"We are a Sensitive Bunch":

Insights into Promising Practices in Violence Against Women Clinical Supervision

Submitted by the

Social Innovation Research Group (SIRG)

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to the

Violence Against Women Service Excellence Committee

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Acknowledgements:

Offering counseling services to people whose lives have been impacted by violence is noble yet challenging work. Given the nature and depth of the work that we do as mental health professionals, it is essential to consider practices that can enhance our work with vulnerable women and their families. Supervision is a determining success factor for sound practice which not only encourages one to be self reflective and mindful of the individuals with whom we work but it often can mitigate the impact of vicarious trauma and compassion fatigue amongst mental health professionals. This research project was important as it allowed for an exploration of issues relative to supervision which have shed light on the nature of work conducted within a VAW context.

We are grateful to all of the research participants in the Violence Against Women Forum Central West Region of Ontario who gave generously of their time and expertise to our research team in order to inform what we hope to be an accurate reflection of the strengths and challenges of supervision for supervisors and clinicians practicing in the area of domestic violence.

As researchers, we experienced the research participants as confident and articulate as well as generous and candid in speaking of their experiences as mental health professionals. We believe that the data we have collected may serve to encourage more meaningful and purposeful dialogue relative to supervision in VAW work.

With warm regards,

Nicola Inglefield

Gillian McCallum

Mark Yungblut

Ginette Lafrenière

Context:

Members of the Social Innovation Research Group (SIRG) have been working closely with the VAW Forum since 2007 when we first were asked to conduct a needs assessment for the Domestic Assault Response Team (DART) Waterloo Region. Since that time, we have been called upon to work on a variety of relevant issues in DV in tandem with dozens of community partners within the VAW Forum Central West Region of Ontario. In the Fall of 2011, the Director of SIRG, Dr. G. Lafrenière, met with members of the VAW Service Excellence Committee at KW Counselling in order to discuss the possibility of conducting a qualitative research project relative to promising practices in supervision for those working professionals involved in the VAW sector. At this meeting, it was decided that the subject of supervision would be explored only with those individuals working in a clinical capacity with clients. This would include not only professionals working in counselling agencies but also those individuals who provide direct clinical practice within shelter environments as well.

Methodology:

Over the course of the Fall 2011 – November 2011, members of the Social Innovation Research Group (SIRG) executed the following tasks:

- Meeting with members of the VAW Service Excellence Committee meeting, Sept. 23rd, 2011;

- Conceptualization of research tools (interview guide for supervisors, consent form, interview guide for clinicians) based on dialogue with VAW Service Excellence Committee;
- Vetting of the interview guide;
- Short literature review on supervision practices and its' specificity relative to supervision with the VAW sector;
- Training of SIRG staff relative to the interview guides;
- Individual interviews and telephone interviews with 22 professionals currently employed as clinicians and supervisors with agencies and shelters that provide counseling support for clients seeking VAW services;
- Participant observation/attendance to Executive and Managers meeting on Harm Reduction in Shelter Environments, Oct. 30th, 2011; (this was simply to become familiarized with E.D.'s and issues which could inform our understanding of the complexity of DV work in shelters and counseling agencies);
- Data analysis of information gathered during interviews;
- Articulation of final report;
- PowerPoint presentation designed to encapsulate essential messages of data collected;
- Workshop presentation of report to stakeholders at the VAW Symposium, Nov. 18th, 2011.

Short Literature Review:

As with any undertaking of this nature, it was thought useful to carry out a review of the literature in order to further inform the data that was collected. The

literature reviewed for this project as related specifically to supervision in the violence against women sector focused on three main issues: the supervisory relationship itself, vicarious trauma and organizational issues needed to provide the most effective supervision experience.

According to Slattery & Goodman (2009), there has recently been an "increasing emphasis on the supervisory relationship as the most central component of effective supervision" (1362). Much of the literature reviewed seems to agree with this notion, and describes the most effective components of such a relationship as being engaging, authentic and empowering, as well as being one where the supervisee feels safe in expressing fears, concerns and inadequacies (Slattery & Goodman, 2009; Bell, Kulkarni & Dalton, 2003). A healthy supervisory relationship can also "normalize feelings and experiences, provide support and information… help in the identification of transference and countertransference issues, and reveal feelings or symptoms associated with trauma (Slattery & Goodman, 2009).

In terms of the specific content addressed within this relationship, several topics were brought forward. Iliffe & Steed (2000) highlighted the benefits of debriefing as brought forward by participants in a study regarding the experiences of counsellors in the field of domestic violence. The process of debriefing was described by the counsellors they interviewed as: the most important strategy for dealing with the after effects of a difficult counselling session; a useful way of coping with personal responses to hearing domestic violence incidents; sharing

concerns for clients' safety and working through any parallel process issues; and helping participants explore the ways in which they are professionally and personally affected by hearing traumatic material.

Other specific elements defined by Azar (2000) that can prove helpful in providing effective supervision have to do with reframing supervisee and client disparities of goals/expectations in terms that are workable, as well as issues surrounding role strain, value conflicts, and indirect trauma symptoms that may be directed at supervisors. Additional aspects of a supportive supervisory relationship were also identified in the literature as follows: engendering an atmosphere of respect, safety, and trust; valuing the advocate as a whole person; sharing personal and professional stories; expressing openness to the feelings and concerns of advocates; use of self-disclosure to promote an atmosphere where advocates are able to take risks, discuss their mistakes, and learn from them (Slattery & Goodman, 2009); hold regular (e.g., weekly/biweekly) interviewer staff meetings to discuss procedural and clinical issues and problems; providing feedback and constructive suggestions; identifying and managing distress by maintaining regular contact with interviewers (especially new interviewers); and developing an atmosphere where individuals feel comfortable in talking about concerns or problems that they are experiencing (Urquiza, Wyatt & Goodlin-Jones 1997).

Vicarious traumatization is described as a process by which the therapist's experience of themselves, others and the world around them is negatively affected as a direct result of an empathic connection with a clients' traumatic material (Florida State University). Much of the literature reviewed brought up the notion of vicarious trauma as one which arises frequently for people working in the field of domestic violence, and one which is essential for clinical supervisors to address, manage and alleviate (Slattery & Goodman, 2009). As Bell, Kulkarni & Dalton (2003) state, "effective supervision is an essential component of the prevention and healing of vicarious trauma" (468). Schauben & Frazier (1995) further elaborate on the issue:

> PTSD is a normal response to victimization, so may vicarious trauma be a normal response to trauma counselling. Counsellors should be encouraged to acknowledge and work through whatever effects they may be experiencing and agencies should provide the time and resources for this healing to take place. (15)

Negash & Sahin (2011) state that therapists are more susceptible to compassion fatigue with prolonged exposure, encouraging the supervisor to monitor the extent of time a therapist is exposed to suffering. The authors also state that the supervisor is obligated to recognize and act when the therapist fails to notice or admit to symptoms consistent with vicarious trauma. Negash & Sahin (2011) suggest that some of the ways in which to do this are: reducing caseloads,

cultivating formal supervisory relationships and informal mentor relationships, and maintaining consistent levels of supervision. The issue of vicarious trauma is, however, not only one that must be dealt with on an individual basis, as supervisors are also faced with the challenges of the organizational correlates of vicarious trauma. Some responses that may prove useful as outlined by Bell, Kulkarni & Dalton (2003) include: altering workloads or providing insurance with extensive mental health benefits, creating an agency culture that acknowledges the potential for vicarious trauma, as well as simply naming the stress, which may help workers feel supported and give them permission to seek personal solutions. As a result of these and other potential steps that can be taken, a healthier environment for both workers and their traumatized clients may result, as well as a higher and more consistent quality of service (Bell, Kulkarni & Dalton, 2003).

As can be imagined, dealing with vicarious trauma is by no means the only way in which the structure of an organization working in the VAW field can provide a supportive working environment. Another possible way to achieve this goal is for supervisors to facilitate a regularly scheduled communication venue for workers. Bemiller & Williams (2011) suggest that if therapists are encouraged to speak to one another—and to their supervisors—about their work experiences (both positive and negative experiences), it will result in a healthier working atmosphere. Open lines of communication may also build a greater sense of community, which can help alleviate stress (Bemiller & Williams, 2011).

Another organizational element with potential impacts on effective supervision relates to the issue of separating the functions of supervision and evaluation. Bell, Kulkarni & Dalton (2002) believe that if at all possible, supervision and evaluation should be separate functions, since a concern about a performance evaluation could potentially make a worker reluctant to bring up issues in his or her work that could be considered signs of vicarious trauma. This notion can, however, also be extended to a reluctance on the part of the worker to discuss any other concerns they feel may give an appearance of inadequacy on his or her part. As previously mentioned, the ability to express one's concerns in an open manner is paramount to a helpful supervisory relationship, even if those concerns relate to the supervisee's feeling of not providing proper support to their clients. In situations where supervisors cannot separate the supervisory and evaluative functions, Bell, Kulkarni & Dalton (2002) suggest that

> … agency administrators might consider contracting with an outside consultant for trauma-specific supervision on either an individual or group basis. The cost of such preventive consultation might be well worth the cost savings that would result from decreased employee turnover or ineffectiveness as a result of trauma. (468)

As evidenced by the research findings, many of the themes brought up in the literature were consistent with the findings from the interviews conducted for this project.

A note about the research process:

It is important to note that the pool of research participants that we interviewed for this project was highly skilled. Most had Master's degrees in a variety of disciplines and some had Ph.D.'s. The participants had between 1 to 21 years of experience working in the VAW sector. The pool of research participants did not represent a strong cross section of working professionals from various cultural communities.

More data was collected from supervisors as generally the length of interviews was longer for supervisors than supervisees. This could be explained in part by the reality that supervisors are used to sharing insights on particular subjects relative to the helping relationship. Perhaps scheduling constraints were less tedious for supervisors than supervisees (e.g. clinicians would have to respect the 1 hour interview time as they would be scheduled to see clients). Or, the level of comfort with regards to sharing insights with respect to the supervision experience could be perceived as being more sensitive given power relationships which exist between supervisors and supervisees. What follows however is data which was collected by both groups of working professionals and has been collapsed whenever possible, that is, insights into the supervisor-supervisee relationship are intertwined given the relational aspect of supervision. Additionally, it is also important to note that at often times, it was difficult to separate clinicians from supervisors as many played dual roles - some as clinicians and supervisors within their agencies in that they performed both roles

and some were supervisors of students/interns while also doing mostly clinical work.

In order to speak to the specificity of the supervisee's experience of supervision we have included a short section on this subject as well. Finally, it is important to note that for the purposes of simplified language use, we often refer to supervisees as "clinicians" and "therapists" and we use these words interchangeably throughout the report.

Research findings:

The SIRG team was comprised of three interviewers and one faculty supervisor, Dr. Lafrenière. Interviews were conducted over the telephone and each interview lasted approximately 60 minutes. Where time allowed, a few interviews were conducted face to face. In total, the team was able to carry out 22 interviews with a cross section of counselors and supervisors currently practicing in the VAW Sector. Our experience as researchers relative to the interviews was very positive. While we would have liked to have had more time deconstructing some of the questions with research participants, we understood given time limitations and work schedules that an hour would have to be sufficient in order to collect our data.

It became evident to us after the first ten interviews that certain themes were emerging clearly and that there was ample evidence to suggest that we had amassed much in the way of rich and textured data which would serve to inform

contexts of best practice relative to supervision for counselors working in the VAW sector. What follows is a breakdown of the themes which our team identified during the course of the research process.

1. Defining the practice of supervision within a VAW context:

Supervision was often characterized as taking on multiple roles and forms. Some roles include: housekeeping, case review, checking-in or debriefing, and mentoring. There was a strong acknowledgement by supervisors that it is essential to balance administrative demands and simultaneously strive to create a supervision relationship, which paralleled the therapeutic relationship. One supervisor spoke about the difficulty of balancing these two roles:

> *"We are a sensitive bunch so it can be hard for people to hear constructive feedback and not let that bleed into supervision or our relationship".*

Similarly, another supervisor shared the following:

> *"… how does that change as relationships grow and how to manage multiple roles."*

The research participants interviewed all felt strongly that this relationship necessitated the creation of a safe space for examining vulnerabilities. One supervisor commented on the following:

"Supervision has to be a relationship, a safe place to bring vulnerability and mistakes".

Similarly a clinician shared with us that she felt lucky to work in an agency that is safe for her to examine personal reactions:

"It is received with a lot of support and praise almost. Not a lot of workplaces are safe to talk about how I am doing a crappy job… I have friends who work in other agencies and they talk about never feeling safe".

Another clinician also echoed the idea of safety in her experience of being supervised:

"Supervision is not personal therapy so I was a bit scared to bring my emotional experience to the table. But here I am strongly encouraged."

The creation of a safe relationship and a "parallel process" to therapy was universally acknowledged as a requirement for beneficial supervision. This relationship was created in a variety of forms ranging from individual, small groups (dyads and triads) and large group formats. The format almost seemed secondary relative to bearing on the effectiveness of the supervision experience but rather, it was the nature of the relationship and an organizational environment of safety and support which were lauded as the cornerstones to beneficial supervision. As one therapist commented:

"What's important is having support available".

In addition to balancing the administrative requirements of a supervisor with the necessity to support clinicians, many supervisors also spoke about the

importance of empowering their staff. Comments such as "*walking with them*" and "*standing behind them*" were used in reference to the idea that as a supervisor you cannot do the work for the therapist. As one supervisor commented:

> *"Stay out of your staff's clinical work and stay in the supervision"*
>
> *" It is so easy to jump in and say how you would go and do it…"*
>
> *"You are standing behind them not sitting in the case with her".*

This emphasis on empowerment was echoed by a discourse that positions the therapist as the expert and the supervision process as collegial or collaborative. One supervisor noted that it was important to "*try to be a colleague*" rather than an authority figure. Another commented similarly:

> *"The only difference between us is experience. I will give suggestions and talk through options but it is up to you, you who have to choose the decision".*

Many supervisors were quick to point out that the clinicians they supervised were intelligent, educated and experienced. Supervision was often described as a process of problem solving amongst colleagues. The discourse that positions the therapist as expert did not extend to student interns or new staff. It was often

felt that less experienced staff required a more directive approach to supervision and that as they grew this relationship changed:

> *"I am a lot more directive with new staff. You can move over to a less directive model when you see their confidence move up. It's different for everyone".*

It is interesting to note that the discourse which positions the therapist as expert in supervision appears to have strong parallels to the feminist empowerment approach often used in therapy in VAW where the woman is positioned as the expert in therapy.

2. Becoming a supervisor:

Overall, there appears to be large variation between agencies relative to supervisor training; of concern was a lack of formal training indicated in a number of cases. Furthermore, it was noted by many research participants that training specific to VAW supervision was not common. Where supervisory training was accessible, this was offered through various external sources. Many supervisors indicated seeking their own external supervision and a small number of participants noted their involvement in a lengthy training process through their membership association (ie: American Association of Marriage and Family Therapists). Although formal training varied between agencies, all participants seemed to engage in a great degree of professional development or self-directed learning, taking the initiative to educate themselves by reading or attending workshops on topics including leadership, supervision, and other related

subjects. All supervisors who accessed these external trainings spoke of receiving supports through their employer for their attendance including paid time off or funding for training fees. In general, the availability of time and money supports seems to vary between agencies, however all supervisors indicated that they were encouraged to engage in professional development pursuits.

3. How supervision is institutionalized in the workplace:

Supervision as a practice was defined as ideally being regular, on-going, consistent, scheduled, intentional and simultaneously allowing space for informal, "on the fly" supervision as a supplement to scheduled supervision. Many participants commented on their organizations' "open door" policy, indicating the need to support staff in a timely manner should they experience an especially "heavy session". Many acknowledged the weight of this work. As one participant shared:

> *"I think there is recognition around the toll this work takes on a person."*

The need for support can come up quickly or unannounced, especially in VAW work. According to one supervisor:

> *"Trauma shows up in unstructured [supervision] because something shows up right away."*

As one participant noted,

"Things never happen on schedule so it's important that managers are available as needed".

Others felt that informal supervision was often born of some pressing need, either a practical question or need for mental/emotional support. One participant commented that informal supervision was "*more practical in nature*" where "*the questions are specific to a client – do I need to refer, or what is the policy*?"

A few of the supervisors interviewed commented on the logistical difficulties of documenting this sort of informal supervision. One research participant commented on these challenges stressing the importance of "*finding ways to capture the content from informal supervision.*" Another participant noted that it is "*important to document supervision and tracking the on the fly supervision too*." This was similarly echoed by another research participant: "*it's hard to ensure I leave a paper trail for this type of supervision*". This informal supervision could be facilitated via phone call, e-mail or even text messaging. Supervisors were often not in their office at the time contributing to the difficulty in documenting informal supervision.

Informal supervision although important does not function as a substitute for regularly scheduled supervision meetings. The frequency and format varied greatly with less experienced staff often receiving greater breadth than more experienced staff. Several agencies utilize a one-on-one model. An equal number of agencies utilize a model with small groups or a mixture of methods.

Dyadic supervision (defined as one supervisor and two supervisees) was noted as being quite helpful in that there is "*more support*" including peer support. According to one supervisor:

> *"Most people prefer dyadic supervision because the conversations are richer and more generative. The peer feedback is good for providing suggestions and also to support … to have a peer witness and provide support allows people to go more in depth in self evaluation. It also provides additional opportunities for learning."*

It was noted that these models could pose an additional barrier to new staff, that this could be intimidating for new therapists but good for seasoned therapists. For those who preferred one-on-one supervision it was because it allowed opportunities to go greatly in depth. One participant indicated that it is "*nice to have both*" and this was echoed by several other research participants.

4. Engaging staff in supervision work:

Some participants noted that supervision in the VAW sector is similar to supervision in other related areas. Others stressed the importance of the relationship as touched upon earlier. By far, the most commonly cited element of positive supervision was to "*concentrate on the relationship*" and "*develop the relationship*" between the supervisor and therapist. Fostering genuineness, warmth, support, as well as treating others with dignity and respect, was cited in regards to creating a positive supervisory experience for all. Many participants

indicated that simply listening was a best practice. As one supervisor put it, "*listen more and talk less*". Another participant warned, "*don't assume you know what they're asking or what their challenge is*". Another mentioned the following:

> *"I try to hear the concern first and then clarify what they want. We sort out if there is a question or if they just want me to know and be supported."*

In conjunction with listening, asking questions was also considered of great importance:

> *"Ask questions, we are not experts so you really need to listen before you respond as well."*

Many spoke of building trust. As one supervisor noted, one must

> *"… build trusting, safe relationships otherwise I am not going to hear the things I need; they are not going to talk to me if they don't trust me."*

Another echoed these sentiments and spoke of the importance within supervisory relationships of "*comfort to open up and talk about it, trust between us to have that conversation*." Others spoke to the importance of being open, open-minded and non-judgemental. This is reflected in this comment by a supervisor: "*Openness is a big piece, really hear where they are coming from.*"

Listening and asking questions were universally recommended as beneficial to engaging in supervision relative to VAW work.

5. Frequent topics including issues relative to length of involvement and vicarious trauma:

Two areas commonly cited by research participants as topics in VAW supervision were safety concerns and systemic barriers. Safety concerns are addressed with every client and as such some supervisors feel they need to be more directive around this area.

> *"As a supervisor sometimes I have to be more directive around risk assessment. Set clear expectations".*

This was seen as important for ensuring the safety of the clients. Many participants also cited systemic issues relative to Children's Aid Society and the criminal justice system as frequent topics in supervision. Some clinicians commented on how they felt ill prepared to counsel women "*struggling with the system*".

> "*The biggest shock when I started was the legal piece*".

Many participants commented on the complex needs of their clients who often interface with multiple organizations, agencies and victim witness services. Working with clients who must negotiate layers of systems proved to be difficult for certain research participants.

The issue of length of involvement is an area of awareness before therapy even starts. As one participant noted: "*You often want to start the therapy with the end in mind"*. Similarly, another clinician shared the following:

"I seek out a lot of direction in this area … keeping a client on affects the entire team so we try to have it as a group discussion".

There was recognition of the need to be accessible to new clients but also wanting to be flexible to working with clients that have complex needs. Although this was identified as a frequent topic in supervision, research participants often needed to be prompted to speak of this – one participant stated that they did not mention it because it is a *"reality of the work, it goes without saying, there is a constant negotiation around the number of sessions, getting extensions and working within those limitations".* This was perceived as a reality of VAW work that is so common place most participants would never think to mention it without prompting.

There was a similar reluctance to talk about vicarious trauma, but as researchers, we had the sense that this topic was more delicate to address. Once raised as an issue with research participants, vicarious trauma was cited as a topic of which to pay close attention. Some participants shared that they were not in the habit of using the language of "vicarious trauma" to refer to their experiences. There appeared to be some stigma or fear of being perceived as weak or less competent. Supervisors made comments such as, "*There is a stigma around taking a break*" and even more telling is the following quote: "*We try not to label people as weak or unable to do work*". Another supervisor commented on the importance of helping staff to recognize and name vicarious trauma: "*We try to name it and reassure that they are not doing bad work or are*

weak". These comments and the reluctance of participants to comment on vicarious trauma appear to speak to its stigmatized status amongst some therapists.

Another area worth noting is that vicarious trauma seems to be broken down into two subcategories. Many participants noted a difference between acute sudden onset vicarious trauma and the progressive nature of burnout or compassion fatigue.

> *"In VAW you are more likely to see vicarious trauma and burnout and supervisors have to have increased awareness around these (issues)".*

According to one supervisor, vicarious trauma surfaces in two ways - either (1) one is touched because of a significant occurrence ie: something particularly egregious or (2) an accumulation of stories is such that the therapist feels overwhelmed (they stated that this happens more often) – according to another supervisor, "*compassion fatigue comes up more in structured supervision*". The differentiation between these two has implications for how the supervisor may approach the vicarious trauma with their staff. In the first instance allowing space for the therapist to feel heard and supported can perhaps sufficiently address the acute nature of the vicarious trauma. In the later discussion, being able to explore issues around reducing or varying case load, seeing a therapist and exploring avenues for self care appear to be important if not necessary in this scenario. Some supervisors championed a diverse case load as a healing factor. Some encouraged staff to take professional development courses or finding

activities that could help re-establish balance. One supervisor shared the following: "*We look at what you can do to feed your energy*," another commented similarly, "*we also have a fun committee so that we are keeping our spirits up when working with such heavy issues*". These comments both speak to the necessity of finding a balance between the "heavy" trauma work and other areas of practice.

6. Preferred theoretical frameworks:

The theoretical orientations of the participants varied widely. As one supervisor noted:

> *"All staff here have an MSW but focus on different approaches or perspectives and this is one of the best things about [small group supervision]."*

It would appear that the variety of therapeutic approaches adds to the richness of experience for supervisors, clinicians and clients alike. Feminist theory or, using a feminist approach, was heavily cited as informing practice for both clinicians and supervisors. In some cases, feminism was referred to as the "core" framework of practice, with other frameworks and approaches being incorporated in conjunction with a feminist foundation. According to one participant, feminist theory was cited as especially relevant because "*social work is political*" and practitioners need to have an "*understanding of oppression*" and the patriarchal nature of society. Brief solution focused therapy and narrative therapy were cited as important frameworks in their roles as supervisors and clinicians. Other

theoretical orientations that received attention were attachment theory, cognitive behavioural therapy, trauma-focused therapy, and having a strengths-based and/or client-centered approach. Systems theory was often considered during the assessment stage specifically in reference to bio-psycho-social assessments.

7. Benefits of supervision:

Mutuality in learning was often cited as a benefit of the supervision experience. Learning occurred through exposure to new and different approaches and experiences: "*I also love the learning that I do, getting into someone else's model"*. This was often cited in relation to new staff and student interns. As one supervisor stated: "*I learn more from my interns, all the current stuff. They know more about what's going on in the field before I ever do.*" Another supervisor similarly noted: "*Supervision keeps me fresh and informs my work*." The second most commonly cited benefit was watching clinicians grow. The following comments reflect this theme; one participant noted that it is "*a privilege to walk with them*," referring to their supervisees through their growth journey. Another stated: "*I love watching them grow and use their voice*." Another shared that: "*I enjoy supervising more than counselling" and "I consider myself a teacher or a coach. It is who I am."* There was an overwhelming joy and appreciation expressed by the supervisors who participated in this research project. They all felt strongly that they gained as much from supervision as they gave to it. It was refreshing to hear the passion with which they approached their work.

The most cited benefit for therapists was having an objective party to provide feedback and access knowledge gained through experience in the field. Almost every single participant noted that having an "*outside perspective*" or "*different perspectives*" on a case was a major benefit of supervision. As one participant shared: "*Having someone else's input/insight can be illuminating*." This was echoed by another participant's perspective on supervision: "*Super insightful, getting different and new perspectives*". In addition, it would appear that supervision provides access to a "*wealth of knowledge*" and experience. Having "*someone to relate to and to provide direction" and "ensure you're on the right pace, right track.*" Many of the therapists felt that they already knew the answers but that having them affirmed by their supervisor provided validation.

8. Challenging aspects of supervision:

Most participants responded that there were "no" drawbacks or challenges to supervision, that it was important, valuable, and essential to practice. Supervision was only viewed as challenging when "good" supervision was not available. Having a poor supervisor, such as one that is critical or overly negative reduces rather than enhances supervisee self-efficacy.

If there was an area that proved challenging it would be "*giving corrective feedback*" and "*having to take disciplinary action*" with regards to work

performance issues or ending employment. This was cited as the least enjoyable aspect of supervision. One supervisor shared the following:

> *"I had to challenge an ethical violation once. I did not enjoy being the heavy. Fortunately I don't have to do that often."*

Another supervisor said:

> *"It happens rarely, but I hate to tell staff they have missed something or made a mistake."*

There were also a few supervisors who commented on the challenges of balancing administrative duties, such as scheduling and vacation requests, with their role as supervisor and often part time clinician.

Interestingly, conflicting ideologies with regards to working with vulnerable women emerged in a few of the interviews we conducted. The issue of accepting what every woman says versus challenging her story is a contentious issue in some workplaces. According to one supervisor, "*this (the woman's story) is not frequently challenged"*. Invariably there are competing ways of approaching VAW work and there is difficulty in shifting towards looking critically and analyzing stories and therefore practices. One research participant noted that there are some practitioners who say that "*this is the way we have always done it"*, and as such, some workers may not be challenging the way in which they engage their clients for fear of compromising their relationship with the client. This is important to note as this type of workplace tension could no doubt

influence the way in which supervisors and supervisees exchange on the meaning of practice as well as the theoretical frameworks informing the helping relationship.

9. Best practices for supervision – supervisee perspectives:

Clinicians overall appear to be generally satisfied with supervision although this sentiment would be influenced by the organizational climate in which they work. If there is a lot tension and dissent in a workplace, the feeling of safety can be compromised and as such, clinicians are less inclined to embrace the legitimacy of supervision. With regards to feedback which could be helpful to other clinicians as well as supervisors, the following is a random list of ideas which were shared during the course of our interviews:

- With respect to preparing for a supervision meeting, participants shared that they would "*collect thoughts on an ongoing basis to bring to supervision".* This was echoed by other clinicians who spoke of the need to take prepared notes into supervision for discussion;
- With respect to group case reviews, supervisors are encouraged to provide context and leave lots of time for feedback as well as respect the need of others to talk about their cases;
- Clinicians must take responsibility and have courage to bring up issues; for example, one clinician-participant noted that it is "*important [for supervisors] to be aware of the emotional strain and scheduling strain*" as "*the work can be draining*" and it is important to discuss these issues in

supervision; one supervisee spoke of taking initiative with respect to creating space within the supervisory relationship for self directed supervision. Another clinician shared that it is helpful to conceptualize their supervision agenda collaboratively with their supervisor: "*We make the agenda together."*

- As a supervisee, "*be prepared to receive feedback*."

10. Drawbacks of supervision for supervisees:

Supervision was considered a drawback in settings where it was not prioritized and where "good" supervision was not available: "*without good supervision, you cannot address many things*." Having a poor supervisor and, therefore, a poor supervisory experience (one that is critical, focused on the negative, not open to a variety of approaches, etc) reduced rather than enhanced supervisee enthusiasm for supervision. At times, when things are going rather smoothly, the need for supervision seems less important as evidenced by the following quote:

> *"Sometimes I feel like I could use my time for something else, but I can negotiate this a bit. They are pretty flexible."*

If there are no pressing issues arising, some clinicians can go to their supervisor and ask to delay supervision for a couple of weeks. This reality was not shared by many of the other research participants. Finally, many supervisees raved about their supervisors. One shared that she *"had one of the most amazing supervisors' ever"*. Another shared that even though the VAW sector is a very difficult area in which to work, "*my supervisor has made work a joy*".

11. Additional observations:

Most research participants mentioned peer supervision through informal peer-to-peer debriefing, listening support, and problem solving, as a routine occurrence in the VAW sector. This occurs clinician-to-clinician and supervisor-to-supervisor. Peer-to-peer supervisions happen when a colleague specializes in a particular area or when the supervisor is not available to provide adequate supervision. Sometimes these occur one-on-one and sometimes in small groups. Peers are considered "*available, understanding, and knowledgeable*". These traits are also commonly cited as qualities of a good supervisor. Informal peer supervision was cited by many participants as being "*even more important*" and more valuable than formal supervision with their supervisors. Peers were considered to be in a better position to comment on clients than supervisors due to their training, familiarity with clients and experience with front line client work. A small number of clinicians felt supervisors are sometimes ill-equipped, resulting in clinicians going to their peers first. One participant called for "*an agency standpoint on peer supervision*" as a policy that would ensure there would be time allotted for this form of supervision, that is time given for peers to meet, check-in, consult, and debrief. There was a belief that a policy would legitimize the existing practice.

Lastly there were concerns expressed around the benefits available for contract staff. As agencies hire more part-time and contract staff there are mounting

concerns that these staff members are not supported and lack the benefits their full-time colleagues can access. Specifically there were concerns expressed around the lack of access to a therapist or mental health care professional. One supervisor verbalized these concerns:

> *"We have a couple of contract positions and they lack benefits. I can offer supervision but there is no coverage for accessing a therapist … a contract position has significantly less support and this is an area of concern".*

As researchers, we believe that this is a problematic area of concern for VAW stakeholders given precarious financial situations of many social service agencies and shelters in Ontario. This reality is not likely to disappear and may very well become a larger issue as many agencies may be moving away from full-time staff toward a greater reliance on contracted employees.

Limitations of Research Process:

As with any research project, there are always limitations to such a process and this research project was no exception. Given limited funds with regards to conducting this survey, there is no doubt much more work required to gain deeper levels of understanding of the issue of promising practices in VAW supervision. Given the data was collected primarily by telephone (there were a few face to face interviews but the majority of interviews were conducted over the phone) this may have compromised researchers' ability to read non-verbal cues during the interview process. The time spent with research participants was

short, usually around 60 minutes and as such, more time would be needed to spend with research participants unwrapping the complex issues which characterize supervision. Additionally, it would have been very interesting to conduct focus groups with both supervisors and supervisees in order to glean additional information which could have enhanced the quality of data collected. Finally, as interviews were conducted by phone within the context of the research participants' workplace setting, the issue of confidentiality might have compromised research participants' capacity to be forthcoming and candid while answering questions.

In light of these limitations, we do believe that this survey was an important first step to take inventory of what some of the issues are pertaining to VAW supervision and in light of the data we did collect, we believe that we managed nonetheless to raise some important insights relative to the issue of supervision within a VAW context.

Discussion:

This short research assignment was fascinating and speaks to the specificity and complexity of practice for those working professionals involved in the VAW sector. The data we collected was for the most part supported by the literature which we reviewed. That is, that the practice of supervision is imbued with multiple roles from housekeeping, case reviews, debriefing and mentoring. Most research participants spoke to the quality of the relationship within the supervisory role as a key success factor. According to this research study,

several theoretical frameworks are valued and employed in VAW work and in order to be effective in clinical practice it is important to have positive and consistent supervision which is encouraged and honored by organizational climates which are experienced by supervisors and clinicians as safe and nurturing spaces.

Becoming a supervisor is a fluid process etched in experience as well as exposure to ongoing professional development. What was revealed to us which we think is important is that many research participants felt that training specific to VAW supervision was not common. This is interesting to us as educators as we believe that this training gap can and should be addressed in order to answer to the specific needs of working professionals in the VAW sector. While we recognize that overarching strategies for intervention can and do apply to VAW work, there is an argument to be made that such training may at times fall short given the specificity of the work conducted with women who are survivors of domestic violence.

Another interesting element to this research was the idea that while supervision appears to be institutionalized within various workplaces in a regular, ongoing and consistent manner, there is a lot of supervision being conducted on an informal basis as well. This is very important to consider as there is much to understand with regards to how this informal supervision is dispensed and experienced. Given the nature of VAW work, it would appear that informal supervision is a crucial component to supervision work generally within the workplace setting. As such, this is yet another area which deserves closer

scrutiny with regards to understanding the quality and impact as well as the strengths and challenges of this type of supervision.

The benefits of supervision are incalculable. Everyone who informed this research project shared much with regards to the importance of supervision and how many felt affirmed and supported in the supervisory relationship. Additionally, supervisors expressed enormous satisfaction with the supervisory role and shared the importance of mutual learning between themselves and the clinicians with whom they work. Interestingly, supervisors were also very positive about engaging in a supervisory relationship with students and interns who appeared to provide intellectual stimulation given their anchors in the academic world. While there were definitely challenges to supervision such as heavy demands on time, dealing with performance issues and the like, overall however, according to this research, the strengths far outweigh the challenges.

One challenge which we observed and would have liked to have probed further was the issue of “creeping vicarious trauma”. This was again a most interesting element of the research process whereby the level of enthusiasm to engage in a dialogue around vicarious trauma, burnout and\or compassion fatigue was mild at times amongst some research participants. We understood this to be a sensitive topic, and one which would merit an entire research project dedicated solely to this issue.

The subject of vicarious trauma can be best understood if one contextualizes the working climates of many VAW agencies and shelters. Because of the heavy

demands on clinicians' time and the complexity of DV issues, there appears to be a culture of denial of the significance that vicarious trauma can hold upon working professionals. As evidenced by some of the quotes contained in this report, there appears to be a discourse of having to maintain an image of strength and resilience in the face of complex cases which can provoke a lot of stress. Surrendering to leaves of absence or self-care is perhaps unconsciously frowned upon as this would mean making extra efforts to replace staff as well as increased workloads for those working professionals remaining in the agency.

This to us is very significant and goes far beyond the scope of this research project. What is important to address here for future consideration is how to create a climate of acceptance and safety for agencies to address vicarious trauma head on. Additionally, another concern with regards to the issue of supervision is that if agencies and shelters are increasing the number of part-time employees who may not have access to as much supervision and benefits to external mental health professionals, the issue of vicarious trauma is one which is not likely to disappear soon. A frank dialogue amongst agency and shelter leadership is required in order to address this reality.

Other potential challenges were brought forth while presenting the results of our survey on November 18, 2011, at a symposium held at the Faculty of Social Work, Wilfrid Laurier University entitled: "Revisioning VAW: Tensions, Challenges and Promising Practices". Two of the main subjects that were discussed dealt with the language concerns around the term "peer to peer

supervision", the second area highlighted the specificity of supervision in a unionized setting.

Peer to peer "supervision", although helpful, was a term that some brought up as being problematic in terms of the language used to define what happens when counsellors engage in helping one another. It was brought forth that there may be potential issues with defining this process as supervision, since it would be difficult to ensure that the person giving "supervision" was qualified to do so, or that it could possibly create confusion around the actual role of the supervisor. It was felt that the word "debriefing" would be a better description of the discussions that take place between counsellors.

The issue of providing effective supervision within a unionized setting was also brought forward. It was stated that this can be more challenging due to the complexity of safety issues, and the fact that both supervisor and supervisee are more likely to feel the need to be more careful and guarded. The issue of professional safety emerged not only for supervisors in terms of watching the language they use while providing supervision but also for supervisees where there may be challenges related to performance during supervision. These are indeed vitally important issues which deserve much needed attention for future research projects.

Finally, as researchers we would like to point out that there is a significant absence of information relative to the issue of diversity and how this may influence the way in which supervision is viewed, engaged and experienced by

members of cultural or sexually diverse communities. There is an enormous gap in the literature as well as in practice with regards to understanding different ways of "knowing" as it relates to the area of supervision and members of diverse communities. Given the specificity of working with diverse groups, we question whether or not the supervisory relationship can somehow be influenced by diverse realities. Issues around understanding the needs of vulnerable populations (e.g. Muslim women), tensions and power dynamics which may exist between supervisors and clinicians from different backgrounds as well as the way in which supervision is exercised in uniquely ethnocultural workplaces are all fascinating elements of the supervisory relationship which should be addressed in future research. This observation is one which has surfaced within the context of this research project and is one which no doubt should enjoy much needed attention given the changing diverse landscape of social service agencies and shelters in Ontario.

Conclusion:

Overall, this research project has raised several interesting issues which the VAW Service Excellence Committee may wish to more fully explore in the future. According to this small, qualitative research project the following themes are ones worth considering for future dialogue, research and action:

- Need to address a training gap specific to working professionals in the VAW sector interested in supervision issues;

- Need to understand more deeply what characterizes “informal” supervision as well as the merits and challenges of such supervision;
- Need to pay close attention to the issue of vicarious trauma, burnout, compassion fatigue and the discourses which are socially constructed around addressing these issues;
- Need to address the needs of contractual workers in the area of supervision and vicarious trauma;
- Need to examine more closely how diversity influences the supervisory relationship;
- Need to understand more deeply the issue of supervision within the context of unionized workplace settings.

It is only through the continued dedication to research and enhancement of practice that issues specific to VAW work, particularly supervision, will continue to be addressed such that mental health professionals will receive the support they need and deserve in their work as important allies to vulnerable women and their families in Ontario. It is this dedication to a spirit of inquiry which will eventually lead to a deeper and more discerning understanding of what truly characterizes promising practices in clinical supervision within VAW work.

Proposed Interview Guide for Supervisors:

(Please note that supervision for the purposes of this survey relates specifically to VAW work)

Note: (The questions will be administered to both supervisors and practitioners and as such data will be collected and coded to reflect the two categories of research participants for the survey).

1. Can you please tell me your name, your job title, how many years you have worked in your capacity as a supervisor and what is your educational background?

2. I'm wondering if you can tell me how would you define the idea or the practice of supervision within a VAW context?

3. How did you come to be a supervisor? Can you describe that process? Did you undergo any training in order to become a supervisor? If so, what kind? What supports did you receive in order for you to take the necessary training? Did you receive specific training relative to VAW supervison work?

4. How is supervision institutionalized in your workplace? That is, how has it become a part of the overall operations of your agency? (e.g. do you meet weekly with your staff, on an individual or collective basis?)

5. Paint me a picture of what a typical supervision looks like for you with regards to VAW? Describe to me how you engage with your staff in the act of supervision? What are the most frequent topics of discussion which emerge for you within the context of your discussions?

6. Do you ever explore issues relative to length of involvement and vicarious trauma? If so, have these issues been addressed in the context of supervision?

7. What are elements of best practices you have found that have helped you in your role as a supervisor over the years? Do you have preferred theoretical frameworks informing your practice? If so, which ones? How have they been helpful to you in your supervision work in the area of VAW?

8. What are some of the benefits of being a supervisor? What do you enjoy most in your role as supervisor? What do you enjoy the least?

9. If you were to teach a colleague on the art of being a supervisor, particularly as it relates to VAW, what would you tell them are the most challenging aspects of supervision, what are the areas to pay close attention to and what if any are the practices which you feel are most helpful in determining a healthy and mutually beneficial supervision experience?

10. Finally, how do you think your staff would characterize your skills as a supervisor in the area of VAW? In other words, do you think that the staff you are supervising feel like they are benefitting from that experience?

11. Any final thoughts you would like to share?

Proposed Interview Guide for Staff

(Please note that supervision for the purposes of this survey relates specifically to VAW work)

1. Can you please tell me your name, your job title, how many years you have worked in your capacity as a practitioner in VAW work and what is your educational background?

2. I'm wondering if you can tell me how would you define the idea or the practice of supervision as it relates to VAW work?

3. Is supervision a practice which is a value to your agency? If so, how?

4. Describe how you experience supervision in your agency? How many times do you meet with your supervisor and in what context (e.g. individual, group).

5. Do you believe that your supervisor has the necessary skills to supervise? If so, why, if not, why not?

6. Paint me a picture of what a typical supervision looks like and feels like for you? Describe to me how you interact with your supervisor? What are the most frequent topics of discussion which emerge for you within the context of your discussions particularly as they relate to VAW work?

7. Do you ever explore issues relative to length of involvement and vicarious trauma? If so, have these issues been addressed in the context of supervision?

8. What are some of the best practices you have found that have helped you in your supervision sessions as they relate to your work in VAW?

9. Are there any benefits to supervision? Are there any drawbacks to supervision?

10. If you were to give some advice to a group of supervisors who you did not know (for safety reasons) what would you tell them in terms of how to be an effective supervisor in the area of VAW work?

11. Finally, how do you think your supervisor would characterize his or her skills as a supervisor in the area of VAW? In other words, do you think that he or she believes that they are effective in their supervisory capacity? Inversely, how do you think your supervisor experiences you as someone who is being supervised?

12. Any final thoughts you would like to share?

Promising Practices in VAW Clinical Supervision within Counselling Practices

Purpose of Survey:

Introduction:

The VAW Service Excellence Committee is committed to enhancing services for clients and practitioners throughout the Central West Region of Ontario. To this end, we have engaged the services of the Social Innovation Research Group (SIRG) of the Faculty of Social Work at Wilfrid Laurier University to conduct a short, qualitative survey amongst various clinical providers working in the area of VAW. Specifically, we seek to understand various elements of supervision for VAW clinicians working in the field.

The issue of clinical supervision has surfaced within discussions which have taken place amongst stakeholders of the VAW Service Excellence Committee. Given that much attention has been paid to issues relative to the practice of working with vulnerable women and their families (e.g. Child Witness Literature Review, enhancing facilitator training) it became apparent that a dialogue on how best to deconstruct the complexities of working in a VAW environment emerged, particularly as it relates to the issue of supervision.

Subsequent to a meeting which took place on August 15th, 2011 amongst committee members, it was decided that the focus of the survey would be limited to agencies dispensing counselling services in the area of VAW or within shelters who have clearly defined areas of practice which include credentialized staff working in clinical capacities. It is important to note that the survey is not an evaluation of programs or practice, but more specifically a way to discern how best to engage meaningful dialogue and gain insights into issues pertaining to supervision such as length of involvement relative to the helping relationship, concrete strategies to assist in supervision and effective practices relative to « creeping » vicarious trauma.

To this end, the following research questions have been conceptualized in order to glean information which could be immensely useful for practitioners and their supervisors within the VAW Central West Region of Ontario Forum:

1) What characterizes a positive supervision experience between both supervisors and practitioners?

2) What are the determining factors influencing such an experience relative to supervision pertaining to length of involvement and nascent vicarious trauma?

3) Is there a specificity to VAW supervision given the unique aspects to VAW and/or the relationships with clients that can characterize supervision in a VAW setting unique?

CONSENT FORM FOR KEY INFORMANTS

The interview will take about 60 minutes of your time. The interview will not be taped. Handwritten notes will be taken during the conversation.

Your participation in this study is completely voluntary. You can choose to withdraw from the study at any time. You can stop the interview at any time. You can choose not to answer any questions you do not want to. If you decide to withdraw from the interview, the interview data which we collected will be destroyed (shredded) and disposed of through a security company which services the university. Codes will be attributed to each key informant so as to ensure confidentiality.

Once we have completed our interviews, we will write a report; we may want to include quotes from key informants. You can participate in this interview and not give us permission to use any quotes from your interview. It is important to note that only the researchers from the Faculty of Social Work (including myself), will have access to the information that you will provide. The signed consent forms will be stored separately from the interview notes.

Thank you for your generosity of time and expertise.

Informed Consent

1. I understand the information given to me. I agree to be interviewed.
2. You may use quotations from my interview.

INTERVIEWEE	CONTACT VIA?	Question 1 (YES or NO)	Question 2 (YES or NO)	INTERVIEWER'S SIGNATURE	DATE	TIME

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