

# Caring Safely Module 9-1

Supporting Clinical Supervisors  
in addressing Compassion Fatigue

## In This Module

- What clinical supervision is
- The role of clinical supervisor
- ACEs and clinical supervision
- Setting supervisors up for success
- Grassroots Change

# Clinical Supervision

*“An interactional process in which a supervisor has been assigned or designated to assist in and direct the practice of a supervisee in the areas of teaching, administration and helping” (Munson, 2002).*

- Various definitions – check regulatory body/organization.

## **Clinical Supervision – Framework to Address Compassion Fatigue:**

- **Administrative:** scheduling, stats/workload, policies/procedures, time off, educational plans
- **Clinical/Teaching:** review of clinical needs and teaching of skills
- **Compassion Fatigue:** service user’s experiences in managing compassion fatigue

# Clinical Supervisor’s Role

- Supervisors – managing the needs of service providers, service users, management and leadership.
- Dual Roles – both manager and supervisor? If you are required to be the person who has to enforce human resource policies (attendance, tardiness, vacation time, etc.) which can sometimes require punitive measures, it may be difficult to create a trusting relationship that fosters safety and allows for vulnerability.
- When a service providers shares their experiences of compassion fatigue, they are being vulnerable, which will allow them to grow and make positive changes, but requires trust and empathy from the supervisor, which may be impacted by the dual role.
- Tend to the needs you are required to meet in terms of administrative, clinical review, teaching. You may want to address compassion fatigue at the team level through education or in a group supervision process instead of individual.
- May want to explore outside clinical consultation for service providers that takes away the role conflict or discuss this option with supervisee – they may choose to invest in it.

# ACEs and Clinical Supervision

- How you decide to use your knowledge of ACEs and trauma informed compassion fatigue resiliency skills is up to you and your organization's awareness of ACEs.
- You have this knowledge and understanding of how ACEs may impact service providers, but you don't know their personal histories.
- Your role is not to provide therapy for your supervisees, but just like talking about mental health in the workplace, we can talk about ACEs as part of mental health in the workplace.
- Assume that it's possible your supervisee has experienced ACEs and focus on importance of reducing stress as part of overall health and wellness including all the other ways to prevent compassion fatigue.

# Setting up for Success

- Define the supervision process
- Understand the context and it's power (what it is and is not)
- Unique dynamics of each individual
- Contract/agreements
- Review of three basic functions of supervision (administration, clinical/teaching, compassion fatigue)
- Fosters clear expectations, open communication and trust
  
- Template of supervision contract – adapt to your organization
- Template of learning plan – adapt to your practice

# Training for Supervisors

- Have you received training in clinical supervision?
- Do you have the opportunity for continuing education in this area – online training may be more feasible and easier to manage with schedule.
- Do you have peer supervisors you can meet with regularly to consult with and to support each other?
- What areas of clinical supervision would you like to deepen your knowledge or develop your skills in?
- Many books on supervision in various fields.

# Supervisor's Impact

- Actions, language, choices have greater intensity for employees than that of their peers.
- Making conscious effort to model CS concepts and acknowledge the impact of compassion fatigue.
- Don't just model, but share how and why you are using your skills to prevent compassion fatigue.
- Normalize the struggles. Share your experiences that you have worked through.

# Responsibility Pie for Clinical Supervisor

- Responsibility Pie as a clinical supervisor
- Do you have responsibilities from previous roles?
- Do you take on responsibilities of other systems?
- Do you take on responsibilities of supervisees?

# Support for Supervisors

- Who are your supports personally and professionally?
- Did support map in the personal level, do you need to add to it?
- Any specific mentors, peer groups, educational programs?

# Role as a Supervisor

- Personal Statement – Role as a Clinical Supervisor.
- What do you believe about your role as a supervisor in this particular organization.
- What does this role make you responsible for and what does it allow you to do (ripple effect)?
- Review your personal statement, do you need to add to it or change it for your role as a supervisor?

# Stress Management

- You are also regularly exposed to secondary trauma through your supervisees and perhaps through direct involvement.
- You now know about ACEs and its impact – may be new information for you and how you manage stress.
- Same practices from personal level:
  - Wellness gauge
  - Manage stress response
  - Promote relaxation response
  - Proactive solution focused problem solving
  - Gratitude
  - Positive events
  - Compassionate curiosity

# Grassroots Change

- When leadership or management isn't addressing compassion fatigue.
- Module 8 – the same way managers can approach change within the organization
- Downfall of “review committees”
- Try small pilot projects
- Always collect data/situations that you can use to promote change (cost of no changes, benefits of changes)

# In This Module

- What clinical supervision is
- The role of clinical supervisor
- ACEs and clinical supervision
- Setting supervisors up for success
- Grassroots Change