

IDEAS FOR PRACTICE PODCAST

TRAUMA-INFORMED RESILIENCE-ORIENTED (TIRO) SUPERVISION for PUBLIC HEALTH PROFESSIONALS

Guest: Elizabeth Guroff, MA, LCMFT, Director, Trauma-informed Services,
National Council for Mental Wellbeing

Co-Host: Amanda Stark, MPH, Project Coordinator, National Council for Mental
Wellbeing

Co-Host: Dany Zimmel, MPH, Training and Engagement Manager, Region V Public
Health Training Center



Region V Public Health Training Center
University of Michigan School of Public Health
1415 Washington Heights
Ann Arbor, MI 48109-2029
rvphtc.org | rvphtc@umich.edu

Dany Zimmel (DZ): Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of 10 public health training centers across the country, the Region V PHTC seeks to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice.

Thank you for tuning in to our episode. Today we'll be talking all about trauma-informed resilience-oriented, or TIRO, supervision for public health professionals. I'm your host, Dany Zimmel. Today I have a special co-host with me. I'm happy to welcome Amanda Stark, Project Coordinator at the National Council for Mental Wellbeing. In this episode on TIRO supervision, we'll be hearing from Elizabeth Guroff to gain insight into what TIRO supervision is and how to implement its principles into supervisory practice.

Liza is a Consultant for Trauma-Informed Resilience-Oriented Services at the National Council for Mental Wellbeing. She is a national subject matter expert on numerous topics related to trauma, trauma-informed resilience-oriented care, diversity, equity and engagement practices, organization change management, TIRO leadership and TIRO supervision. Liza provides high quality consultation, coaching, technical assistance and training to organizations, systems and communities on the organization and clinical strategies that support advancing TIRO and equity-focused approaches.

She has more than 25 years of experience providing therapy, treatment, project and resource development for children, youth, adults and families living with serious mental illness and serious emotional disturbances. Today, Liza is here to talk with us about trauma-informed, resilience-oriented supervision for public health leaders. Welcome to the podcast.

Elizabeth Guroff (EG): Thank you, Dany.

DZ: Can you please start by telling us a little bit about yourself and your work?

EG: Well, I'm a lifelong clinical marriage and family therapist. I've been in the healthcare field for over 25 years, both as a supervisor and administrator and a front row therapist. And I came to the National Council about three years ago, after working in the field of implementing trauma-informed resilience-oriented practices in a variety of organizations. And in my own supervision practice.

DZ: Thank you. We're happy to have you with us today. Before we start our conversation, I think it's important to take a step back and take stock of the past year and a half. How have public health leaders in your opinion and your observation been impacted by COVID-19 and external events?

EG: Significantly. You know, we have public health officials whose lives have been threatened, whose families' lives have been threatened based off their scientific recommendations to their communities. No one got into the field of public health with the expectation that it would take such a personal toll on so many people. We're really

struggling with the idea in this space of moral injury. It just hasn't been a morally safe space for our public health officials in the community response, really, to the recommendations for how we handle this international pandemic.

DZ: And are there ethical implications of this for public health professionals?

EG: Absolutely. I think we're seeing significant burnout. We're seeing way too many amazing people leave the field because of the struggles which they're really running into where the public response in their attempt to help and keep people safe, it's really being perceived as harmful. And people are really struggling with the response to that, how to manage that. We just don't have a safe space, unfortunately, for people to really manage, talk about and resolve this in a good way.

DZ: That's definitely having an impact on the field as a whole.

Amanda Stark (AS): As Dany mentioned earlier, you're here to talk with us today about trauma-informed resilience oriented supervision for public health leaders. Before we talk about TIRO supervision, let's take a step back and first discuss what it means to be trauma-informed and resilience-oriented. What exactly are TIRO's principles?

EG: So we take our trauma-informed, resilience-oriented principles from SAMHSA. And we understand that this isn't a specific intervention for a set of people over there in the corner that we've identified. But being trauma-informed and resilience-oriented really is about embracing these principles in all of our relationships. It's really a culture, right? An organizational culture, community culture. So when we talk about being trauma-informed and resilience-oriented, we're talking about safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice and choice, and addressing and confronting cultural, historical and gender issues. So when we talk about safety, we're talking about creating an environment that's not only physically safe but psychologically or emotionally, morally and socially safe.

We also recognize that when there's a breach in physical safety, it's because people don't feel morally, socially and psychologically safe. So we need to go into a deeper evaluation of what's going on in the community or the culture of the organization, if we start to see physically acting out unsafe behaviors. When we talk about trustworthiness and transparency, we're talking about the importance of trust in relationships. Do what you say you're going to do. And that there's this level of transparency that everyone knows how all decisions are made. And there's a way for everyone to participate in those decision-making processes. When we talk about peer support and mutual self-help, we're talking about the inclusion of the voice of lived experience. That voice can be your client's, it can be the recipients of your services.

But it can also mean that the supervisor, their supervisees. Those who experience you in that role. And how we incorporate that voice into everything that we're doing. So we're not doing things for people, but we're really doing things with people. The phrase used a lot is nothing about us without us. So how are we including that voice of experience in all of our

decision-making and our processes and our mentoring programs? In our policies, procedures, practices? When we talk about collaboration and mutuality, this is really about leveling the power differential. Really making decisions with people. Putting problems out in front of us, not between us. And really making sure that everyone is equally involved, and there's not just a top down of "I'm in charge, so I get to make all the decisions about your life."

When we talk about empowerment, voice, and choice, this is really this recognition about the impact that trauma really has on us. Things happen to us. We don't invite them in. And so as part of that healing process, we want to really include and allow people choice in everything that's happening, and that their voice is very active in what's going on. And when we talk about empowering even from a supervisory perspective, do we know how our staff learns? How they process information? Are we communicating in a way that's really allowing for engagement? And then cultural, historical and gender issues. We recognize that trauma occurs not just in the moment but also a product of cultural and historical and intergenerational trauma. And different cultural practices. So how are we bringing that front and center into our work. How are we making sure that we're providing gender responsive services. We can't be socially unjust and trauma informed, so how are we bringing all of that amazing equity work front and center as part of our trauma-informed, resilience-oriented practices and follow through in our culture.

AS: Thank you for that foundation, Liza. So we know that these TIRO principles are an important part of the supervision model. What are other components to supervision?

EG: In the National Council, we have these four sections that we talk a lot about. One is understanding those principles through a supervisory lens. So, how am I creating safety for my supervisees. At the same point, it's also important that we practice what we call fostering supportive environments, where we really lean into diversity, equity and engagement practices, safety, understanding Brene Brown's Dare to Lead principles. The next one is, we talk a lot about the components of supervision from an administrative practice and a reflective lens. But then also the skills of supervision through those administrative practice and reflective lenses as well.

Because it's important when we recognize, when people are struggling, it's usually an issue of skill that we need to build in them. And so if we're not clear about what the specific skill that a supervisor are, how can we ever train, right? And how can we ever hold people accountable to that.

AS: Great. You mentioned fostering supportive environments. What does it look like to foster a supportive environment, and why is that so important?

EG: Fostering a supportive environment is really about the creating the space for vulnerability, for creativity, for everyone to fully engage back to that idea of diversity, equity and engagement. It's not just about understanding that I have implicit biases, but it's the active work to address them, to understand what my personal ones are. To actively practice cultural humility from a supervisory lens. To be curious about others. To create a space

where everyone can really thrive. So embracing those diversity, equity and engagement principles, but also creating and empathizing the safety principles within the work that we're doing and in our relationship. And then building within the Brene Brown work, right? This idea that we shouldn't, we don't have to be perfect.

When we fear perfection, and we fear that that's the way we have to be, we can never be more fully vulnerable or our full authentic self. But how do we really bring courage and vulnerability, self-awareness and self-love? Tough conversations, whole heart, and brave work, as Brene Brown says, into all of our relationships.

AS: In addition to creating safe spaces and modeling vulnerability, what are other important skills supervisors can use to strengthen and incorporate TIRO principles in their supervisory practices? And what role does this play in communication and relationships with staff and other supervisees?

EG: It's really important as supervisors that when we're leaning into the principles that we're embodying them really in our relationships. So whether we're bringing in the spirit of motivational interviewing, practicing reflective supervision, right? really leaning in to active listening. So listening to understand versus listening to respond, which means that I'm truly engaged in what my supervisee's sharing with me. Not as invested in what my response is, right? Not showing how brilliant I am. But really understanding what their needs are and meeting their needs. When we talk about communication, the better we know the learning style of our staff, the clearer we can develop a communication plan to share information in a way that people can receive that information, not in the way as a supervisor I want to share it.

You know, learning what people's languages of appreciation are. And then appreciating people in a way that they feel appreciated, not in a way that I want to acknowledge them. Yet all of those things are things we can build and learn on. It's also important to understand Dr. Bruce Perry's work in how our brain really functions optimally, so that we're setting up calm, soothing environments so our staff can really lean in to accessing higher level parts of our brain, their brain, right? And really being creative and accessing abstract thoughts, as opposed to really being in that fear place, where they're stuck in that fight, flight or freeze and are much more reactive, as allowing people to be responsive. So simply, you know, even understanding that, going through this international pandemic, this generational altering event, puts all of us in a place of toxic stress. We're all walking around bathed in adrenaline and cortisol.

And so as a supervisor, how do we make sure if we understand that, that we allow for space each day, multiple times a day for our staff, to have these safe spaces. These moments of mindfulness, a place where we can decrease that adrenaline and cortisol so it doesn't have long lasting permanent effects. If we don't, right, we really risk moving all our staff into a burnout space and losing the entire generation of caregivers. Which we can't afford to do. And we have amazing people. We don't want to lose them.

DZ: These are all really good points. Thank you for giving that foundation of TIRO principles and the supervisory model. I'd like to now shift into practical application. So in order for a supervisor to effectively implement TIRO principles with their teams, they obviously first need to focus on their own needs. I'd like to ask you, what are some strategies that a leader can put into place to address their own personal and professional needs?

EG: Yeah, it's such an important point. We can preach all day to our staff to take care of themselves, to incorporate these practices into their own practices. But the truth is that if the leaders are not doing it, no one's going to believe us. So we have to take care of ourselves first or we're not going to be there to take care of all those amazing people that we supervise and lead. Building in routines, building in self-care practices into what you're doing is actually good leadership and good supervision. It shouldn't be an afterthought. You know, the other is doing our own work. The better we understand our own personal biases, our own cultures, our own perspectives, the more comfortable we are with understanding really who we are, what our trigger points are, what our values are, right?

What really drives us? The better we can lean into the relationship with people we supervise and really be there for them. But if we don't really recognize that in ourselves, and we aren't comfortable being vulnerable with ourselves, then it's really hard to support other people in that work that they're doing.

DZ: Definitely. And while supervisors are practicing implementing these principles on their own, and to themselves, what steps can they take to begin to assess the current workplace supervision practice, and then start to infuse it with TIRO principles?

EG: A lot of us get into a supervisory role and kind of hit the ground running. So taking some time to reflect on what your belief about supervision even is, it's really important. The clearer you are on your own supervision model, the better you can practice it. So if your organization doesn't have a model, doesn't have a note or even a disclosure practice, these are definitely things we would encourage you to do for yourself. So being clear about what you bring to supervision, right? What is your model of supervision? What do you expect your supervisees to bring to your supervisory relationships? If I expect my supervisees to bring information or questions to me, I need to let them know that. I need to know where that fits in my model. And the clearer I can articulate that, the closer I can get to really helping improve my own practice and making sure that what I think I should be doing in supervision, right? Is really what I'm practicing in supervision.

And then we can set up our own documentation and notes to really flow with that practice and belief. So, if we start with people's strengths, and we start with being goal-directed, then make sure your note starts there, right? And what we're identifying. If you believe that supervision is an interactive process and just as much your responsibility as a supervisor as it is to the supervisee for learning and incorporating things in your supervision note, you've highlighted, right, what you bring and what is your responsibility. If you believe in collaboration and truly leveling that playing field, do the supervisees have access to your note or your agenda prior to your supervision schedule or session. So there's a place where they can put what they want to talk about, just as much as there's a place where they can

see what you're going to talk about, so that it's open and transparent. There aren't surprises.

The more we can set those things up, the better off we're going to be. But it all starts with me understanding who I believe I am as a supervisor, who I believe I want to be as a supervisor and then putting steps into place to get myself there.

DZ: Those are all really helpful points. And as a newer supervisor I'm definitely going to be listening to this podcast episode again and taking some notes for myself to put into practice with my supervision practice. So thank you for that.

AS: We received some questions in a recent webinar that we weren't able to answer. Do you mind answering them now?

EG: Not at all, no. What were they?

AS: The first question is, sometimes I feel like identifying and putting a name to certain items as traumatic, may lead staff to process them as traumatic versus letting them develop their own response to it without the title of traumatic. But how do we identify it otherwise?

EG: Trauma is an individual experience. We can't identify it for anybody else as traumatic. We can ask them if they've experienced it in that way, but it's really up to them to tell us. If we talk about trauma, it really is an event or a series of circumstances or you know, a series of events that someone experiences as overwhelming to their coping mechanism. So even though we both go through the same event, it doesn't mean that if I experience it as traumatic that you're going to experience it as traumatic as well. So I don't think we traumatize people by labeling it. We need to let them define it for themselves. And we don't always have to use the word trauma, right? If something's overwhelming, if someone's having a difficult time, then deal with the fact that it's overwhelming and difficult for them, and how can you support them, right? In managing through whatever the issue is as opposed to having to label it in one specific way or another.

AS: That's super helpful, thank you. Another question that we received was about peer work. This listener said I tend to associate mutuality with peer work. Can you speak to that principle and the supervisory and clinical relationship?

EG: Sure. So, mutuality in collaboration, this is really about leveling the power differential, right? So in supervision, if we're really practicing in this way, then we also are practicing what we call 360 evaluations. And what that means is that we get a full perspective of people's experience of us as a supervisor. So not only is it my role as a supervisor to guide someone else and to provide examples of where they can grow and stretch, it's also important that I'm getting feedback and growing and stretching as well. It should be equal information back and forth, in terms of supervisee providing me feedback as well as in my role as their supervisor in what I'm doing well and what I can improve on.

And when we model that, then we create this space where we can talk about difficult things. If I want my employee or my supervisee to really be able to embrace feedback as a way to grow and learn, and not see it as a daunting personal attack, then I have to be able to receive feedback as well and be able to model a learning mindset, right? Being open to that. When we manage conflict, being open to that process and really modeling healthy conflict and how we can discuss and address things is really important in our relationships. So it's not about complete disclosure about who we are, but if we don't have all of the answers then we don't have all the answers.

Just people with difficult information, right? We've hired amazing people. We need to treat them with the respect they deserve and really bring all of that into our supervisory relationship as well.

AS: Great. And that actually relates to our final question, which is about assessing supervisors. So this listener wants to have a supervisor assessment during annual evaluations, but they want more information from staff. So they asked if you have any information for follow-up or a different assessment that gives space for staff to say more about why they gave the score they gave or why they assessed in a certain way.

EG: Yeah, we have examples of trauma-informed resilience-oriented 360 supervisory assessments. There's also the practice of cultural humility scales, really asking staff for feedback. Do they experience me as culturally humble in my relationship and practice with them? And I think the more we can offer feedback and space for notes and details as opposed to just a yes or know, the more we can learn. So it might just be adding a notes section into an evaluation you're already doing. We practice a lot of the question just related to what we call keep, change, start and stop. So a simple way to just say, you know, this is where I'm trying to achieve. What am I currently doing that I need to keep doing that keeps me in that place?

What do I need to change or adjust to be the more trauma-informed in my supervision practice? What do I need to start doing that I'm not doing? And what are behaviors or practices that just aren't helpful that I need to stop doing? So sometimes just even those simple words. Asking at the beginning of supervisory relationships, what previous supervisors have been like? What's worked and what hasn't worked, so we're not reinventing the wheel, can also be a great place to start with that ongoing dialogue. I wouldn't suggest we wait to once a year, but it should be part of our regular conversations. And if you want that feedback and you want to remember to do that, and that's part of that supervisory model for you, put it into your supervision notes and make sure it's part of a question that you're asking on a regular basis and just part of the way we do business.

AS: Thank you, Lisa. This is super helpful.

DZ: Yeah, I especially like the part about having this be part of an ongoing process. I think that's really important. So as we wrap up for today, Liza, would you mind sharing one final example of an experience with TIRO principles and why you think they're so needed?

EG: When we truly understand trauma-informed resilience-oriented practices, and it's not just about holding someone else accountable but holding us accountable as well. You know, we've been in talks lately about, with supervisors who are exhausted. Who are burned out. Who, they themselves are struggling. When we really, truly embrace trauma-informed resilience-oriented principles, it gives supervisors as well a place to be human, and to say you know what, I just don't have it today. Or to tap out, right? And say I can't be there, but I can, so and so can be there for you. But I think the hope in the conversations that I've had lately is really around this idea of post-traumatic growth. The idea that we are fundamentally going to change because of the international pandemic that we're going through.

And people are exhausted. They're exhausted with change. They're exhausted with not being around colleagues. And the attacks that we've been getting. They're looking for hope. Like we don't, not a lot of people find hope right now. But actually the conversations we've been having with supervisors about the idea of post-traumatic growth. That at the end of it you're fundamentally going to come out differently anyway. The idea that I can choose how I do that has actually started to invigorate some of our supervisors in finding a new focus, right? If we stay really focused on where we are today, we will just be exhausted. But the hope of really bringing and incorporating these practices into everything you do in a purposeful mindful way is really starting to invigorate some people in the field, you know, as a place that we can go. That there will be an end to this pandemic.

We don't know how long. Right? We've already been in it a year and a half. It's not going to be next week. But how can we start to focus on how we want to come out of it and who we want to be. We're going to change anyway, so let's change on purpose in a way that can really embrace these principles and come out better than we were before we went in.

DZ: I really like that last part that you said about being purposeful about the change. And we're going to change anyway, so being able to grow through the change. I really like that part. Thank you so much for joining us today, Liza, to share from your experiences and to provide your expertise and insight on this really important topic. And also thank you to Amanda for co-hosting with me today. To our listeners we hope that you've learned some tips on TIRO supervision for public health professionals. And we encourage you to check out some excellent resources that we'll have in the podcast notes as well as an evaluation and transcript.

Funding for this podcast is provided by the Health Resources and Services Administration. And with that, we'll end here for today. Stay safe and stay curious everyone.

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