Jordan, 2018; Martin et al., 2022). Support encourages counselors to be able to explore themselves. However, there is a need for a basic understanding of trauma, traumatic experiences, and the outcomes for both clients and counselors. If counselors do not have a basic understanding of trauma, they can cause harm in the process of working with

clients with trauma histories and limit their self-awareness. Education on vicarious or secondary trauma is vital during the trauma-informed supervision process (Jordan, 2018; Martin et al., 2022).

Supervisors should be comfortable utilizing case conceptualization within the supervisory relationship and can utilize it as a parallel process. Brown et al. (2023) indicated that how supervisors engage supervisees in discussions around their cases, exploring the trauma symptoms of their clients, and being receptive to psychoeducation helps to demonstrate a parallel process to supervisees. Supervisors must be willing to engage those they supervise to allow them to explore how their clients learn, how to educate them on trauma best, and how to explore barriers.

How the client responds to education can impact the interventions provided by the counselor and shift the focus and direction of treatment (Brown et al., 2023), which needs to be delivered under the oversight of a supervisor. Supervisors can teach this to supervisees through parallel processes in which there is a collaboration between the client and counselors and another between the counselor and the supervisor to help direct interventions (Brown et al., 2023). Modeling the parallel process allows supervisees to learn more about creating safe spaces and explore their concerns, coping skills, and strengths (Brown et al., 2023). Learning these processes while providing them in session can strengthen the trauma-informed approach to care.

There are various components to consider when considering a trauma-informed supervision approach. Each component takes a skill set on the supervisor's part and may require specific training. However, supervisors should model ongoing learning and

reflection to their supervisees to show that learning is an ongoing process in the counseling profession. Various skill sets will have to be developed to provide trauma-informed supervision. Therefore, supervisors must be competent in providing education, support, and safe spaces and utilizing the basic principles of TIC to provide trauma-informed supervision (Brown et al., 2022; Brown et al., 2023; Jordan, 2018; Miller, 2018).

Supervisor Training and Session Planning

This exploration encourages the examination of trauma-informed supervisors' training. Borders et al. (2022) explored how supervisors trained in both trauma and supervision plans make decisions and respond when working with trainees who are seeing clients with a trauma history, as well as how they utilize training throughout the supervision process. Previous research indicates the importance of managing supervisees' compassion fatigue and emotional experiences (Miller, 2018) while working with trauma and integrating it into each supervision session. Multiple researchers have indicated that counselors, especially new counselors, experience high anxiety, are self-critical and self-conscious, and have a highly emotional state (Borders et al., 2022; Prikhidko et al., 2020; Todd et al., 2021). To address these increased emotional states, supervisors need to explore trauma processes as an integrated portion of supervision.

To address these emotional experiences, supervisors must plan their processes before supervision sessions. Research by Borders et al. (2022) on trauma-informed supervision helped explore this structure of sessions into three domains: supervisor's preparation and planning, in-session behaviors, and the impact of the supervision session.

Findings indicated that the integration of training was evident during in-session thinking, and many approaches seemed to reflect a tri-phasic model of trauma counseling (Borders et al., 2022). This aligns with recommendations around exploring trauma and supervision-informed practices with supervisee development (Borders et al., 2022; Martin et al., 2022).

To further understand supervision sessions and structure, it is vital to explore supervision themes, questions raised by supervisors and supervisees, and the emotions of counselors at different stages during their treatment provision (Wong & Leung, 2021). Exploring sessions and structure allows us to see how supervisors can implement trauma-informed supervision practices to support counselors at different stages of development. Research shows the importance of using emotional support, inducing hope, emphasizing self-care, and participating in critical incident debriefing as needed (Wong & Leung, 2021). These indications demonstrate the basic foundations of TIC and should be utilized as part of trauma-informed supervision practices.

Supervisors Lived Experiences

While considering trauma-informed supervision practices, it is essential to take into consideration the lived experiences of supervisors because counselors take risks hearing traumatic events, and so do supervisors during supervision (Martin et al., 2022). Supervisors often not only have to be aware of their supervisee's responses to things, but they must monitor themselves while they are taking in information about trauma sessions their supervisees have taken part in. These risks are often forgotten when thinking about

trauma-based services and, unfortunately, many times forgotten when thinking about supervision practices.

Martin et al. (2022) used phenomenology to more deeply understand the lived experiences of supervisors who are working with counselors who have trauma clients and are utilizing trauma-informed supervision practices. Lived experiences are one of the most valuable information when exploring supervisory perspectives. Exploring supervisors' lived experiences helps us to understand their processes, outcomes, and ways to format future trauma-informed supervision better. Researchers looked primarily to identify what supervisors do to help counselors deal with the effects of trauma and promote emotional wellness (Martin et al., 2022). The study identified themes around supervisors' experiences with trauma-informed supervision.

The following themes were found - trauma takes many forms, including the use of a counselor or supervisor presence, supervisor stance, and developing awareness of the entire process (Martin et al., 2022). These themes helped to explore the supervisor process and experiences in trauma-informed supervision and provide insight into the value of supervision and the supervisors' experiences. More experienced supervisors have the capability of being more aware of their presence and stance and being able to educate supervisees on the process of trauma. Working through these themes allows us to understand how each aspect impacts the supervisory relationship and further promotes supportive trauma-informed supervision practices.

The definition of trauma depends on the client's perceptions. While some individuals may see a family argument as trauma, others would not be impacted by the

argument in daily life. Supervisors must know their supervisee's perspectives on trauma and how it may manifest during supervision sessions (Martin et al., 2022). Research indicates that due to varied manifestations of trauma within clients and supervisees, trauma can be misdiagnosed or misattributed in both clinical and supervision contexts (Martin et al., 2022). This helps demonstrate the importance of supervisors using supervision to help supervisees understand the psychopathology of trauma (Martin et al., 2022).

Utilization of the counselors' presence in sessions allows supervisors to help supervisees work on their growth during supervision, foster awareness, and tap into immediacy (Martin et al., 2022). Supervisors shared that utilization of immediacy and introspection helped supervisees avoid VT and burnout, as well as improve client outcomes by allowing counselors to be able to handle various forms of trauma (Martin et al., 2022). Supervisors can utilize supervision times to allow counselors to explore themselves and their reactions, encouraging self-reflection and insight. This allows counselors to experience normalization and deal with emotions they have experienced throughout sessions (Martin et al., 2022).

Supervisor stance plays an active role in the supervision experience, especially when utilizing a trauma-informed approach. Each supervisor brings their stance into supervision, impacting how they connect with supervisees and the focus in supervision sessions. Supervisors shared that they take a teaching approach to trauma-focused supervision, indicating a strong link between supervision and education (Martin et al., 2022). This link is strong when supervisors must address and teach supervisees how to

work through their insecurities and provide opportunities for counselors to work on developing their awareness. Awareness is a vital part of counseling and supervision, and supervisors share that awareness needs to come first and then address skills when utilizing trauma-informed practices (Martin et al., 2022).

Findings were consistent with previous research indicating a need for more robust training, the development of emotional management and self-care, commitment to address one's issues and be reflective, an authentic supervision relationship, and the importance of training in trauma-based work for supervisors (Jordan, 2018; Martin et al., 2022). Experienced supervisors share that each portion of the supervision relationship, taking a teaching role, offering support, and providing opportunities to allow counselors to explore themselves are vital portions of trauma-based supervision practices (Martin et al., 2022). Supervisors' experiences speak for themselves on the value that trauma-informed practices and supervision add to trauma-based work for clinicians.

Substance Use Counselors

The professional definition of substance use counselors varies from state to state based on licensure and certification standards. For example, Missouri's credentialing organization for substance use counselors is the Missouri Credentialing Board. In Missouri, individuals can be certified as substance use counselors with a high school diploma and experience or a bachelor's degree and experience (Missouri Credentialing Board, n.d.). Therefore, these individuals may not have had clinical training in counseling like a master's level counseling clinician. These individuals are even more susceptible to VT and STS due to limited awareness of clinical concepts such as self-care, ethics,

boundaries, and basic counseling skills and development. Also, even if they have a master's degree in counseling, the CACREP (2016) standards for the foundational curriculum for all counselors include minimal instruction and training on substance use disorders.

Due to the variance in experience level, education level, and overall variance of training, there is the potential for these counselors to, and these counselors may have more issues with practicing and utilizing TIC. Research indicates that many individuals are not trained in trauma-informed practices (Menschner & Maul, 2016). Therefore, these individuals must have supervision that provides support, encouragement, and education on trauma and the impact of trauma on addiction (Jones & Branco, 2020). Substance use counselors need supervision that utilizes trauma-informed supervision that encourages collaboration, safety, and self-care. Unfortunately, trauma-informed supervision, while crucial, is not well expressed in the field of substance use, and there is a lack of training for supervisors in the substance use field in these practices (Henning et al., 2021).

Secondary Traumatic Stress and Vicarious Trauma

The increased incidence of psychological trauma and increased need for counseling means more counselors will be working with trauma issues (Coleman et al., 2021). Therefore, this indicates that there is going to be an increase in STS, VT, and other adverse side effects from working daily with trauma clients. For counselors, STS or VT comes from working with and being exposed to their clients' traumatic life experiences (Szilagyi, 2021). STS occurs due to contact with clients who have experienced trauma, while VT is due to being exposed to clients' reports and descriptions of the experiences

they have been through (Szilagyi, 2021). This increase in STS and VT will lead to more care needed for counselors, an intense focus on supportive supervision, exploration of TIC practices, trauma-informed supervision, and an increase in self-care for counselors.

Trauma issues have continued to increase, especially after the COVID-19 pandemic that began in 2020 in the United States (Angelos & Baggs, 2023), when researchers found two-thirds of practitioners reported moderate VT with increased levels of VT reported among therapists with less clinical experience (Aafjes-van Doorn et al., 2020). Counselors exposed to these issues daily are more likely to absorb the issues into themselves, which increases the risk of them being impacted by the trauma they are working with. STS can come with obsessions and can lead the counselors to integrate the client's trauma into their own life through nightmares, intrusive thoughts, worry, and fear (Szilagyi, 2021).

Research has shown that the rates of vicarious or STS are higher in those who are working with clients who have complex trauma (Coleman et al., 2021), and trauma rates are found to be high in those who are dealing with substance use issues (Jones & Branco, 2020; Stones & Dennis, 2023; Watts et al., 2019). With research showing an increase after the pandemic along with the information around increased levels of trauma for substance use clients, VT and STS are going to be increasing for counselors in the field of substance use, leading to a need for increased supervision support.

Watts et al. (2019) found that 82.6% of substance use clients have experienced childhood maltreatment. This large number of impacted clients goes to show that substance use counselors are going to be working daily with individuals with trauma

implications. This number further indicates the importance of counselors working in substance use fields to be educated on trauma, the impacts of trauma on clients and themselves as clinicians, and how to work with trauma-impacted clients. Counseling substance use clients increases the possibility for STS and VT in clinicians (Jones & Branco, 2020; Stones & Dennis, 2023; Watts et al., 2019), especially those with limited experience in the field of counseling.

We must consider the clinicians' backgrounds to understand VT and STS more. Along with those with limited experience, research indicates that many clinicians have personal impacts that lead them to become counselors that could increase their VT and STS rates. Brown et al. (2022) explored the personal factors in the developmental history of clinicians and their impact on professional burnout and STS. They found that many times, counselors had higher Adverse Childhood Experiences scores (ACEs) than the general population and were at a higher risk for mental and physical health problems such as STS and compassion fatigue (Brown et al., 2022). Counselors are often drawn into the field due to their personal experiences, which can lead to them having to deal with their processes while trying to manage their client's concerns.

Counselors must engage in self-care to be aware of their traumas, potentials for transference, countertransference, and implications on clinical practice. Research demonstrates a need to explore counselor wellness, burnout, and STS through supervision practices (Brown et al., 2022). Utilizing supervision times to help guide counselors, especially those with limited experiences in trauma, could help to improve counselor wellness and self-care. However, more research is needed on the best way to implement

these supervision practices. These findings further indicate the importance of trauma training for counselors and expanded research on trauma-informed supervision practices to support counselors during the provision of services.

Supervision is indicated as a protective agent against the advancement of VT (Foreman et al., 2020). It should be utilized to explore supervisees' experiences to help them prepare for addressing their experiences. Supervisors cannot ignore the fact that all counselors will be exposed to trauma. To help prepare, educate, and supervise, counselors' supervisors must teach students to recognize the symptoms of vicarious or secondary trauma (Foreman et al., 2020). Foreman et al. (2020) research emphasizes the importance of a teaching role within supervision and how it can impact counselors' personal and professional growth. While recognizing symptoms is essential, it is not the end of the teaching need for supervision. Supervisors should train counselors on how to utilize trauma-informed practices and encourage the utilization of self-care to reduce the negative impact of working with trauma clients (Foreman et al., 2020). Teaching skills, direct observation, reflections on feelings, and support can help counselors address their STS and VT (Szilagyi, 2021) and manage burnout and compassion fatigue.

Burnout and Compassion Fatigue

“The constant challenge of helping professionals is to balance the energy they put in supporting others with the effort for self-preservation takes a toll on their wellbeing” (Szilagyi, 2021, p.129). Counselors often pour themselves into their roles and disregard their needs. Compassion fatigue is the physical and emotional exhaustion that impacts a counselor's ability to have compassion and feel empathy. It has been defined as a side

effect of STS (Szilagyi, 2021). Burnout is often demonstrated by irritability, isolation, indifference, and a potential increase in substance use, as well as physical signs such as a racing heart and high blood pressure (Szilagyi, 2021). However, counselors rarely notice the signs of burnout in daily practice.

Research shows that unaddressed VT can lead to a clinician's inability to provide care (Ravi et al., 2021), a loss of moral decision-making ability, increased burnout, and compassion fatigue (Gustafsson & Hemberg, 2022). These issues can be addressed through supportive supervision, but counselors often have limited awareness of their own burnout and compassion fatigue. Limited awareness of these components not only sets counselors up for ethical violations but can cause counselors to leave the field entirely, impacting mental health and substance use care availability.

Research notes that more than 50% of substance use counselors report some symptoms of burnout (Beitel et al., 2018). The reported burnout comes from job stress, client relapse rates, and being overwhelmed (Beitel et al., 2018; Szilagyi, 2021). These are often seen in the field of substance use counseling due to working with intense client needs, large caseloads, and the re-occurring nature of substance use clients. These symptoms cause an increase in compassion fatigue and lead counselors to struggle with coming to work daily. These same counselors reported a need for increased supervision and clinical support to reduce burnout rates, and research shows that supervision can help reduce stress, which would improve occupational well-being (Beitel et al., 2018; Brown et al., 2022; Foreman et al., 2020).

In exploring the implications of compassion fatigue on professional' individuals, they reported it as exhaustion personally, professionally, physically, and mentally (Gustafsson & Hemberg, 2022; Jones & Branco, 2020). By working with clients, Counselors are impacted daily in their personal and professional lives. If counselors are not careful in their self-care, then compassion fatigue can cause many issues in counselors' lives. It is important to note that this compassion fatigue again leads to burnout of counselors. Compassion fatigue leads to burnout and individuals wishing to find alternative careers (Gustafsson & Hemberg, 2022; Ravi et al., 2021;). It impacts how individuals show compassion and can cause them to distance themselves from their clients and disengage (Gustafsson & Hemberg, 2022; Szilagyi, 2021).

Research reports that burnout and compassion fatigue can be managed with self-care, and researchers recommended a balance to help deal with burnout and compassion fatigue (Gustafsson & Hemberg, 2022; Ravi et al., 2021; Szilagyi, 2021). Counselors express that self-care and balance are often complex tasks that require them to find time to do in their day. If individuals were to utilize supervision as a potential time to review self-care and practice self-care skills, counselors could build it into their practice (Szilagyi, 2021). Counselors must participate in self-care, seek out supervision for help with compassion fatigue and burnout, and have self-awareness. "Working diligently towards avoiding personal and professional burnout becomes an essential duty and an ethical obligation for counselors" (Szilagyi, 2021, p. 134).

Supervision Impact

Supervisors must be aware of their impact on clinicians and clients. Research has demonstrated that supervision plays a fundamental role in service delivery, specifically when utilizing a trauma lens in working with counselors who provide direct services (Berger & Quiros, 2016; Keum & Wang, 2021). Utilizing a trauma-informed perspective encourages counselors to learn more about themselves throughout the supervision process. Effective supervision empowers counselors and assists in the creation of emotional and physical safety within sessions (Berger & Quiros, 2016), increases client satisfaction with services, and encourages clinician professional development (Keum & Wang, 2021).

Pathan et al. (2022) demonstrated that supervision positively impacts clinicians actively participating in self-development. Supervision impacted the professional quality of life, general well-being, and resiliency among individuals attending supervision groups (Pathan et al., 2022). Supervision impacts supervisees personally and professionally by helping them find balance and build the skills to work with individuals managing trauma. Clinicians who regularly attend those that attended supervision had lower levels of compassion fatigue, improved confident sense-making skills and that supervision was helpful and allowed participants the opportunity to reflect (Gustafsson & Hemberg, 2022; Pathan et al., 2022; Ravi et al., 2021; Szilagyi, 2021).

Research has indicated that supervision impacts emotional regulation, observation, and the ability to be present in session (Prihidko et al., 2020). It was found that counselors in training experience anxiety and self-doubt, and many noted that they

had not received training on emotional regulation (Prikhidko et al., 2020). Supervision is vital to developing the skills to feel more competent in service provision and emotional regulation. Supportive supervision practices must be followed (Jones & Branco, 2020; Prikhidko et al., 2020; Stones & Dennis, 2023; Szilagyi, 2021). These supportive supervision practices allow supervisors to address emotional dysregulation and provide ongoing support to help increase awareness of suppressed emotions, which may impact working with trauma clients (Jones & Branco, 2020; Prikhidko et al., 2020; Szilagyi, 2021). Research demonstrates three practice-based strategies: supervisory attunement and assessment, real-time feedback, and a collaborative learning environment (Choy-Brown, 2021).

Supportive and collaborative supervision environments are essential in overcoming supervision reluctance (Prikhidko et al., 2020; Zahav et al., 2020). Many times, clinicians may not be open with their trauma histories, the impacts trauma has had on them, or the trauma they are experiencing during sessions. Research has demonstrated a reluctance to participate in supervision after experiencing trauma (Zahav et al., 2020). Therefore, supervisors who can engage clinicians in supportive environments have a better opportunity to help address STS and VT issues with clinicians. Supervision satisfaction has been demonstrated to be improved when the supervisor provides emotional support, knowledge, and time for processing instead of purely administrative focus (Zahav et al., 2020). Other research indicates that higher levels of support through supervision increase job performance and that there is importance in the quality of supervision relationships (Choy-Brown, 2021).

Keum and Wang (2021) explored how supervision is connected to client outcomes, specifically improvements. To achieve these improvements, supervisors must be attuned, assessing the clinician and providing real-time feedback (Choy-Brown, 2021). While they did not explore trauma-informed supervision specifically, researchers did find that there was a positive correlation between supportive supervision with direct real-time feedback and client outcomes (Choy-Brown, 2021; Keum & Wang, 2021). Therefore, it explains that supervision makes a difference for both the supervisee and the client.

Summary and Conclusions

This literature review features the importance of TIC and supervision within counseling. It explores trauma-informed supervisors, substance use counselors, and the implications of supervision. There are some basic principles of TIC available; however, there is no standardized model of trauma-informed supervision and limited research in the area of substance use counseling. The field of substance use counseling is a subset specialty that often deals with very traumatic experiences of clients. These counselors need the support of a supervision style that supports managing trauma, providing a supportive environment, and being aware of the need for continued self-care of clinicians. Additionally, the shortage in literature around this supervision strategy, as well as the shortage of literature on supervision in substance use counseling overall, creates a barrier to understanding. The counseling profession needs a supervision model that a grounded theory study can create to increase the understanding of how supervisors use trauma-informed supervision to improve supervision outcomes.

Due to the limited literature available, suggested areas of further research by previous researchers, and the need for guidance on how to utilize trauma-informed supervision practices, a qualitative study would assist in providing insight. A qualitative study based on grounded theory (Corbin & Strauss, 2015; Mills et al., 2006) would help to look into what current supervisors in the field are doing to embed trauma-informed supervision into practices. Using a grounded theory approach helps the researcher recognize what is happening in the field. This process will allow the development of a theory to provide an understanding of current practices and processes and help provide guidance for creating a model of trauma-informed supervision. Chapter 3 will give an overview of the research methodology for this study that is established utilizing grounded theory processes.

Chapter 3: Research Method

Introduction

The phenomenon that I addressed in this study was the processes of experienced substance use counselor supervisors who provide trauma-informed supervision. The purpose of this grounded theory qualitative study was to explore the experiences and processes of experienced licensed professional counselors who are clinical substance use supervisors using trauma-informed supervision in substance use treatment agencies and to develop a theory around trauma-informed supervision. This chapter includes an overview of the study design, the role of the researcher in the research process, and a discussion of the methodology and other considerations.

Research Design and Rationale

In this study, I explored the following research question: How do substance use counselor supervisors engage in trauma-informed supervision? I intended to guide supervisors on using trauma-informed supervision to reduce VT and burnout and develop evidence-based practices. A qualitative approach was the most appropriate for this study because of the individualized nature of supervision and the individualistic nature of perspectives. These perspectives are hard to measure in quantitative fashions and are best respected and represented through qualitative data gathering and analysis.

I adhered to grounded theory epistemology in that every individual's experience is their reality and was honored (see Knight, 2018). I also respected grounded theory

epistemology by using the individual's experiences to create a theory to guide future processes around trauma-informed supervision.

I conducted this in a substance use setting as I sought perspectives and processes in the substance use field. This perspective was sought due to high burnout rates and VT leading to increased turnover rates in substance use counselors, which threatens the field of substance use counseling and could be avoided by using supportive supervision practices (see Peters et al., 2017). There needs to be an increased understanding of these processes so supervisors are prepared to train, educate, and supervise substance use counselors (Knight, 2018) who provide services to traumatized individuals (Martin et al., 2022).

In this study, I used grounded theory to explore the truths and realities substance use counselors experience while providing supervision in the field. Grounded theory is used to explore social processes to construct theory (Bryant et al., 2007). In this approach, researchers are encouraged to interact with their data and continuously explore the outcomes through ongoing analysis (Bryant et al., 2007). This approach was suitable for this study because researchers use it to analyze each interview after it has occurred. Because I wanted to explore the supervisors' processes in trauma-informed supervision with the hope of drawing conclusions that supported an emergent theory of trauma-informed supervision in a substance use counseling setting, this research method was the best approach.

Grounded theory is founded on the respect for individual choice, and the goal of grounded theory researchers is to create theory through data gathering and links (Corbin

& Strauss, 2014). Grounded theory includes analyzing data and creating abstract constructs that can be supported by the developed data (Bryant et al., 2007).

Role of the Researcher

Because I work in the substance use field, I knew some of the study participants professionally. In those cases, I supplied the participant with a thorough review of the consent form and all confidentiality conditions. I did not interview anyone under my supervision or management due to the risks of a power differential. I ensured that data gathered during interviews were kept detached from any professional business interactions by using my personal computer instead of business computers, using a jump drive that is only used for research materials, and maintaining the confidentiality of the participants by keeping research and business conversations separated.

In these modes of research, it is vital to be attentive to positionality issues as the researcher must assess their role in the research. Because I used grounded theory, bias was minimized due to the importance of the researcher participating in the process. However, I maintained awareness of my bias during the process. I have 13 years of experience in providing treatment and supervision in the substance use field. I requested another scholar, a doctoral-level mental health counselor, to provide debriefing about the process so they could evaluate my processes throughout the study.

Methodology

This section includes a description of the methodology of this study. I used a grounded theory framework to conduct this study. In this section, I will describe the participants, sampling and selection process, instrumentation, and data analysis.

Participant Selection Logic

I sought experts on the phenomenon of trauma-informed supervision, as suggested by Bryant and Charmaz (2007). Experts have completed at least five hours of TIC and/or supervision training. The participants had to be introspective and willing to participate, share their experiences, and have time to participate in the interview process (see Bryant & Charmaz, 2007). Qualitative researchers often use purposive sampling to seek out individuals with specific lived experiences (Bryant & Charmaz, 2007), and purposive sampling was used to gather participants in this study.

I sought out individuals who are substance use counselors who provide supervision and use trauma-informed supervision in everyday practice. Participants in this study were required to be currently working in the substance use field and providing supervision to at least one substance use counselor. I sought experienced individuals with 3 or more years of post-licensure experience. Individuals excluded were not fully licensed or credentialed and were not currently supervising at least one counselor in training. I also excluded persons who did not use trauma-informed methods in their supervision practice and individuals who did not have post-licensure experience, specifically in substance use.

I initially sought five to 10 individuals to participate in my study and interviewed eight participants. The sample size depends on the skill of the researcher (Bryant & Charmaz, 2007). Skilled researchers know how to guide the interview to seek more information, move the interview along, and build rapport with the participants (Bryant & Charmaz, 2007). These attributes guide sample size and data quality, meaning fewer

participants based on skill (Bryant & Charmaz, 2007). Because I have some interviewing experience, I chose a sample size of five to 10 to ensure I gathered and reached quality data amounts and data saturation. However, this number was subject to change throughout my study based on the data analysis, which indicated whether I could stop recruiting more participants (see Corbin & Strauss, 2014). Due to reaching data saturation at eight, I did not pursue more interviews.

I recruited participants using the drafted email (Appendix A). I recruited by requesting participants by submitting an email (Appendix A) on the Counselor Education and Supervision Network Listserv (CESNET LISTSERV). I also used my professional network and sent out requests by email for participation and for individuals to refer participants. I requested that Resilience Builders, a company that provides trauma-informed supervision training in Missouri, send the invitation to their list of individuals trained in trauma-informed supervision. Finally, I requested that the Missouri Credentialing Board send the invitation via email to their approved substance use supervisors. I also used social media for recruitment by posting the standard recruitment information (Appendix A). The first 10 participants received a \$20 Amazon gift card for participating in the interview. After they responded and indicated interest in the study, I sent participants an informed consent form.

After completing the interviews, I shared the closing statement:

I appreciate the time and expertise you have shared with me today regarding trauma-informed supervision in your daily practice. If additional information is needed, what is the best way to contact you, or would you like to set up a follow-

up before I leave? Thank you again for participating in my study about trauma-informed supervision.

Following the completion of the interview, I debriefed with a peer. The peer was a doctoral-level counselor education and supervision student with mental health counseling experience. I asked them if they had suggestions on addressing each part of the research differently or through different methods (see Given, 2008). I also asked them to help me explore areas I may not have considered during the study process (see Given, 2008). Finally, I wanted to ensure that my data was trustworthy, so I completed the debrief to confirm that my understanding of the process was verified (see Given, 2008) with participants to help check the validity of my data.

Instrumentation

The semistructured interview guide was created using SAGE resources focused on qualitative interviews and interviews within grounded theory qualitative research. The interview questions were used to explore processes, starting with hearing the participant's story and asking questions to explore the participant's experiences through fundamental social processes (see Bergson et al., 2003). Interview questions from a grounded theory background start with the central problem and evolve to gather views while locating data in context (Bergson et al., 2003). I used the interview questions to explore, not interrogate, and sought to gather critical events and their contexts and understand processes (see Bergson et al., 2003). I developed these questions based on my experience with trauma-informed supervision and with support from sample questions provided by Bergson et al. (2003) and Charmaz and Belgrave (2012) to ensure rigor and credibility.

Questions were adjusted to include the TIC experience. A copy of the interview guide can be found in Appendix B.

Other data sources included notes taken during the interview process, in which I gathered my ideas and key comments and any non-verbal communication shared. I journaled after each interview to document important thoughts and content and to provide an audit trail of the process. I recorded the meetings via Zoom to ensure a peer debriefer could review the audio and allow transcription. I transcribed all audio recordings. I also created a summary of each transcription.

Procedures for Data Collection

I used Zoom for the interviews due to the location separation between the participants and me. I recorded the interviews using a HIPAA-compliant Zoom and had both closed captioning, and transcription turned on to be ADA-compliant and welcoming. After the individuals responded to my email that they were willing to participate, I sent them a consent via email. The consent included information regarding the audio recording and utilization of Zoom. After receiving consent, I emailed each participant to set up an appointment for the interview. I guided the participants in choosing a location that promoted confidentiality and recommended that participants be in a room with four walls and a ceiling with a door that shuts for privacy. I asked them to close all window shades to promote the confidentiality of the space. Before the interview, I asked them to ensure their microphone and camera were fully operational. Allowing the participants to pick the location while providing clear boundaries and limitations on the space encouraged confidentiality as they were familiar with their environments and

helped reduce any ethical issues with data disclosure. They each picked a time convenient for them and a time that would not be interrupted to ensure confidentiality.

Each interview was estimated to last for approximately 60 minutes. I recorded the interviews using Zoom and reminded the participants of the audio recording. I also had a digital recorder and a secondary backup audio recording method. I asked permission to take notes during the interview to help build rapport with the individuals from the beginning. I used the interview instrument previously created during my doctorate coursework. This instrument was also revised based on feedback from doctoral-level peers and faculty. I briefly introduced the interview and moved on to the interview process.

It is recommended that preliminary explanations help to build rapport (Corbetta, 2003). As I worked through the interview, I made notes in my guide for questions that needed to be adjusted and worded differently to make the interview process smoother. I used the interview questions in the guide to ensure the consistency of the interviews. I noted in my audit log and interview notes when I asked a probing question or commented in any way that was not written in my interview guide.

Corbetta (2003) recommended probing questions to uncover participants' positions and that pausing can be helpful. I told the participants to take their time, allowing for a pause and reflection and ensuring I was not rushing them to establish an answer. I took an active role in the interview by rewarding responses with words like great, to ensure the interview stays on track and participants are rewarded for complete answers (see Corbetta, 2003). After the interview, individuals were debriefed to explain

that the audio recordings would only be shared with those identified as peer debriefing partners. They were provided with ethical procedures to help protect them. This information detailed that the interviews would be coded to protect their confidentiality, and the information would be discarded using appropriate procedures. Paper notes are stored in a locked filing cabinet and shredded after 5 years. Digital data was password-protected and would be deleted after 5 years.

Data Analysis Plan

Grounded theory is used to explain rather than describe (Corbin & Strauss, 2014). Data analysis goes beyond coding and reflecting on the entire data collection process (Qualitative Data Analysis Methods, n.d.). For the coding piece, I used the bottom-up coding approach, centralized to grounded theory methodologies (Corbin & Strauss, 2014). Bottom-up coding is where the researcher identifies codes through data, not through past research or personal understanding (Corbin & Strauss, 2014). The grounded theory requires the researcher to treat each person's experience as their truth, draw conclusions, and build theories based on collected data (Corbin & Strauss, 2014). Bottom-up coding is a detailed coding system where the researcher codes line by line (Corbin & Strauss, 2014) and includes both a code and a larger category to which the code relates (Corbin & Strauss, 2014). Coding for grounded theory started with open coding, then moved to selective coding (categories), and finally, axial coding, which related categories to subcategories and helped researchers build connections (Corbin & Strauss, 2014). I utilized open coding, where the researcher broke data into small parts and created codes to label them (Corbin & Strauss, 2014). I also used selective and axial

coding, where the researcher connected categories around a core category, allowing the researcher to identify theories through coding (Corbin & Strauss, 2014). I also kept a journal and memos to note reflections throughout the data collection (Corbin & Strauss, 2014).

For the coding process, I utilized Microsoft Word. First, I read and reread transcripts to refresh my interview memory. Second, I read through the transcripts and made a journal of keywords appearing more than once throughout the transcripts. Third, I reread the transcripts and noted overarching ideas, such as previous experiences. Fourth, I reread the transcripts and started coding line-by-line. For coding, I put the code at the end of the line in parentheses and utilized a red font to help separate the codes from the data in a visual format. For almost every line, a code was assigned that helped to sum up that particular line of data within the interview (Corbin & Strauss, 2014).

After completing the line-by-line coding, I returned to my journal and ensured I had a list of all the codes created through the line-by-line format. After that list, I began looking at how each code connected into larger categories through axial coding. I identified the categories, worked through the transcript, put a comma after the code, and listed the larger categories. Therefore, each data line had a code and a corresponding category (Corbin & Strauss, 2014).

Data gathered to develop codes and categories was utilized to develop a theory around trauma-informed supervision. Axial coding allowed the researcher to explore how the categories interacted and related to each other (Corbin & Strauss, 2014). Also, the researcher utilized the constant comparative method to help refine and validate emerging

theories (Corbin & Strauss, 2014). The constant comparison allowed the researcher to look at similarities and differences throughout the data to help make the emerging theory more robust and comprehensive (Corbin & Strauss, 2014).

Issues of Trustworthiness

In this section, I will define the processes I will follow as a researcher to ensure credibility, transferability, dependability, and confirmability.

Credibility

I participated in peer debriefing with two peers; the peers were enrolled in a doctoral counselor education and supervision program to address the credibility issue. Urquhart (2013) recommended multiple formats of data gathering to increase credibility. I enhanced credibility by debriefing participants to check the information and data I had gathered.

Transferability

I addressed transferability by following the recommendations of Given (2008). The recommended finding participants who are relevant members of the research community and providing a clear understanding of the study to ensure that the questions are answered appropriately. The participants I chose were directly involved in providing supervision from a trauma-informed approach. I gave an overview of the study and how the study questions were developed, and I ensured the participants did not have questions before the study.

Dependability

To address dependability, Givens (2008) recommended that researchers use relevant methodologies and have a research infrastructure that will allow for the repetition of the study. For my study, I ensured that the methodologies were appropriate, followed recommended question formats for grounded theory research in my theory, and documented any changes that differed in my research questions through my audit trail. I was transparent about this and shared my audit trail on transcriptions so anyone could follow the process.

Confirmability

To address confirmability, I created an audit trail in which I debriefed with a peer, an independent reviewer, to verify my process and documented my participation in the research process, as Givens (2008) recommended.

Ethical Procedures

There are multiple ethical processes to plan for when providing ethically sound research practices. For this study, the participants were licensed counselors who provided trauma-informed supervision in the field of substance use and were not considered a vulnerable population. However, exploring questions that may bring trauma required the researcher to use compassion, understanding, and the basic principles of TIC during the interview. Engaging in this study posed minimal risk, but there were still considerations to be made regarding confidentiality, potential psychological harm, sampling, and interviewing that were identified in the Institutional Review Board (IRB) application.

Confidentiality concerns were mitigated through informed consent for all participants. Participants reviewed and verbally agreed to the informed consent form before participating in the interviews. Barriers such as confidentiality are addressed through proper data storage; the researcher utilized numbers for participants to help protect their identity and encouraged participants to choose confidential locations when participating in Zoom.

Interviews were completed over video conference with audio recording. This approach comforted the participants and helped eliminate travel concerns, barriers, or other limitations. This was identified in the IRB application and described in the requesting participation process. To help promote confidentiality over video meetings, I utilized a HIPAA-compliant platform, Zoom.

All data was saved on an encrypted drive to help ensure confidentiality and ethical treatment of data components. The flash drive included interviews, transcription, and data analysis. All paper notes and journals from interview processes were maintained in a secured drawer in a file cabinet. Data was retained and will be for the mandatory period of five years. After that period has expired, all paper documents will be destroyed through shredding, and electronic files will be erased.

The study was voluntary, and participants were told that they could withdraw from the research and interview if they chose to do so at any point during their process with no consequences. Participants were notified that any data collection would be destroyed, and their answers or data would not be included in this research study if they withdrew.

Summary

This section describes the researcher's role, methodology, participants, sampling process, and data analysis. This study will use purposive sampling for 5-10 participants, depending on data saturation. Interviews were completed to gather data to analyze through open, selective, and theoretical coding aligning with grounded theory methodology. Chapter 4 will review the research study results, which will help develop the grounded theory development process. Data will be introduced through categories and subcategories, including direct quotes from raw interview data.

Chapter 4: Results

Introduction

The purpose of this grounded theory study was to explore the process of licensed professional counselors who are clinical substance use supervisors using trauma-informed supervision. My goal was to guide supervisors on using trauma-informed supervision to reduce VT and burnout and develop evidence-based practices. The research question was: How do substance use counselor supervisors engage in trauma-informed supervision? In Chapter 4, I will explore the setting, supervisors' demographics, data collection, and analysis procedures, the trustworthiness of the study, and identify the study's results.

Setting

All interviews were scheduled through email, and interview appointments were based on the supervisors' availability and schedule. Supervisors were provided a secure Zoom email link to connect to the interview. All data were collected over Zoom, and closed captions were provided for ADA accessibility. All interviews were recorded for transcription purposes, as clarified in the informed consent. I explained to all supervisors that I was recording the audio on Zoom and a personal recording device to ensure appropriate transcription. I also explained that the video recording would be deleted after the interview with the researchers, with the audio recording portion only kept. Supervisors participated from their own chosen locations. I was in a private office with no interruptions during the interviews.

Demographics

Minimal demographic data were obtained through the interview to help provide anonymity to the research supervisors. Supervisors must have completed at least 5 hours of training on TIC and/or supervision. Supervisors in this study were required to work actively in the substance use field and provide trauma-informed supervision during the time of the interview. Supervisors had to have 3 or more years of post-licensure experience. All supervisors held master's degrees in counseling, were actively licensed in their state, and provided supervision for individuals working in substance use. Supervisor's experience in the counseling field varied from 5 to 25 years. Supervisor's experience in providing clinical supervision ranged from 1 to 20 years. One individual was a faculty member at a university where they provided supervision for master's level students who also provided supervision in a private clinic setting. Seven supervisors worked in community-based agency settings. Supervisors were from three different states throughout the United States. All eight supervisors identified as women.

Data Collection

Eight supervisors participated in the semistructured interview for the study. All interviews were completed via Zoom. Supervisors were recruited through various techniques, including social media, emails to the researcher's network, and postings on the CESNET LISTSERV. I also sent an email to Resilience Builders, a company in Missouri that provides trauma-informed supervision. I asked them to send the invitation to their list of individuals trained in trauma-informed supervision. Finally, I emailed the

Missouri Credentialing Board to send the invitation to their approved substance use supervisors.

Interested individuals were directed to contact me using the email address provided. I asked potential participants screening questions to determine eligibility and emailed the informed consent document. All interviews were scheduled through email, and interview appointments were based on the supervisors' availability and schedule. Supervisors were provided a secure Zoom email link and notified that the Zoom would be recorded for transcription. Closed captions were provided to ensure ADA accessibility for all supervisors and participants connected from a private space of their choosing. Interviews were scheduled between June 19, 2024, and July 11, 2024. Interviews lasted anywhere from 38 to 62 minutes. Audio recordings were downloaded from Zoom onto an encrypted removable drive locked in my home office desk. They were also secondarily recorded on a recording device stored in a locking zip bag.

One unexpected issue came up during the data collection process. While recruiting, I publicly posted my invites on social media. Immediately after posting, I was spammed multiple times. I identified this early on and changed my social media posting settings to contacts only. After I changed the settings, the emails stopped. However, I did not want to miss out on a potential supervisor. Therefore, I had to respond to each email and ensure the supervisors met the eligibility requirements set out by the study by asking simple questions reflecting the eligibility that had been clarified. I found that none of the spam emails met the requirements as some did not respond to the clarifications, some did

not have the appropriate experience levels or were not currently supervising, and others did not have the proper degree.

Data Analysis

I analyzed data throughout the data collection process. After the interview, the data were manually transcribed for review and coding. Transcribing was completed by relistening to the interview while transcribing. For the coding process, I used Microsoft Word. First, I read and reread transcripts to refresh my memory. Second, I read through the transcripts and made a journal of keywords appearing more than once throughout the transcripts. Third, I reread the transcripts and noted overarching ideas, such as framework and behaviors. Fourth, I reread the transcripts and start coding line-by-line. For coding, I put the code at the end of the line in parentheses and utilized a red font to help separate the codes from the data in a visual format. The procedure I followed was bottom-up coding, a detailed coding system where the researcher codes line by line and includes both a code and a larger category to which the code relates for each line (see Corbin & Strauss, 2014).

After completing the line-by-line coding, I returned to my journal and ensured I had a list of all the codes created through the line-by-line format. After that list, I began understanding how each code connects into more significant categories through axial coding (Corbin & Strauss, 2014). I identified the categories, worked through the transcript, put a comma after the code, and listed the larger categories. Therefore, each data line had a code and a corresponding category. The categories came directly from the data provided by individuals during the interview process. The main categories that

emerged were trauma-informed supervision as a lens/framework, TIC concepts used in supervision, the behaviors and roles of supervisors using trauma-informed practices, and outcomes of using trauma-informed supervision. Data collection showed consistent themes by the end of Interview 4. By the eighth interview, consistent themes were evident, indicating that data saturation levels had been met. There was one exception where an interviewee discussed disassociation being an important process to consider when addressing trauma in clinical practice, but it was not discussed for supervision purposes. More detailed information and descriptions of the themes can be found in the results section of Chapter 4.

Evidence of Trustworthiness

In this section, I will discuss how I maintained trustworthiness throughout the research study. Trustworthiness is measured through credibility, transferability, dependability, and confirmability within this grounded theory study. The study did not have changes regarding trustworthiness between the proposal and the completed final study.

Credibility

I provided information in a detailed manner that would allow another researcher to follow the process if needed. I provided detailed information on supervisor recruitment, data collection, and analysis processes. To ensure credibility further, I participated in peer debriefing with two peers; the peers were both enrolled in a doctoral counselor education and supervision program. Finally, I enhanced credibility by debriefing supervisors to check the information and data I had gathered.

Transferability

I addressed transferability by following the recommendations of Given (2008). Given recommended finding supervisors who are relevant research community members and providing a clear understanding of the study to ensure that the questions are answered appropriately. The supervisors I chose were directly involved in providing supervision from a trauma-informed approach. I provided an overview of the study and how the study questions were developed, and I ensured the supervisors did not have questions before the study.

Dependability

For my study, I ensured that the methodologies were appropriate, and I followed recommended question formats for grounded theory research as I started with the central problem and worked to gather views while locating data in context (Bergson et al., 2003). I documented any changes that differed in my research questions through my audit trail in a journal as recommended (see Corbin & Strauss, 2014). I was transparent about this and shared my audit trail on transcriptions through journaling so anyone could follow the process.

Confirmability

To address confirmability, I created an audit trail in a journal, in which I debriefed with a peer, an independent reviewer, who verified my process. I also used the journal to document my participation in the research process and reflections as they came up.

Results

In this section, I will identify the categories and subcategories that I discovered throughout data collection. Individual categories will be described and followed by subcategories discussed while supportive excerpts from the raw data are provided. The categories and subcategories (Table 1) include information that I used to construct a grounded theory to address the study's research question. The main categories discussed include lens, behaviors, roles, TIC principles and practices, and outcomes and recommendations.

Table 1

Categories and Subcategories

Categories	Subcategories
Lens	Trauma-informed lens; Seeing supervisees as humans first
Behaviors	Natural process; Relationships; Boundaries
Roles	Supervisor; Educator; Advocate
Trauma-Informed Care Principles and Practices	Safety; Trust; Support; Collaboration and empowerment; Cultural issues;
Outcomes and Recommendations	Validation; Reduce burnout and vicarious trauma; Improve self-care; Attend training

Lens

Throughout the study, participants mentioned that trauma-informed practices include “how you see individuals.” They shared terminology, including lens, framework, model, and light. Throughout the interview processes, I determined, based on the data, that the foundation of practice is how supervisors see the individual they are supervising,

therefore indicating that there is a lens of practice when it comes to trauma-informed supervision practices. In the following subsections, I will explore the trauma-informed lens and see supervisees as humans first.

Trauma-informed lens

A subcategory developed within the lens was that supervisors must have a trauma-informed lens when providing supervision practices. Research has demonstrated that supervision plays a fundamental role in service delivery, specifically when utilizing a trauma lens in working with counselors who provide direct services (Berger & Quiros, 2016; Keum & Wang, 2021).

All supervisors identified that they have a specific way of looking at their supervisees and that this lens helps them to develop what they do with their supervisees. Supervisor 2 stated: “Why isn’t everyone looking through this lens because it’s effective.” Supervisor 3 expanded on this and stated, “At least one staff likely would have quit if I hadn’t utilized that lens because it’s amazing how they open up, their whole demeanor, their mannerisms change.” These statements showed the effectiveness of using a trauma-informed lens in supervision practices.

Supervisor 4 reported that it is the only way they view counselors and compared it to wearing glasses:

Trauma is going to be there, whether we address it or not. When I think of a lens, I think of something that makes it more clear. So, like our glasses. So, when I put the lens on, I see things more. I look at their past, and I see this is how they

protect themselves from the work, and it brings an understanding on what's going on.

Participants viewed a trauma-informed lens as an essential part of a framework. It was evident throughout the data that supervisors who use trauma-informed supervision believe that a particular lens should be used to look at supervisees. Supervisor 8 explored the lens as the base of a framework for all supervision, stating:

It's a lens through which you can look at someone, and I think it also enables you to create a framework for how you choose to do supervision. I am going to build a trauma-informed supervisory house. Make sure the walls and windows are done.

The experience is encapsulated inside.

They went on to say, "Maybe you fill the house with CBT and development; that's the décor, but you have this foundation from which you build."

Other statements of support for utilizing a trauma-informed lens were made that helped to show that it is the center of what must be done when utilizing trauma-informed supervision; Supervisor 8 said, "It is definitely a lens because you see things through the lens, and it is a framework as well because it does impact your approaches and responses." Supervisor 6 said,

You have to look through the lens to build trauma-formed habits. I have to make sure to keep my glasses on. Trauma is so rampant now in the lives of people, and I do not know if it is any worse, or we are just better to identify because people are looking through the lens and identifying more things.

Seeing Supervisees As Humans First

Another subcategory that developed was seeing supervisees as humans first. Supervisors who use a trauma-informed lens/framework see individuals for their individuality first. It considers that counselors are humans first before taking on any other role. Literature indicates that the supervisor must provide time to check in and develop a safe and validating relationship that encourages supervisees to be upfront about their challenges (Jordan, 2018) and address their traumatic experiences (Martin et al., 2022). The literature explored the need to see supervisees in terms of their humanness; this point was supported by the data gathered in this study. Supervisor 8 shared,

Supervisees are human beings with their own emotions, issues, and life struggles, and those can have an impact on their work life and service provision. It is important to be aware because we do not always know what is going on in their personal lives.

Supervisor 3 further supported the statement by sharing, “We are all humans at the end of the day, even if we are a counselor, counselor in training, we are humans first, so we carry our stuff with us.” Therefore, this further indicates that counselors' first role is to be human and that supervisees carry personal experiences with them into the counseling setting.

Supervisors must consider the human nature of those they supervise to provide supervision that looks at the person as a person first and explores their strengths and limitations. Supervisor 6 shared,

Staff bring in their life with them. They are made up of what they have experienced, and everybody's life is different, and everybody reacts differently.

Look at the person as a person, and just because they should do this, let me listen to why they think they cannot do it.

Effective supervision empowers and creates a sense of emotional and physical safety for clinicians (Berger & Quiros, 2016), increases client satisfaction with services, and encourages clinician development (Keum & Wang, 2021). In a deeper exploration of seeing our counselors as humans in the data, Supervisor 3 shared the importance of counselors' history and its impact on service provision. "If the supervisee is going through their own stress and trauma adversity at the moment, they are not going to be as effective in helping their clients that week."

Overall, data demonstrated that supervisors should consider the humanness of the individuals they supervise and not just see them as "actually being their own person and not just being a robot." The view that supervisors take when looking at supervisees can impact the supervision they provide. Other statements about seeing supervisees as humans first were numerous. Supervisor 3 stated, "It is based on their specific and unique needs." Supervisor 4 stated, "There is a human element, too. We all want to be treated as human and valued." Supervisor 5 stated, "They are still a human sitting in front of you. To have good people, you have to have some empathy and a human relationship." Supervisor 5 continued on to say, "It is taking that person and just being able to see different parts of them, being able to see different sides of them, the whole person."

Behaviors

Another category that developed through the data is that there are certain behaviors that supervisors who are using trauma-informed supervision demonstrate. These behaviors may come naturally or be items supervisors have had to focus on to develop. Multiple researchers have indicated that counselors, especially new counselors, experience high anxiety, are self-critical and self-conscious, and have a highly emotional state (Borders et al., 2022; Prikhidko et al., 2020; Todd et al., 2021). To address these increased emotional states, supervisors must build relationships with supervisees and have strong communication and boundaries. The subcategories explored in this section are natural processes, communication, relationships, and boundaries.

Natural process

One subcategory that developed is a natural process. Throughout the interviews, supervisors identified that trauma-informed supervision practices seem natural to many. After further exploration, it became apparent that many of the supervisors used TIC practices with clients before becoming supervisors. They felt like that bridge was naturally built between the two and that although they needed training, they did not have to consider utilizing the practices. Supervisor 2 shared, “If you have trauma-informed care practices embedded in you, it is only natural it would come out in supervision.”

This type of supervision approach seems to come organically to the supervisors, and they do not have to think about implementing the practices as they are providing supervision. Supervisor 2 clarified this more,

For me, it just came organically; it was not like a conscious decision. If we are going to treat our patients from a trauma-informed care perspective, I think it is only natural and fair to treat our supervisees with the same care and consideration.

Some supervisors shared that it was a natural process because their agencies had implemented TIC practices for many years. Some of them also shared that they began using trauma-informed supervision because of a supervisor they had who used the same format. Supervisor 3 shared, “I had a supervisor who used trauma-informed supervision, so I found that it really helped me grow when I was being supervised, so I naturally just adapted to it.” Supervisor 3 also clarified that although they knew there were structured items of supervision when they utilized trauma-informed supervision, it seemed to flow out of them without them thinking about it, and the structure provided itself. “It just naturally flowed; it felt like having a conversation with the person rather than following a specific set of guidelines.”

Overall, data indicated the natural flow of trauma-informed supervision in the structure of sessions and overall practice and implementation. Supervisors reported that it is a genuine process for those using it, mainly if they have used it as a clinician in client-based care. Some other statements shared about natural processes included Supervisor 4 stating, “With a trauma-informed, once you integrate it, it is not something you have to actively always think about because it is kind of just there.” Supervisor 6 stated, “Because I do what I do, and I do not even think about it.” Supervisor 8 stated,

I did not consider it to be new because as a clinician being aware of trauma informed practices and the high rate of people who come to treatment having

experienced trauma in their lifetime. But the difference as far as from a supervision perspective is that employees are really not different in that many employees have also experience trauma in their lives.

Relationships

Research in supervision, especially when utilizing a trauma-informed approach, focuses on the relationship between the supervisor and the supervisee. Research has stated that the quality of supervision relationships is essential (Choy-Brown, 2021). The quality of the relationship can change the outcome of counselor development, growth, engagement, and resilience. Supervisor 1 stated that the relationship holds all the power in the supervisory process. They stated, “Do not discount the power of the relationship, the basic lesson that I knew as a counselor, but I think one of the biggest pieces is as a supervisor as well.”

Literary research indicated that within the factors that shaped supervision, the supervisors’ characteristics, supervisory relationships, and contextual aspects were analyzed to explore their impacts on supervisory outcomes and found the importance and influence of the supervisory relationship in counselor development (Berger & Quiros, 2016). This point was further supported by this study when Supervisor 2 shared,

“The relationship is immediately solidified if someone feels heard, understood, and supported, and you can collaborate better in a more mutual relationship. You can provide guidance more effectively.”

All supervisors indicated the importance of the relationship, many even pointing out that the relationship is even more important than the supervisor's duration of professional experience. Supervisor 1 shared,

I learned really quickly that the relationship was more powerful than the experience I had, especially coming from a trauma-informed approach. The relationship, the genuine empathy can be just as important if not more than the actual clinical experience you are bringing.

This data indicated that the relationship-building behavior of supervisors is vital and required to provide trauma-informed supervision. The relationship built also affects how counselors develop and see relationships with their clients. Supervisor 5 stated, "The relationship you have with your supervisee can be a model for how your supervisee has that relationship with their clients."

Overall data indicated that the relationship becomes one of the vital behaviors that trauma-informed supervisors require. How supervisors relate to and build relationships with their supervisees impacts their development as clinicians and client outcomes from services. Other statements were made about building relationships while using trauma-informed supervision. Supervisor 6 stated, "It helped our professional relationship. I got to know the person better and understand why they tick, the way they tick, and understood why they did some of the things they did." Supervisor 3 shared that before trauma-informed supervision, it had an impact on their relationships with counselors. They stated,

I tried to make everyone fit into my bubble and it drove people away. When trying to supervise the way I preferred it be done, I lost the relationship. They came to me with logistics they did not feel safe to come to me with other stuff. Supervisor 4 stated, “It helps build a better rapport with your clinicians because it gives the appearance you care.” They continued on to say, “I want a professional relationship and it helps with respect towards each other.”

Boundaries

Another behavior subcategory that emerged was having boundaries and building boundaries within supervision. Boundaries keep both the supervisor and supervisee safe. Supervisors must ensure that they are clear in their boundaries and do not serve as therapists for their supervisees, per professional ethical standards (ACA, 2014).

Supervisor 5 shared that it is crucial to be careful about the boundaries being developed while building relationships. They stated, “We have got to figure out something else because this is not a supervision relationship anymore; we have now crossed into this counselor relationship.”

While building relationships is one of the core behaviors in trauma-informed supervision, having boundaries within that relationship is also vital to a healthy supervisor/supervisee process.

Supervisor 1 shared a personal story of how you must be careful not to become someone’s therapist. They reported that you are checking in on emotions and how the work impacts the clinician, but you must keep the boundaries clear at the end of the day. They shared,

You have to be careful not to become someone's therapist. I am checking about their emotions, checking in to see how the work is impacting you, but I also should not be your therapist at the end of the day.

They went into more detail and shared, "You are not processing anyone's trauma for them; you are still maintaining that supervisor role."

This story demonstrates how trauma-informed supervisors check in on supervisees' emotional health, and it can be effortless to slip into the role of a clinician. However, supervisors are responsible for monitoring the process and adhering to appropriate boundaries. Supervisor 4 stated, "Supervision is knowing where your line is and being very with those boundaries and modeling healthy work relationships and your expectations." In exploring boundaries, it was clear there needs to be separation and awareness when using trauma-informed supervision practices. Supervisors also need to consult when they are navigating boundaries and are unsure. Supervisor 1 shared supporting more awareness about boundaries

There are boundaries, and there is separation. I feel good going in and making sure that I am doing everything to support my staff, which in turn is going to make me feel like I am acting in a way that is aligned with my own values and that I am showing up professionally.

Supervisor 2 clarified the importance of separation when they stated, "If you have not addressed issues they may have, they may blur the lines or have more trouble with boundaries." They went on to say, "The number one thing to watch is boundaries. Watch that it does not turn into a counselor/client relationship as opposed to the

supervisee/supervisor relationship.” Finally, Supervisor 3 shared the importance of consultation, “One of the biggest challenges for me sometimes is navigating those boundaries, which I usually will then consult with my supervisor.”

Roles

Counseling supervisors play a fundamental role in influencing the future of the field. Through data review from the study, this researcher discovered that there are multiple roles counselor supervisors play when using trauma-informed supervision. They serve as supervisors, educators, and advocates, guiding counseling supervisees toward competent and ethical practice. The research results align with Bernard’s discrimination approach to supervision (Bernard & Goodyear, 2019), which could be enhanced by including trauma-informed perspectives in supervision approaches. Experienced supervisors share that each portion of the supervision relationship, taking a teaching role, offering support, and providing opportunities to allow counselors to explore themselves are vital portions of trauma-based supervision practices (Martin et al., 2022). Beyond providing clinical guidance, supervisors advance professional development, ensuring that supervisees develop robust therapeutic techniques and follow ethical decision-making processes. There are multiple roles counselor supervisors take; however, this data set primarily identified supervisor, educator, and advocate. Supervisor 7 stated, “As a supervisor, you play different roles... all roles could come up in one supervision it depends on what a supervisee brings to you or presents with.”

Supervisor

The first role that a supervisor takes is a supervisor. However, the data uncovered that supervision sessions can have different styles and formats based on the agencies where the supervisors work. Literature research found that trauma-informed supervision can vary based on what the supervisors see, their experiences, and their training (Brown et al., 2023). However, there were some similarities throughout the data regarding what items are included in supervision sessions and how a supervisor should approach things.

One of the commonalities was case conceptualizations. Case conceptualization allows supervisors to understand cases and provide feedback to supervisees through a formal review of a case, processes, procedures, and outcomes. It provides opportunities to know what the supervisees are working on, the theories they are utilizing, and how they are approaching patients. It also allows for mentoring or coaching on cases. Supervisors should be comfortable utilizing case conceptualization within the supervisory relationship and can utilize it as a parallel process. Brown et al. (2023) indicated that how supervisors engage supervisees in discussions around their cases, exploring their clients' trauma symptoms helps demonstrate a parallel process to supervisees. Supervisor 1 shared, “We use about half the time for case conceptualizations. You bring in case, you talk through it, and you can get some pure feedback.”

The literature review indicates the importance of integrating case conceptualization into the supervision process. The literature notes that the goals during these conceptualizations in supervision sessions are to help the clinicians explore the interventions and to help identify any client and clinician barriers (Brown et al., 2023).

The data found in this study supports the literature in demonstrating the importance of case conceptualizations in the supervision process.

Another commonality was the check-in process, which helps the supervisor understand where the counselor is at that moment. The check-in process allows the supervisor to be aware of the situation, “observe body language, cues, energy,” and “empower them (the supervisees) to speak on whether they need something different” than what the supervisor was planning. Check in’s consist of questions like,

- “What is important to you? What do you want to prioritize? How are things feeling? What is impacting you? How are you doing?”
- “Is there anything you are struggling with this week? Anything that stood out to you?”
- “What has gone well in supervision for you before, and how do you want to use this space?”
- “What are the barriers and challenges?”

Finally, data analysis revealed that supervision consisted of helping individuals understand their roles and responsibilities while balancing their personal life impact. Some places called it “coaching” or “mentoring.” The supervisor role includes “anything pertaining to their job duties and the technicalities of it.” Supervisor 4 stated, “As a supervisor I have to balance because I cannot know everything, but I have to know enough to help you if it is something going on in your personal life and something with work.” They went on to say, “Giving someone constructive feedback or criticism, we call that coaching.”

Overall, the supervisor's role requires oversight of the supervisee's clinical services while also checking in on the supervisee's "self-care" and other processes to ensure the supervisee's wellness. The supervisor role encompasses parts of the other roles discussed in the upcoming subcategories. Supervisor 6 summed up what it means to be a supervisor and shared that it is crucial to have an overall understanding of the job, the supervisee, and the impact of the job. They stated, "You have to be a supervisor who understands the wear and tear on your psyche that this job can do. "

Educator

Another identified subcategory is the need to educate and teach counselors during supervision. Supervisors take the lead in educating counselors after their formal education. Education is a vital form of supervision practice, expands professional development for counselors, and encourages self-care. Supervisor 7 made this concept transparent and stated, "Teaching is a form of supervision." As described by participants, teaching included lessons about various aspects of counseling, particularly TIC. Supervisor 1 shared that they were "Pulling a lot from trauma-informed care and working with clients and then started looking at how are we teaching and taking care of our staff?" Supervisor 4 shared, "It is sharing the knowledge I have on the topic." They also shared "additional education that I can give them about why they are doing a practice." Research literature states that supervisors must be competent in providing education and utilizing the basic principles of TIC to provide trauma-informed supervision (Brown et al., 2022; Brown et al., 2023; Jordan, 2018; Miller, 2018).

While supervisors all focused on what teaching and educating may look like to them, each had a different view of the educator role. Supervisor 3 shared, “Being able to meet the needs the supervisee has and then teach skills. Naturally, I am a teacher. I love to teach and educate.” They went on to say, “Teaching educator role may look like if they need to learn a specific skill or they ask about a theoretical lens or they are stuck with a patient and need to know how to navigate.” Supervisor 4 stated, “Mentorship and coaching while also providing support and a listening ear.” Supervisor 6 stated, educating them with “...tools, resources out there to help them.”

Research also mentions that supervisors can teach supervisees through parallel processes in which there is a collaboration between the client and counselors and another between the counselor and the supervisor to help direct interventions (Brown et al., 2023). Modeling the parallel process allows supervisees to learn more about creating safe spaces and explore their concerns, coping skills, and strengths (Brown et al., 2023). Supervisor 5 shared in their interview, “The relationship you have with your supervising can be a model. For how your supervisee has that relationship with their clients.” They discussed teaching their counselors through modeling behaviors and appropriate ways to work with patients. This parallel process can be a form of education and teaching for counselors to learn.

Participants also discussed the importance of education on VT, STS, and self-care in supervision. The literature states that education on vicarious or secondary trauma is vital during the trauma-informed supervision process (Jordan, 2018; Martin et al., 2022).

Supervisor 4 shared that the supervisor is responsible for checking on self-care. They shared,

Check-in with them on what their self-care is, if they are doing it or not, and what self-care practices they have. So it is a really big clue for me if someone's self-care practices are minimal or if they are just if they put like the word like trying.

This supervisor reports it clues her in on when to educate her counselor on self-care and to incorporate it even further in supervision. Supervisor 5 even took it further, pointing out that checking in with counselors and ensuring they are educated in self-care also takes care of clients. They stated, “In the end, if you are taking care of your counselor, you are taking care of the client.”

Advocate

Another subcategory around the roles of a supervisor included being an advocate. Advocacy efforts include encouraging self-care, seeking support or professional help, advocating for work-related needs, and empowering staff. The literature states that effective trauma-informed supervision practices focus on relational components, empower supervisees, help them feel emotionally and physically safe, show support, and advocate for solid self-care practices (Berger & Quiro, 2016; Coleman et al., 2021). Supervisor 8 shared that advocating for counselors allows them to “...gain confidence in their abilities and their own knowledge and understanding.”

Supervisors also shared that it is crucial to ensure they are connected to what their supervisees do by still providing some direct services while supervising. This allows supervisors to understand what the counselors are doing daily and helps them clarify

what will need some higher-level supervision advocacy efforts. Supervisor 5 reflected on this by saying, “I want to keep my skills sharp and to have a conscious reminder of what needs to be done and what the people I work with are going through so I can be a better advocate for them.”

To further this point, Supervisor 8 reported that while doing supervision, it is also important not to think you understand everything the supervisee is going through and to clarify by checking in with supervisees. They reported asking questions like

“Do you need my support or what else can I do?”

The supervisors shared by hearing the supervisees' concerns and asking questions. It also allows them to share concerns that may need higher-level intervention while empowering them to be heard. Supervisor 7 shared how advocating for them can empower the supervisee. They stated, “Empowering them that if these are concerns you have, I want to be able to work through them with you.”

Another advocacy component includes helping advocate for the importance of counselors taking care of themselves. Advocacy encourages counselors to seek out professional support by understanding that VT and STS are normal processes for individuals working as counselors in the field of substance use. Supervisor 8 shared that one way they advocate for supervisees is by “...normalizing and giving them permission to seek help of their own, and to have that support and assistance, because its going to help them do a better job with the clients they are seeing.”

This advocacy endeavor can expand social transformation by helping those with trauma histories receive quality care and be provided the opportunity for their voices to

be heard outside of their own families and communities, which provides opportunities to overcome social barriers using TIC and supervision, allowing the clinicians to be empowered. Supervisor 5 wrapped everything into a simple statement, “You have to be willing to be an advocate for your staff.”

Trauma-Informed Care Principles and Practices

One of the categories found through the study was the utilization of TIC principles and practices. This was a heavy focus throughout the interviews of the supervisors, sharing that they often were trained to use TIC with clients and then were using the principles and practices adopted in supervision. Using the TIC practices during sessions often made supervisors feel more normal and natural in the supervision process. Supervisor 8 shared,

I did not consider it to be really new because as a clinician being aware of trauma informed practices and the high rate of people who come to treatment having experienced trauma in their lifetime. But the difference as far as from a supervision perspective is that employees are really not different in that many employees have also experience trauma in their lives.

TIC is founded on the principles of safety, trust, choice, collaboration, and empowerment (Berger & Quiros, 2014; 2016; Borders et al., 2023; Jones & Branco, 2020; Knight, 2018; [SAMHSA], 2014a, 2014b). These principles are set to guide treatment decisions, help counselors understand client perspectives, and empower individuals receiving services. TIC demonstrates awareness and understanding, considers how trauma is pervasive, and impacts how individuals connect to treatment services

(University of Buffalo, n.d.). TIC guides clinicians to ask what happened to a client instead of looking at their behaviors as independent of their histories, promoting a healing and recovery environment (University of Buffalo, n.d.).

Adapting TIC practices to supervision also encourages utilizing all principles and practices. Experienced supervisors share that each portion of the supervision relationship, offering support and providing opportunities to allow counselors to explore themselves are vital portions of trauma-based supervision practices (Martin et al., 2022).

Subcategories within this category that will be explored include safety, trust, support, collaboration and empowerment, and cultural issues.

Safety

One of the subcategories found within TIC included the practice of safety. Literature shares that creating safe spaces allows counselors to explore their processes and be willing to share their own traumatic experiences and self-explore. It is found that many clinicians work in this specialization due to their trauma histories (Brown et al., 2022; Jordan, 2018), which adds to the importance of supervisors providing safe spaces for explorations, potential bias, and other areas of transference or countertransference (Miller, 2018). The space created by supervisors is a vital part of being a trauma-informed supervisor. Supervisor 6 shared, "...the priority for people to be safe, to feel safe at work."

Supervisors also shared that it is vital that the supervisor not only allows counselors to feel safe but also their duty to help create the environment that promotes safety in supervision. The literature states that effective supervision empowers counselors

and assists in creating emotional and physical safety within sessions (Berger & Quiros, 2016). Multiple supervisors shared statements about creating a safe supervision environment. One supervisor focused on how that environment allows supervisees to feel safe but also helps the supervisor grow. Supervisor 5 stated,

We can create an environment where a person feels truly safe. And I believe that my goal is when a person comes into my office, they can just take a breath. They do not have to say anything at all.

They also stated, “Being able to provide that safe space in any way that I can through that trauma-informed lens. I think it helps me because I personally become better as not only a clinician but also as a supervisor.”

Supervisors also shared that part of creating safety in supervision includes creating space for cultural competence, empowerment, and unconditional positive regard. Thus, supervisees feel safe exploring how their work impacts them and their clients. Supervisor 2 stated, “Learn the importance of being culturally competent and empowering and providing safety in a supervising session.” They went on to say,

If I am not practicing from a trauma-informed care standpoint, That to me is not effective, but if I am providing safety and empowerment and comfort and unconditional positive regard and I am looking at things from a cultural competent standpoint then they would say they might respond differently. They might feel open to say how they are feeling.

Overall, the supervisors indicated that safety is one of the most important conditions of supervision because it is the key component of empowerment and

supervision outcomes. Supervisor 2 stated, “If a supervisee does not feel safe. You are not going to get very far in supervision if they do not feel empowered.”

Supervisor 3 shared,

We need to feel safe, emotionally safe to be able to open up so for my supervisees to be able to share things with me that need to be addressed, they need to feel safe to come to me with issues and problems and things. I can have the perfect lens or model, but if it is not trauma-informed, they are not going to feel safe enough to share what really matters.

Supervisor 1 stated, “I want this to be a safe space where we are not just hashing out clients, but wanted to make sure, how does the work impact you?” Supervisor 5 once again focused on how safety grows both the supervisee and the supervisor when they stated, “Being able to provide that safe space in any way that I can through those trauma-informed lens helps me because I personally become better as not only a clinician but also as a supervisor.”

Trust

The subcategory of trust emerged during data analysis. Trust must be built into the supervision relationship to understand the supervisee's perspectives. Some supervisors see trust as the foundation of building rapport and a relationship. Supervisor 3 shared, “We have that rapport, that trust, as a base, so they feel like they can share with me.” Supervisors must know their supervisee’s perspectives on trauma and how it may manifest during supervision sessions (Martin et al., 2022). Research indicates that due to varied manifestations of trauma within clients and supervisees, trauma can be

misdiagnosed or misattributed in both clinical and supervision contexts (Martin et al., 2022). Therefore, supervisees having trust in their supervisor to share their perspectives is an essential piece of supervision.

Supervisor 3 clarified further that you must adjust your supervision to build trust within a relationship. They stated

“...with a trauma-informed lens, you adjust to that individual, and there is no way of doing that without knowing the individual, so you give them the space and the freedom to share who they are and take the time to build trust, establish rapport.”

Other supervisors mirrored this statement about individualizing supervision to build trust and rapport. Supervisor 4 shared that being trauma-informed helped with trust overall.

The trust built with supervisors helps supervisees understand their supervisors and accept their decisions. They stated,

It helps people to trust you and your trauma-informed. I think it helps with their trust and knowing that there is going to be empathy. You are going to give them empathy for what happens in their lives. The one thing that I learned being a supervisor is if people do not trust you, then there is questions for every decision that you make or, sometimes anything that you say can come off wrong if someone does not trust you.

Supervisees' trust enhances the supervision relationship, encourages collaboration, and supports other TIC principles. It is crucial, though, to find a balance within the trust. Supervisor 6 shared that they want their supervisees to trust them, but there needs to be a balance. They stated,

I want them to share some, but I do not need them to share their whole life, and if they trust me or not, there is a balance of it. But I do not want them to trust me so much that they think I am their counselor.

After clarifying with the researcher, the supervisor shared that trust is a part of the relationship and the boundaries. The supervisors report wanting supervisees to feel supported and trust the supervisor because it builds the supervision relationship to encourage collaboration. They stated that trust can build “safety, collaboration, just working together.”

Finally, Supervisor 7 shared that they teach trauma-informed practice to protect their supervisee and ensure comfort in the session, build trust, and create space. They shared,

I cover these aspects of trauma-informed practice to enable myself not to harm my supervisee, as well as to enable comfortability and trust with the supervisee as much as I can to be comfortable and to share in this space what they need.

Therefore, building trust within the supervisor/supervisee relationship is a crucial function of TIC practices and trauma-informed supervision. It promotes supervisees to engage in sessions while exploring themselves and trusting enough to be authentic and open.

Support

Another subcategory founded in TIC and within this study was support. The literature shares increased ethical violations in substance use counseling, with substance use counselors having more violations than any other type of counselor (e.g., clinical

mental health counselors), which leads to an increased need for supervision support (Jones & Branco, 2020). Supervisor 1 shared that it is important to them to show support for their counselors. They shared, “I feel good going in and making sure that I am doing everything to support my staff, which in turn is just going to make me feel like I am acting aligned with my values.”

Literature states it is essential to note that situations such as burnout, compassion fatigue, secondary trauma, and lack of support (Park et al., 2019) lead to the need for trauma-informed supervision formats. Supervisors need to address situations such as burnout, build self-care plans, and address VT and STS to build support for counselors. Supervisor 1 shared that they work on it regularly in supervision to help build safety and provide support. They state, “Talking about burnout and implementing more self-care plan things, just having that space be used for more of building some safety and supports.” It is also important to acknowledge the normalcy of work stress, VT, and STS when working in the substance use field. Supervisor 2 shared, “I try to provide support, normalize things, talk about normal work stressors.”

Support encourages counselors to be able to explore themselves. Supportive supervision practices allow supervisors to address emotional dysregulation and provide ongoing support to help increase awareness of suppressed emotions, which may impact working with trauma clients (Jones & Branco, 2020; Prikhidko et al., 2020; Szilagyi, 2021). This may include encouraging your supervisees to seek therapy to work through their emotions, VT, and STS. Supervisor 1 shared, “I am big on supporting and

encouraging that my staff seek their therapy.” Supervisor 8 shared that normalizing and encouraging counselors to seek their own support also improves client outcomes.

Letting that person know that it is very common, and it is a very good practice for clinicians to have their own clinicians. Normalizing that and giving them permission, for lack of a better way of putting it, to seek the help of their own. To have that support, because that is going to help them do a better job with the clients that they are seeing.

Supervisors were all clear about the importance of encouraging support through empathy, genuine care, and referrals. Supervisor 4 stated, “Showing that you are supportive to your staff, showing them I have genuine care and empathy.”

Supervisor 4 also stated,

There is the support you are looking at, like a coach. There is this support; I am just here. I am here to listen to you. I can give you feedback if you want.

Sometimes, all that someone needs is to listen.

Supervisor 5 stated,

You have to confront issues. But you have to support them because there is always something going on. We cannot pretend that there is something not going on at home or in their daily lives and that is going to trickle into work.

Supervisor 6 stated, “Some of my staff feel more comfortable in their job. I think they have learned. We are not going to just set them up for failure; we are going to support them.”

Overall, supervisors shared that providing support from a trauma-informed supervisor lens is vital and can help staff retention and wellness. Supervisor 6 stated, “If you do not support your staff and put things around them to help them be the best that they can be and protect them in a way, you are going to lose staff.” Supervisor 6 went on to say to make sure to support them because they have trauma from working in the substance use field. They stated,

Make sure that our staff supports them because whether they know it or not, people will leave this job and say they are looking for another job for other reasons because they may unconsciously not realize it is because of the trauma or the work demands of this job.

Collaboration and empowerment

Another subcategory identified was collaboration and empowerment. TIC is founded on the principles of safety, trust, choice, collaboration, and empowerment (Berger & Quiros, 2014; 2016; Borders et al., 2023; Jones & Branco, 2020; Knight, 2018; [SAMHSA], 2014a, 2014b). Many supervisors shared the importance of empowering the counselors they are working with. Supervisor 3 spoke about how counselors are more likely to take on roles and leadership if supervised using trauma-informed practices, empowering them to grow as individuals. They shared, “People like taking on roles and leadership in their own way as they feel empowered from trauma-informed supervision.” They then further stated that teaching them while providing supervision empowers them in their own skill set. The supervisor stated, “Then they feel empowered. They are like, wow, I learned how to do this.” Supervisor 8 shared, “I want to empower that person and

so trauma-informed supervision plays a role in that because while I am empowering the person and helping them gain confidence in their own abilities and their own knowledge and understanding.” Empowering counselors allows them to grow as individuals and learn how to grow as upcoming leaders in the field.

Empowerment also offers opportunities to help supervisees get what they need out of supervision by learning to speak up for themselves and explore their needs. One supervisor shared that they like to reassure counselors and help them explore concerns by empowering them to share. Supervisor 7 stated, “Empowering them like, Hey, it is okay. If these are concerns you have, I just want to be able to work through them with you. So this can be the most beneficial relationship that's possible.” They further clarified that empowering the supervisee to help structure the session is essential instead of always following the supervisor's plan. They shared, “Empowering them to speak on whether they need something different than what I am planning and reassuring them that it is okay to ask for what you need.” Supervisor 2 shared the importance of collaborating early in a supervision session to set the tone and help the session flow. They shared, “We talk together collaboratively about why isn't this working or what could work better. And then, usually, the session just takes off from there.”

Multiple supervisors discussed the importance of using supervision to empower supervisees by creating safety and allowing them to explore themselves. The literature demonstrates that effective supervision empowers and creates a sense of emotional and physical safety for clinicians (Berger & Quiros, 2016). At times, supervisees can also be reluctant to supervise and engage with supervisors, especially when they must disclose

personal information. Previous research notes that supportive and collaborative supervision environments are essential in overcoming supervision reluctance (Prikhidko et al., 2020; Zahav et al., 2020). Supervisor 2 shared why collaboration and empowerment in supervision encourage safety, engagement, and growth. They stated, “If a supervisee does not feel safe. You are not going to get very far in supervision if they do not feel empowered.”

Cultural Issues

Although cultural issues were previously mentioned in the safety subcategory, they were found throughout the data analysis process to be its principle and practice when using TIS. Therefore, it became a subcategory itself. Some models of TIC add tenets around cultural, historical, and gender issues (Berger & Quiros, 2016; Jones & Branco, 2020), including environmental and cultural issues. Many supervisors mentioned the importance of being culturally competent when working as a supervisor. There can be cultural implications for supervisees' responses to situations. Supervisor 2 shared that being aware of culture is the most important lesson they learned about trauma-informed supervision. They stated “To not assume someone's culture or to assume something. To not assume anything about someone at all. That is the most important lesson.”

Literature notes that TIS integrates interpersonal relationship models, attunement, empathy, and awareness of cultural and oppressive factors (Jones & Branco, 2020). Supervisors in this study supported the statement of the importance of cultural competence in supervision practice and relationship building. Cultural competence and awareness in supervision can change the effectiveness of the supervision relationship.

Supervisor 2 shared, “If you are using empowerment and support, and if you are effectively considering culture and mutuality. This not only helps the supervisor/supervisee relationship, but also it can be very effective.”

Supervisors also noted that trauma, VT, and STS should be handled like other cultural aspects because we are not aware of a supervisee’s trauma history. Supervisor 4 shared,

If I do not recognize the trauma or if I do not recognize whatever that problem is.

I think of it similarly to cultural diversity. Sometimes, we do not see what is there because we do not know that it is, so we do not know that it is a problem.

Being culturally competent and aware of what is going on with a supervisee, whether it be their VT, STS, culture, or other components, is vital because it can impact supervision sessions and how they work with their clients. Supervisor 8 shared that you should consider the supervisee's culture before making supervision recommendations. They stated,

Think before you make a suggestion. Be mindful. You do not know what the people in front of you have been through. Even if it is a multicultural room of students you supervise, you can maybe guess, but you do not know.

Supervisor 2 also addressed cultural competence in supervision when they shared, “Learn the importance of being culturally competent and empowering and providing safety in a supervising session.” Supervisor 2 went on to say,

If I am not practicing from a trauma-informed care standpoint, That to me is not effective, but if I am providing safety and empowerment and comfort and

unconditional positive regard and I am looking at things from a cultural competent standpoint then they would say they might respond differently. They might feel open to say how they are feeling.

Outcomes and Recommendations

Although outcomes and recommendations will not be part of the theory developed by this study, they were brought up in all the supervisor interviews. While there is an understanding that outcomes can depend on both the supervisor and the supervisee, some commonalities that came up in the interviews deserve attention and are essential for future supervisors and researchers to be aware of. A recommendation also came up in each interview, so it is essential to note it in the study results. Therefore, through data analysis, outcomes and recommendations were found to be a category that should be discussed in the results section. Four subcategories were found within the category, which will be discussed in detail. The subcategories covered are validation, reducing burnout and VT, improved self-care, and training.

Validation

One subcategory identified was validation. Supervisors reported that supervisees feeling validated improved the supervision relationship and the supervision outcomes. While it can be seen as a behavior to provide validation, the importance of this study was the supervisor's perception of how the supervisee felt validated. Supervisor 3 shared, “It is just very fulfilling to meet them where they are at, utilize whatever skills and resources they are needing in that moment. And then they again feel validated.”

The supervisor shared that their experience in trauma-informed supervision was the first time they felt validated and wanted to provide that supervision outcome for those they supervise. They shared,

My experience as a supervisee with a trauma-informed supervisor was some of the first times in my life that I felt truly validated. Then, that shaped my personal experience. It was revolutionary, and I am going to use this with others. I think validation and emotional safety go hand in hand because when we feel validated, we feel safe to share.

Literature reports that supervision satisfaction is improved when the supervisor provides emotional support, knowledge, and time for processing instead of purely administrative focus (Zahav et al., 2020). Supervisor 7 shared that trauma-informed supervision is necessary because you do not want to invalidate a supervisee's experiences; you want them to feel validated. They stated, "You need to be trauma-informed because you just do not know if someone has got trauma, and if you are not trauma-informed, you might further traumatize, invalidate. Use the wrong approach; use language that's insensitive."

Previous research supports what was found in this study. The research states that along with support, the supervisor must provide time to check in and develop a safe and validating relationship that encourages supervisees to be upfront about their challenges (Jordan, 2018) and address their traumatic experiences (Martin et al., 2022). Validation is an essential outcome of utilizing trauma-informed approaches to supervision.

Supervisor 3 shared, “I just validated, provided empathy, support, help them feel heard, seeing that they matter.”

Reduce burnout and vicarious trauma.

A second subcategory that developed was that supervision helps to reduce burnout, VT, and STS because it allows the supervisee to explore these situations in a supported environment. Trauma-informed supervision provides support for individuals who are often working with trauma-affected clients and develop vicarious or secondary trauma (Jordan, 2018). Not only does it allow supervisees to explore their situations, but it also provides opportunities for education, awareness, and referral if needed, and can impact retention within the field. These clinicians need ongoing support, mentorship, and quality supervision to help them work through their VT situations and improve client outcomes (Aafjes-vanDoorn et al., 2020). Supervisor 2 shared that due to high rates of burnout, it only makes sense to use trauma-informed supervision practices. They shared,

Counselors have a high rate of burnout, most have trauma, most everyone has trauma, so if we are going to treat our patients from a trauma-informed care perspective, I think it is only natural and fair to treat our supervisees with the same care and consideration.

Supervisor 1 shared that early identification through trauma-informed supervision encourages early intervention. They stated, “It helped to identify signs of compassion fatigue, vicarious trauma, and burnout quicker than if I was not coming from a trauma-informed approach.” They then went into more detail to report that addressing these issues early and helping reduce the impacts led to “people staying longer” and that it also

“helped the job retention.” Supervisor 6 shared the same sentiment when reflecting on supervision practices that do not use trauma-informed principles. “I do not think with supervision, is talked about as much as it needs to be. We have a hard job. There is a lot of burnout. There is a lot of turnover.” Research supports what was found in this study and notes that this format and structure of supervision increases supervision satisfaction, which supports reduced burnout and stress and increased job satisfaction (Park et al., 2019).

Improve self-care

Another subcategory identified was that trauma-informed supervision can help improve self-care. All supervisors discussed the importance of supporting their supervisees by focusing on self-care and ensuring they care for themselves. Research notes that this is a “constant challenge of helping professionals is to balance the energy they put in supporting others with the effort for self-preservation takes a toll on their wellbeing” (Szilagyi, 2021, p.129). The study supported this with Supervisor 3 stating the importance of being a role model for self-care and checking in on supervisees. They stated, “A lot of people can lose themselves in the substance use field. They become codependent and burn themselves out with the field. The supervisor can help them learn to recognize that and really model self-care.” The supervisor went on to say it is crucial to check in on what the supervisees are doing for self-care because it can be different for each supervisee. They stated, “I always check in on self-care and what they are doing to relax, what they are doing for fun and I have learned that looks different for everyone. Their self-care might look different.”

Supervisor 4 reported that checking in on their counselor's self-care indicates whether there is an issue that needs to be addressed to ensure the counselor stays well. They stated, "Check in with them on what their self-care is, if they are doing it or not, and what self-care practices they have. It is a big clue if someone's self-care practices are minimal." TIC compels clinicians to identify the effect of trauma on themselves and be proactive in self-care practice (Knight, 2018). The processing of VT, STS, and compassion fatigue (Knight, 2018), as well as the encouragement of self-care, often come from the individual providing supervision to the clinicians.

TIS relationships help to normalize vicarious VT and help to model trauma responses that promote self-care (Berger & Quiros, 2016; Gustafsson & Hemberg, 2022; Ravi et al., 2021; Szilagyi, 2021). Supervisor 1 reports that they model responses by discussing burnout, exploring the supervisee's self-care plan, and creating space to build safety and support. They stated, "Talking about burnout and implementing a self-care plan like just having that space be used for building some safety and supports." Overall, using TIS to approach normalizing and addressing VT, STS, and compassion fatigue while checking in on self-care practices brings self-care to the front of the mind of the supervisee and encourages increased self-care practices.

Attend training

The final subcategory developed was attending training. While this is not an outcome of trauma-informed supervision, it was found to be a recommendation. All the supervisors shared that training in their interviews was crucial for future supervisors to consider when providing trauma-informed supervision practices, and most pointed out

that there are “training gaps.” Supervisor 1 pointed out the importance of actively seeking out training,

I feel like there is not a lot of guidance on unless you are looking for supervision training in general. The narrative is trauma-informed care, but I would say there was minimal to no information on trauma-informed supervision until I really started looking for it.

The literature demonstrates that trauma-informed supervision can vary based on what the supervisors see, their experiences, and their training (Brown et al., 2023). Therefore, supervisors must have initial and ongoing training to provide best practices in trauma-informed supervision.

Supervisor 1 discussed the importance of formal training, indicating they can be challenging to find, but it is crucial to have the training on top of experience. They stated,

Take a formal training. They are hard to find, but if you can, they are really helpful. Do not discount the power. Experience is great, but take actual training to see how you can apply it. I think it is important. I do not think there is enough trainings.

Supervisor 8 shared that would be the one thing they would tell new supervisors, “Attend training, consultation, staffing. Talk with other clinicians that provide trauma-informed supervision. That is the best advice I could give people just discovering it.”

These interviews supported what has been found in early literature reviews. Previous research indicated a need for more robust training, emotional management, self-

care development, commitment to address one's issues and be reflective, an authentic supervision relationship, and the importance of training in trauma-based work for supervisors (Jordan, 2018; Martin et al., 2022).

Review of Results

The category of lens emerged throughout all the interviews. Supervisors use a trauma-informed supervision lens when working with supervisees to ensure they acknowledge what supervisees bring into sessions with their clients and supervisors. They ensure that they look at the supervisee as a human first and then provide all supervision through a lens of TIC to ensure they have acknowledged who the individual is when providing individual supervision focus.

The second category that emerged was behaviors. Behaviors that are evident for all the supervisors included looking at using TIC as a natural process. All the supervisors shared that this supervision style came to them naturally and that many of them used what they had been trained in previously for use with clients when providing supervision. Many of them saw it as a conversation with their supervisees. Another typical behavior mentioned in all interviews was the importance and power of the relationship built in supervision. Many supervisors saw the relationship as the core foundation for the supervision process. Finally, they focused on the importance of boundaries and helping clinicians identify how their issues affected their work. They did not work through the clinician's trauma with them but instead referred them to their care providers.

Another category focused on supervisors' roles within the supervision relationship, including what supervision sessions may look like and the structure set up.

Data included how supervisors should provide support during supervision and encouragement while providing feedback. Information about serving as a teacher and educator during the supervision process was gathered. Many supervisors focused on the importance of providing education to their staff. Finally, participants identified how to advocate for staff not only within an agency but also to advocate for self-care and self-confidence with supervisees.

The category of TIC principles and practices helped show that trauma-informed supervision practices are built using trauma-informed principles. Supervisors focused heavily on building trust, support, safety, collaboration, and empowerment within the supervision session. Many supervisors reported being unable to separate supervision from these processes as they are the guidelines for helping to understand supervisees and use the same care we use with clients. Within this category, it was also important to focus on cultural issues and discuss the cultural implications of trauma's impact on clinicians.

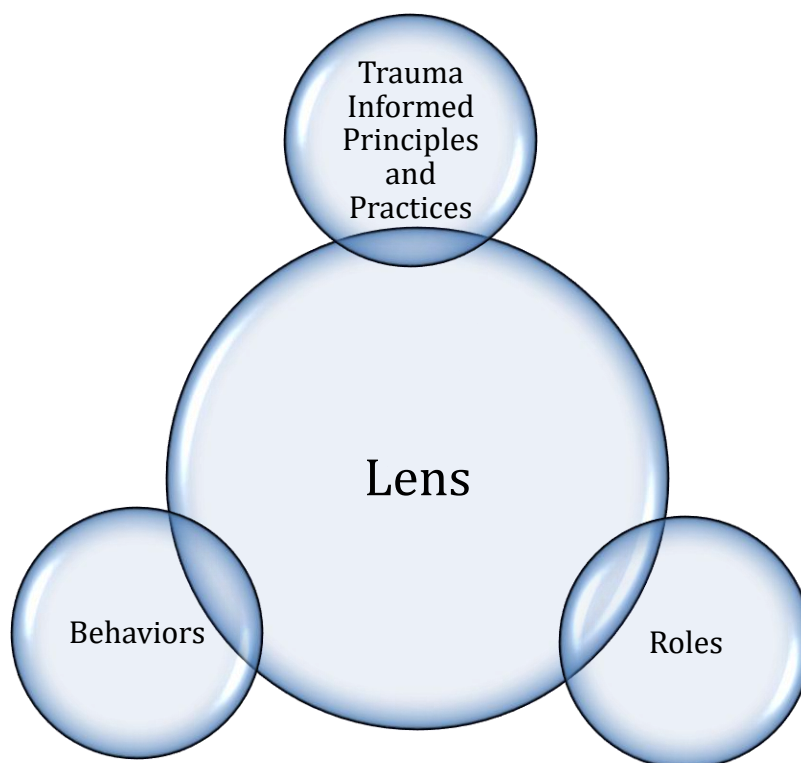
Finally, outcomes and recommendations emerged as a theme. Supervisors noted the importance of supervision in helping individuals feel more validated, build their confidence in their abilities, and address their professional development. It was also noted that using TIS can help reduce burnout and VT by confronting the situations and building support throughout the process. Supervisors also mentioned the importance of using TIS for improved self-care and helping supervisees address the importance of their wellness. Finally, there was a focus on encouraging those interested in TIS to get training to support them in integrating TIC into their supervision practices.

Theoretical Description

Through the utilization of grounded theory methodology, the results of this study promote the development of a trauma-informed supervision model for substance use counselor supervisors.

Figure 1

Trauma-Informed Substance Use Supervision Model



The developed data and categories implied that supervisors who use a trauma-informed lens of practice as the center of what they do provide an opportunity to see supervisees through a unique view that identifies them as humans first. Also, based on the data, supervisors who have solid communication, listen to the supervisees, show

empathy, and normalize behaviors allow for better outcomes within the supervision process and more validation for supervisees and see the process as a natural method. Supervisors who take on various roles, such as supervisor, educator, and advocate, allow supervisees to have well-rounded supervision by providing supportive education while allowing individuals to build their voices through support. Lastly, supervisors who use TIC principles and practices build stronger supportive supervision relationships with their counselors, create safe spaces and trust, empower supervisees, and encourage collaboration. This can help reduce burnout and VT for supervisees and increase retention rates.

Summary

This study answered the research question: How do substance use counselor supervisors engage in trauma-informed supervision? The data provided insight into how counselor supervisors are utilizing trauma-informed supervision practices in their clinical supervision of substance use counselors. The developed categories and subcategories included lens, behaviors, roles, TIC principles and practices, and outcomes and recommendations. The final chapter will provide a discussion focused on the interpretation of the study and its implications for trauma-informed supervision practices within the field of substance use.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this grounded theory study was to explore the process of licensed professional counselors who are clinical substance use supervisors using trauma-informed supervision. My goal was to guide supervisors on using trauma-informed supervision to reduce VT and burnout and develop evidence-based practices when working with substance use counselors. I explored the research question: How do substance use counselor supervisors engage in trauma-informed supervision? Due to the need for more literature on using TIS practices within substance use settings, my goal was to contribute to the literature by offering a theory around the use of TIS in substance use practice and supervision.

I determined from this study that the essence of TIS is the trauma-informed lens, including looking at supervisees as humans first. Using this lens was a common practice for the supervisors participating in this study, and they often saw it as the foundation of TIS practice. What stood out the most about the results was how supervisors take on different roles and responsibilities within the supervision practice, and each role considers a different supervisee's needs. The role may change during supervision to ensure the supervisee feels supported, encouraged, and safe. Participants modeled that TIS is a naturalistic process, a behavior that expands principles often used within counseling to the supervision process. Furthermore, participants mentioned the importance of using TIC principles to ensure supervisees feel validated and heard, reduce their VT STS, and increase self-care practices.

Interpretation of the Findings

The conclusions from this study do not prove the current literature, as that was not the goal of the research study. The findings support the application of TIS and TIC practices found in the supervision of mental health literature but present a grounded theory to build on for future studies and practice within substance use counseling and counseling supervision practices in substance use settings. In the following sections, I will discuss how the results can be used to direct future TIS practices in substance use counseling.

Lens

The lens was essential to all the participants in this study. Many participants referenced the importance of viewing supervisees through the trauma-informed lens as the foundational supervision practice. The human element is sometimes lost during supervision. Thus, the TIC approach to supervision refocuses on the human element to ensure that supervisees are seen as human beings instead of humans doing. By using this lens, supervisors allow supervisees to make mistakes, learn in a supportive situation, and improve themselves as professionals throughout the supervision process. While there is training on how to be a supervisor both in the community and at university levels, this study implies that it is essential to teach counselor supervisors about the trauma-informed lens through educational opportunities. It implies the need for counselor supervisors and educators to ensure they are utilizing the framework to provide supportive supervision, especially to those working in the field of substance use.

The lens is the foundational piece of the model that ensures all behaviors, roles, and practices overlap with that viewpoint always to maintain sight of the supervisee's humanness. The lens must be central to the practice to ensure that supervisors are aware of the traumas impacting supervisees and the impact of working in the field of substance use on counselors. Supervisors should ensure that supervisees are aware of the lens. Hence, they feel comfortable sharing about themselves, their STS, VT, and other concerns so that referrals and support can be provided to ensure quality service provision.

Behaviors

All participants shared the importance of having a natural approach to supervision that comes from learning about TIC and then applying those principles throughout supervision. The natural approach comes from practicing and using trauma-informed principles and practices to provide quality supervision. This study implies there may be a naturalistic concept as to whether this type of supervision comes easily to supervisors or if others would have to work at implementing the model. Practicing the skills makes the process more natural, encouraging supervisors to use the model with all their supervisees to ensure continuity of supervision.

Other behaviors, such as relationships and boundaries, indicate that the relationship is one of the keys to this foundational model. It encourages supervisors to connect with their supervisees and maintain a professional relationship by showing transparency within boundaries. This study implies that relationship lines may differ from other types of supervision. However, there is still a clear boundary line about ensuring the supervisor does not become the counselor. This balance of having a

supportive relationship while encouraging safe boundaries is vital for the supervisee and the supervisor to ensure they are modeling self-care practices and being aware of their own STS and VT.

Roles

Participants focused on their supervisor roles, including supervisor, teacher, and advocate. This study showed different roles taken during various times in supervision, which demonstrates the importance of having a variety of supervision and interpersonal skills. These roles require supervisors to have different foci depending on supervisee needs. The need for these roles implies that all supervisors need training in what these roles may look like, how to function as a supervisor, and the ethical/legal obligations in each role.

This study showed that using this approach requires flexibility, the capability to teach others, and the capacity to advocate. Ensuring supervisors can fill different roles while maintaining a trauma-informed lens is a delicate balance that must be learned over time. It also requires awareness of the boundaries that come with each role. Supervisors must train themselves in these roles through education, professional training, or consultation. This study also showed the importance of flexibility during supervision to adjust to supervisee needs. This integral piece of the model shows that roles may change per supervisee and are required to ensure successful supervision outcomes.

Trauma-Informed Care Principles and Practices

TIC principles and practices come into play in each supervision relationship. All the participants shared their experience using it with clients before implementing it into

supervision. The foundational concepts of TIC are built around safety, trustworthiness, support, collaboration, and empowerment and are found throughout the practices of trauma-informed supervision for substance use counselors. These principles are vital in balancing roles that build off the trauma-informed lens. This study showed the importance of using the practices within supervision and the impact on the supervisee. Educational institutions and continuing education providers should look at including TIC training for all supervisors to ensure they are using the principles to support counselors.

This study showed that this supervision model can only exist by adjusting the foundational principles to a supervision format. Practice over time also indicated the importance of knowing how to use the principles to support supervisees effectively. Using this model implies the importance of integrating it into practice with all supervisees to ensure they are supported and empowered, feel like they are a part of the team, and can encourage retention of counselors in a field with a high burnout rate. Using these principles could be a key to improving organizations' retention rates, reducing burnout, and increasing counselor wellness in a field that is challenging the psyche of counselors.

Outcomes and Recommendations

While outcomes and recommendations are not included in the model, they must be addressed in the data gathered in the study. The most vital recommendation was that more training be readily available. Many participants reported needing help finding standardized training. This study showed that this model could be used to format a standardized training that develops from a trauma-informed lens foundation and

addresses appropriate behaviors, roles, and utilization of trauma-informed practices. This model can be used to create a formalized process that supervisors can follow when working with substance use counselors to create an environment that promotes wellness. The model could also be adapted to other populations, teaching environments, and university counseling master's program settings as a supervision model for supportive supervision.

The outcomes reported throughout the study must be considered. The increase in staff retention, decrease in STS, VT, and burnout, and the rise in success rates of supervision must be acknowledged. This study showed that this model could change the outcome of supervision practices for counselors and the practices where they work. Supervisors and agencies using this model for practice could change wellness outcomes for supervisees while encouraging collaborative workplaces. This model could become a model adapted within agencies for supervision provision.

Conceptual Framework and Grounded Theory Model

The grounded theory that emerged from this study supports integrating TIS into supervision practices in substance use settings. The trauma-informed substance use supervision model (See Figure 1) promotes a framework and practice to guide supervisors working with substance use counselors. The data from this study showed that supervisors who engage in TIS use a TIS model to guide their supervision practices. Furthermore, based on the data, the following recommendations are inferred for using TIS practices in supervision settings.

- Lens: The center of practice has to be having a trauma-informed lens and seeing supervisees as humans first.
- Behaviors: Supervisors using TIS practices must have a naturalistic process of inclusion of TIC principles and trauma-informed lens in all they do; they must build relationships with those they supervise and have boundaries that encourage self-exploration by the supervisees but do not cross into serving as the supervisee's counselor.
- Roles: Supervisors take a variety of roles within the TIS supervision practice process, including supervisor, where they follow general administrative supervision practices; educator, where they teach supervisees about trauma-informed practices and ensure they are educated on trauma processes; and advocate, where they are advocating supervisees take care of themselves throughout the process and help them to develop trust in themselves.
- TIC principles and practices: Supervisors use the same TIC principles and practices they use in client sessions in supervision. They ensure safety, build trust, provide support, encourage collaboration and empowerment, and acknowledge the cultural implications for the supervisee.

Limitations of the Study

While I believed the qualifications were broad enough, there were limited participants with the time and availability to participate in the study. Not all individuals providing supervision in the field of substance use counseling had trauma-specific training or trauma-informed training. While it is an expanding field, many supervisors

still need to participate in or complete formal training. Finally, not all clinical supervisors felt experienced enough to share their perspectives. Some interested individuals reported feeling they needed to use the practice longer to share their perspectives.

This study was limited to the experiences of substance use counselor supervisors with a master's degree in counseling and at least some training in trauma-informed supervision. This study did not include master's level supervisors who do not have specific training in trauma-informed supervision or supervisors outside of the field of substance use specifically. Therefore, this study may not be generalizable to a larger population. Also, this study may not apply to all areas of counseling practice. The study did not include supervisees' perspectives or experiences. Future studies could explore the supervisee's experiences to enhance the use of trauma-informed supervision practices. Other studies could also explore how this model may be adapted to different areas of specialty, such as domestic violence, LGBTQ+ populations, and other unique populations/practices.

Recommendations

The recommendations for future studies include taking the foundational model in this study and interviewing substance use counseling supervisees who have participated in trauma-informed supervision practices to understand their view of the practice. The rationale for interviewing them is that limited studies explore their perspectives, especially those practicing in substance-use treatment settings. This future study could strengthen the behaviors and roles that supervisees find essential when being in trauma-informed supervision sessions.

Additionally, it is recommended that future studies explore organizations that use trauma-informed supervision practices as the foundation of their supervision provision. Agencies and organizations that use this approach may be able to provide insight into how TIC principles can be adapted not only through supervision but also through organization-wide implementation to change the culture of the treatment environment.

Furthermore, it is recommended that future studies explore the implementation of the trauma-informed substance use supervision model within an agency and explore the effectiveness of the model. This could include interviews of supervisors and supervisees utilizing the model or pre- and post-surveys before and after implementation to analyze the outcomes and effectiveness of the supervision model.

Other research studies could also explore how this model may be adapted to different areas of specialty, such as domestic violence, LGBTQ+ populations, and other unique populations/practices. Within the interviews, there was mention of how a model of trauma-informed supervision practices could be helpful for a variety of unique populations/practices. This model could serve as a beginning point for adaptation for special populations to explore how to use and develop a model appropriate to their practice.

Finally, I recommend standardized training in trauma-informed supervision practices based on my research. Though this study focused on the experiences of trauma-informed supervisors, it was apparent through what the supervisors shared that there is no standardized training and that each had a different training background. Reflecting on the present absence of teaching in trauma-informed supervision, especially for those working

in substance use, continuous training that integrates the trauma-informed substance use supervision model developed by the outcomes of this study could benefit counseling supervisors and supervisees.

Implications

This study explored clinician supervision within substance use treatment practice. There is currently no evidence-based theory for how supervisors should supervise clinicians working with clients who have experienced trauma, especially in the substance use field (Knight, 2018). The developed theory and guidance could help protect clinicians from burnout, VT, and STS and help them manage their STS responses better. This provides opportunities to overcome social barriers using TIC and supervision, providing opportunities to explore themselves and develop self-care, empowering the clinicians.

This study offered clinicians working with trauma the opportunity to have evidence-based supervisor support to ensure they practice good self-care and to consult on advocating for client needs for individuals who may not have had a voice. Trauma-informed supervision offers the opportunity to assist clinicians and improve practices for individuals who have experienced trauma. This advocacy endeavor can expand social transformation by helping those with trauma histories receive quality care and be provided the opportunity for their voices to be heard outside of their own families and communities. Finally, this dissertation encouraged system changes around care by considering trauma impacts and the healing journey of both the client and the counselor.

Conclusion

The purpose of this grounded theory study was to explore the process of licensed professional counselors who are clinical substance use supervisors using trauma-informed supervision. The study aimed to guide supervisors on utilizing trauma-informed supervision to reduce VT and burnout and develop evidence-based practices when working with substance use counselors. The findings of this study support and expand on the literature on trauma-informed supervision practices in mental health counseling environments. The findings provide insight and guidance on how to utilize trauma-informed supervision practices within substance use settings. The findings offer information helping to make training programs, counselor education programs, and other continuing education providers aware of the importance of utilizing trauma-informed supervision in substance use. The model also provides direction on the components needed to be a trauma-informed supervisor while providing an outline of what those particular components entail, providing support and guidance on how to implement them in practice. The information provided allows supervisors to enhance their supervision approach by providing support, encouragement, and a human-centered focus to supervision, empowering supervisees, reducing burnout, STS, and VT, and promoting a growth atmosphere supportive of self-care and wellness.

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Appendix A: Recruitment Template

Subject line:

Interviewing counselor supervisors in May and June (\$20 thank you gift)

Email message:

There is a new study about the experiences of supervisors who use trauma-informed supervision practices that could help other supervisors better understand how to use trauma-informed practices. For this study, you are invited to describe your experiences using trauma-informed supervision.

About the study:

- One 60 minute Zoom interview that will be audiorecorded (no videorecording)
- You would receive a \$20 Amazon gift card as a thank you
- To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

- 18 years old or older
- licensed counselors who have three years of post-graduation experience
- trained at least 5 hours in trauma-informed care and/or trauma-informed supervision
- currently supervising at least one counselor working in substance use

This interview is part of the doctoral study for Janice Ruesler, a Ph.D. student at Walden University. Interviews will take place during June, July, and August.

Please email janice.ruesler@waldenu.edu to let the researcher know of your interest. You are welcome to forward it to others who might be interested.

Appendix B: Interview Question Guide

Interview Question Guide – Ruesler

The following interview guide was created through the utilization of SAGE resources focused on qualitative interviews and interviews within grounded theory qualitative research. These interview questions will explore processes, start with hearing the participant's story, and ask questions to explore the participant's experiences through fundamental social processes (Bergson et al., 2003). These interview questions come from a grounded theory background and, therefore, will start with the central problem and work to gather views while locating data in context (Bergson et al., 2003). Interview questions will seek to explore, not interrogate, and seek to gather critical events and their contexts and understand processes (Bergson et al., 2003). These questions were developed by the researcher based on their experience with trauma-informed supervision and with support from sample questions provided by Bergson et al. (2003) and Charmaz and Belgrave (2012). Questions were adjusted to include the trauma-informed care experience.

1. Tell me about how you came to use trauma-informed supervision practices (Bergson et al., 2003; Charmaz & Belgrave, 2012).
2. What, if anything, did you know about trauma-informed supervision practices before your training (Bergson et al., 2003; Charmaz & Belgrave, 2012)?
3. Tell me about your thoughts and feelings when you learned about trauma-informed supervision (Bergson et al., 2003).

4. When did you first provide trauma-informed supervision? What was it like?
(Bergson et al., 2003; Charmaz & Belgrave, 2012)?
5. Could you describe a typical day for you when you are using trauma-informed supervision (Bergson et al., 2003; Charmaz & Belgrave, 2012).
6. Could you describe the most important lessons you learned about through experiencing utilizing trauma-informed supervision (Bergson et al., 2003)?
7. What problems might you encounter using trauma-informed supervision? Tell me the sources of these problems (Bergson et al., 2003; Charmaz & Belgrave, 2012).
8. Tell me about how your views may have changed since you started using trauma-informed supervision (Bergson et al., 2003; Charmaz & Belgrave, 2012).
9. After having these experiences, what advice would you give to someone who has just discovered trauma-informed supervision (Bergson et al., 2003; Charmaz & Belgrave, 2012)?
10. Is there anything that you might not have thought about before that occurred to you during this interview (Bergson et al., 2003)?
11. Would you like me to ask me anything (Bergson et al., 2003)?