

Trauma-informed, Resilience-Oriented (TIRO) Supervision Guidance Tool

Tool Purpose

The TIRO Supervision Guidance Tool is designed to assist organizations in aligning their supervision sessions and documentation through a TIRO lens.

Tool Completion

The TIRO Supervision Guidance Tool should be used as a guide to help organizations understand what should be included in trauma-informed, resilience-oriented supervision, including templates for supervision contracts and supervision notes. It is important to recognize that these templates are provided for guidance, as each organization should develop their own final versions to develop uniformity across their supervision culture and structure.

Tool Directions

- Step 1 –Review the **TIRO Supervision Overview** principles and ensure alignment with current organizational supervision philosophy and practice.
- Step 2—Review the **TIRO Supervision Note Templates A & B** for content areas and use as a guide to construct an organizational supervision note. To increase mutuality and transparency, consider both supervisor and supervisee completing and comparing their own notes of supervision sessions.
- Step 3 – Review practice of **Supervisory Disclosure** as potential practice for the organization.
- Step 4 – If organizational leadership decides to follow practice of Supervisor Disclosure, then review **Supervisor Disclosure Templates A, B & C** for content sections. Leadership should design approved organizational Supervisor Disclosure to be used by all supervisors for consistency of practice.
- Step 5—Prior to dissemination of organizational supervision note and/or organizational supervisory disclosure and use by supervisors, the organization should provide Trauma-Informed, Resilience-Oriented Supervisor training related to TIRO principles, organization’s supervision philosophy and expectations and instruction of how to use organizational documents.

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Trauma-Informed, Resilience-Oriented Care (TIROC) Supervision Overview

- Development of theoretical orientation
- Trauma responses and symptom management
- Therapeutic relationship
- Creating a holding environment
- Fostering supportive environment, including diversity, equity and inclusion as core practices
- Professional development
- Monitoring for secondary trauma and compassion fatigue
- Considering having an agency supervision contract/supervisor disclosure statement (see Template: **Supervisor Disclosure A, B, & C**) that includes:
 - Supervisor's experience
 - Supervisor's theoretical orientation
 - Outline of supervision expectations:
 - Meeting time
 - Frequency
 - Goals
 - Focus
 - Type of supervision: individual, group
 - Supervisee's expectations
 - Supervisee's responsibilities
 - Supervisee's learning style
 - Supervisee's goals

TIROC Principles

- Safety
- Trust and transparency
- Collaboration and mutuality
- Empowerment
- Voice and choice
- Peer support and cultural, historical and gender-related issues

Supervision Skills

- Motivational interviewing principles
- Active listening (listening to understand)
- Cultural humility
- Supportive learning environment and learning stance
- Mutual accountability

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- Clear performance expectations and goals
- Role clarity
- Mutual feedback
- Strengths-focused
- Strength-based documentation (see **Templates: Supervision Notes** below)

Topics of Supervision

First Session:

1. Supervisory Disclosure form
2. Previous experiences of supervisee in supervision, lessons learned
3. Assessment or discussion of supervisee's learning style

Second Session:

1. Draft of supervision goals
2. Establish routine supervision sessions
3. Review agency culture, expectations of self-care and work culture

Third Session:

1. Review staff onboarding and training schedule and goals
2. Finalize three-month goals with review date

Ongoing Sessions:

1. Review and update progress on goals
2. Manage supervisee needs and performance
3. Acknowledge strengths and accomplishments
4. Review areas of concern with clear examples and action plan to support professional growth
5. Ensure consistent meetings

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Templates

Supervision Note Template A

_____ Date of Supervision

_____ Name of Supervisee

_____ Name of Supervisor

Supervisee Goals:

1. Goal:
 - a. Performance measure:
 - b. Progress on goal:
2. Goal:
 - a. Performance measure:
 - b. Progress on goal:
3. Goal:
 - a. Performance measure:
 - b. Progress on goal:

Supervisee's Strengths:

Supervisee's Areas for Growth:

Follow items from last meeting:

Action Item

Follow-up Note

Action Item	Follow-up Note

Agenda for today's meeting:

- 1.
- 2.
- 3.
- 4.
- 5.

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6.

Discussion:

Action Items:

Action Item Follow-up Date Responsible Party Notes

Action Item	Follow-up Date	Responsible Party	Notes

Supervisee Signature and Date

Supervisor Signature and Date

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Supervision Note Template B

_____ Date of Supervision

_____ Name of Supervisee

_____ Name of Supervisor

Supervision Goals

Progress Toward Goals

Supervision Goals	Progress Toward Goals

Supervisee Strengths and Challenges:

Support Commitments from Supervisor:

Follow-up from Previous Supervision Session

1. _____
2. _____
3. _____

Topics for Today's Session

Supervisee:

1. _____
2. _____
3. _____
4. _____

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Supervisor:

1. _____
2. _____
3. _____
4. _____

Discussion Notes:

Action Items:

_____ Supervisee Signature and Date

_____ Supervisor Signature and Date

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Supervision Disclosure Statement Template A

Name of Supervisor:

Supervisors Credentials/Education:

Name of Supervisee:

1. Supervisor disclosure of credentials/education and philosophy of supervision
2. Supervisor responsibilities in supervisory relationship
3. Expectations of supervisee in supervision
4. Frequency of supervision sessions
5. Supervisee's goals for supervision
6. Attach job descriptions: supervisor, supervisee

Supervisee Signature and Date_____

Supervisor Signature and Date_____

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Supervision Disclosure Template B

Supervisor Name, Credentials:

Professional License with License #:

Supervision Contract

Supervisee:

Name: _____

Degree: _____

Address: _____

*Phone: Work: _____

Home: _____

Cell: _____

*Indicate preferred contact and message number

Email: _____

Credentialing Goal of Supervision: _____

Include specific needs (e.g. number of hours, frequency, etc. to obtain credential)

Format of Supervision: _____ (frequency)

_____ (group/individual)

At _____ (location)

Beginning: _____, 20__

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Projected through: _____, 20__

Fee: _____ per session

(payment of fee is expected at time of session)

(24-hour notice of cancellation is required or fee is due in full)

Supervisor:

I am a Licensed _____ (State license # _____).

I will come to supervision prepared to guide you in your development as a therapist/_____. I will do this through direct and indirect observations of you as a therapist/_____. The purpose of our meetings is to help you develop your role as a _____. I work from a _____ perspective. I will provide you with observations as well as techniques or directions for you in your _____ work. I will do this through discussion, observation and will, at times, recommended readings. I will maintain confidentiality regarding our supervision as well as the cases we review.

I expect you to come to our meetings prepared to discuss your cases and provide me brief overviews of the cases I am supervising for you. I will direct you in the format of the case presentation that will vary from oral, written and visual. Live supervision is an option as long as it can be scheduled and is appropriate to the case. I will be direct with you regarding ethical and legal issues that arise during our supervision.

I expect you to be aware of the legal requirements and ethical codes in the state and jurisdictions of your practice as well as your professional associations.

I expect you to maintain current appropriate liability insurance and provide ongoing proof of coverage to me.

I expect you to keep accurate records of supervision time, client contacts hours and any other requirements for your credentialing or academic goals.

I expect you to be able to provide me with _____ for all the cases I supervise during the time we are reviewing them.

I expect you to be aware of the policy and procedure of the agencies and insurance companies you provide services and to abide by those guidelines in your practice.

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I expect you to only practice in your scope and knowledge afforded you by your training and credentials.

I expect you to obtain necessary releases for materials brought to supervision or shared with the supervisor.

I expect you to have a clear and workable crisis management plan for your clients as well as yourself, should the need arise.

I expect you to be open to feedback and discussion which may include the content and process of your sessions, discussions of specific techniques, including the use of yourself in session and with your clients.

Supervision is not therapy and therefore, I may recommend you seek outside therapy, but I will not dictate or require your attendance with an outside therapist.

Specific Goals of Supervision:

- 1.
- 2.
- 3.

The supervisor or supervisee has the right to terminate this agreement by providing the other with a 30-day written notice of intent to terminate.

By signing this agreement, I understand the above conditions, _____'s credentials and have clearly stated my needs and goals.

Supervisee Signature and Date

Supervisor Signature and Date

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Supervision Disclosure Template C

Supervision Contract-Trainee/Student

Supervisor: _____

Email: _____

Credentials: _____

Cell Phone: _____

Office: _____

Office Phone: _____

Trainee: _____

Email: _____

Cell Phone: _____

School: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Logistics of Supervision

- Supervision will occur at least **once weekly**. Each supervision appointment will be approximately **one hour**.
- Supervision will occur **every _____ at _____** in _____.
- Should trainee require case consultation or support prior to scheduled supervision, trainee can request this **via instant messaging or email. Text is also available during normal office hours only**. Should trainee require more urgent assistance and supervisor is unavailable, trainee is to activate on-call clinician system.
- Supervision will occur primarily in the form of **case consultation** during scheduled weekly supervision.
- Supervision will also occur on occasion in a **video and live** supervision format.
- Supervision is **not confidential**.

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Supervision Philosophy & Assumptions

1. The supervisory relationship is the medium through which supervision occurs; therefore the relationship must be safe, trusting, and reliable.
2. Supervision is a reciprocal relationship based on mutuality of needs and relationship issues in supervision will impact patient care; therefore relationship issues must be addressed promptly.
3. Trainees experience anxiety when beginning to work with patients, therefore supervisors must provide trainees opportunities to explore their own affective response to clients.
4. Trainees' experiences in supervision and as a clinician are shaped by their own backgrounds and relationships; therefore supervision requires examination of "Self as the Therapist" issues.
5. The supervisor-trainee relationship as well as trainee's professional development will change over time; therefore supervision must be evaluated and adjusted to meet trainees' individual needs and the development.

Roles, Responsibilities, & Expectations

Trainee:

1. Follow all agency policies and procedures, including chain of command.
2. Deliver patient care following all legal and ethical standards of the field.
3. Document all patient interactions within Clinic, Funding, and State and Federal standards the same day that the patient interaction occurred.
4. Communicate closely with supervisor regarding any questions/concerns/problems related to patient care, administrative issues, agency-related requirements, and self of the therapist issues.
5. Provide supervisor with feedback related to the supervisory relationship, goals, and outcomes.
6. Present to each supervision session prepared with questions and/or goals for that supervision session. Make advance arrangements if supervision needs to be rescheduled.
7. Reflect on strengths and areas of potential growth.

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8. Maintain exceptional self-care in order to protect your wellness as well as to ensure ethical patient care.
9. Dress, speak, and behave in a professional manner.
10. Maintain a schedule of ___ work hours per week, conducting a minimum of ___ clinical hours/sessions per week.

Supervisor:

1. Prevent harm to patients.
2. Ensure trainee provides patient care in accordance with legal and ethical standards of the field as well as agency policies and procedures.
3. Support trainee in developing competency related to clinical assessment, intervention, and documentation.
4. Foster trainee's clinical self-efficacy.
5. Provide frequent feedback to trainee, acknowledging both strengths and areas of improvement.
6. Create a safe learning environment by being respectful, consistent, direct, and compassionate.
7. Model appropriate legal, ethical, and professional behavior.
8. Be available and accessible to trainee during business hours and make alternative arrangements when this isn't possible.
9. Maintain focus of supervision on trainee-client interactions and clearly communicate all expectations.
10. Encourage reflection, feedback, and communication on the part of trainee.

Trainee Hopes in Supervision

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Trainee Goals for This Year

Plan for Addressing Supervision Concerns

Trainee Preferences for Receiving Feedback

Trainee Signature

Supervisor Signature

Date

Date