Reflective Supervision as Trauma Informed Practice:

The Time Is Now

With Visiting Scholar Rebecca Shahmoon Shanok, LCSW, PhD

Friday, June 17, 2011

Opening Remarks:

Arthur C. Evans, Jr, PhD,Commissioner of the Department of Behavioral Health and Intellectual DisAbility Services, City of Philadelphia

School District of Philadelphia Education Center, June 17, 2011

Dr. Evans: Good morning everyone.

I'm Arthur Evans, Commissioner of the Philadelphia Department of Behavioral Health and Intellectual DisAbility Services. I regret that I am unable to be with you this morning.

The topic and issues that will be addressed today are extremely important to me, as well as to the Deputy Mayor of Health and Opportunity, Dr. Donald Schwarz, and to Mayor Michael Nutter.

I firmly believe that a commitment to reflective supervision is essential for effective systems of care and education.

I want to thank the Multiplying Connections Initiative, the Health Federation of Philadelphia, Natalie

LEV-ko-vich and Leslie Lieberman for making it possible, for me to participate via video, and for bringing all of you together to learn about reflective supervision from our visiting scholar, Dr.

Rebecca Shahmoon Shanok. I look forward to hearing from you about the symposium and, going forward, to working with all of you to implement reflective supervision within trauma informed practice in Philadelphia.

It is no surprise to this audience that early childhood exposure to traumatic events is a public health problem of epidemic proportion. A very recent report from the Substance Abuse and Mental Health Services Administration estimates that more than 1 in 4 children will witness or experience a traumatic event before the age of 4.

In Philadelphia this translates to about 25,000 children – children you provide services to everyday in your pre-school and kindergarten classrooms, your child care centers, your family shelters, your home visiting programs, your health and behavioral health clinics and your child welfare programs.

The City of Philadelphia's Office of Health and Opportunity which oversees my department, along with the Departments of Human Services and Public health, and the Office of Supportive Housing, has made trauma informed services a priority and we are investing resources to ensure that we become a trauma informed City.

We know that a majority of the individuals and families served by our system have experienced traumatic and toxic stressful events that include physical and sexual abuse, neglect, and witnessing interpersonal and community violence.

We know that these experiences not only negatively affect their mental and physical health but also affect how they approach and respond to the services we offer. It is therefore our responsibility to ensure that the services we provide not only effectively engage individuals needing support and treatment, but also reduce the inadvertent re-traumatization of people we are trying to

assist.

This has compelled us to look deeply and honestly at our service system and embark on a variety of efforts that will equip us to serve and collaborate with individuals in the most effective, most trauma-informed ways possible.

Some examples of this include creation in my department of the Trauma Transformation Unit. Our mission is to ensure that Philadelphians affected by trauma receive care in a safe, positive and supportive environment. This requires a significant expansion of the breadth and depth of trauma informed professional development opportunities available to behavioral health and other providers. These opportunities include:

- The Cycles of Violence Series;
- Resilience training;
- The Sanctuary Model' S.E.L.F. Tool;
- the TREM Model sponsored by the Behavioral Health Training and Education Network;
- The Multiplying Connections Initiative's "Becoming Trauma Informed"

Most recently we have invested in building capacity for trauma specific and trauma informed services for children and adults. We are training supervisors in 17 behavioral health organizations in two evidence based trauma treatment models, one for children and one for adults. In addition, these organizations are participating in a five-day intensive training in the Sanctuary Model that helps to develop trauma informed organizations.

We have done a lot, but there is more to do. We know that we cannot be a fully trauma-informed system in the absence of recognizing the impact that trauma has on us – or without reflecting the values of trauma informed services within our organizations.

To reach our consumers effectively and compassionately, we must address the toll that our work takes on us, our colleagues, and, most essentially, the front-line health and human services

and the education providers in our agencies.

These individuals deal daily with the effects of trauma in the lives of those they serve. They hear the heart wrenching stories of trauma survivors, they address the challenging behaviors of young children suffering from traumatic stress, they see the negative physical, behavioral health and learning consequences of traumatic stress, and often they do this work in schools and neighborhoods where their own safety is at risk. The result is a great risk of experiencing vicarious or secondary trauma.

Vicarious trauma (VT), secondary trauma and compassion fatigue are an occupational hazard inherent in our work. We cannot truly develop a trauma informed system if we do not acknowledge and address this pressing issue.

This brings me to the role of reflective supervision, the topic of today's symposium. The Department of Behavioral Health and Intellectual Disability Services in its effort to provide the highest quality of behavioral health services has been engaged in an intensive service transformation process to build a recovery-and resilience-oriented system in Philadelphia. This process emphasizes principles of collaboration, partnership, and parallel process. Further, there is an understanding that the relationship we want to see between our direct-care providers and those they serve must be mirrored in the Department: in our relationships with one another, our relationships with treatment providers and our relationships with other community organizations.

Reflective supervision is a means for operationalizing and upholding these principles; it is an excellent tool we can use to make our transformational vision a reality. Reflective Supervision is a practical and feasible approach that will help us address and prevent vicarious trauma. It will reduce burn-out and turnover among our staff, and it will be a fundamental building block in our

efforts to build a truly trauma-informed recovery-oriented system. At the Department of Behavioral Health, we are taking steps to integrate reflective supervision in our strategic transformation plan. One example of this is a recent pilot workshop entitled, "Introduction to Reflective Supervision" offered through BHTEN that was almost immediately filled to capacity leaving a waiting list of 60 supervisors who could not attend. We will be offering the course again.

I am committed to creating an organizational culture that embraces reflective supervision as a fundamental system element for our employees and contractors.

I will leave it to your distinguished speaker today to define reflective supervision and help us understand how to implement it: as individuals, agencies and a system.

Let me just say that I support and applaud the efforts of the Multiplying Connections Initiative to take this first step in our collaborative journey. I intend to continue on the journey with you.

Thank you and have a great morning together.