

WELCOME – LEARNING GROUP SUPERVISION

AS PART OF OUR ANNUAL MEMBERSHIP, YOU GET ACCESS TO ANY OF OUR MONTHLY
GROUP SUPERVISIONS

Focus – Complex Trauma Competencies





TWO SUPERVISION GROUPS HELD MONTHLY:

- 2ND THURSDAY OF THE MONTH GROUP (6 PM – 7:30 PM)

- THE LAST SATURDAY OF MONTH GROUP (10 AM – 11:30 AM)

What's it all about ?

- *Thursday group will be facilitated by Arlette Kavanagh, UKCP & AFT Accred (2nd Thurs of month)*
- *Saturday group will be facilitated by Dzmitry Karpuk, UKCP & AFT Accred (the last Sat of month)*

please book here (remember you need to log in with your email + password):

<https://www.complextraumainstitute.org/book-online?category=5a2fcb51-bee3-4bc0-bab6-caee71c888b>



We're All In This Together

• NB: Beach not supplied, Ocean not supplied, Sunshine not supplied

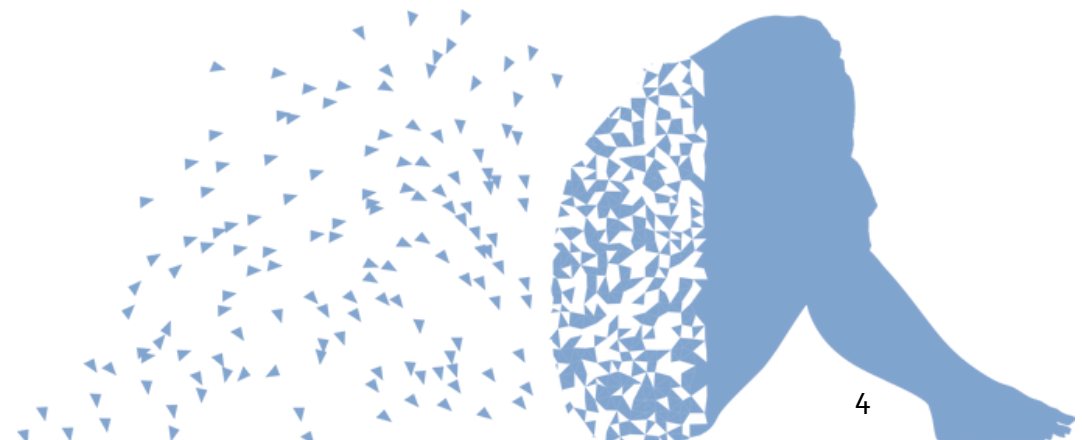
Warming the Context



learning and building confidence in CPTSD competencies by using client examples.

Focus of Session on

sharing experiences, challenges, and what has worked
transitioning from trauma-informed to trauma-focused therapies.



Focus on Competencies: Moving from Theory to Practice

1. Prevention and Management of Vicarious Trauma
2. Clinical Formulation & Goal settings based on extended assessment
3. Psychoeducation (normalising + motivating) and reconnecting a client to stable adults and services where client can learn to self-regulate
4. Relaxation skills, Establishing Safety & Internal Resources – Self –Regulation long-term interventions
5. Management of Emotional Distress, trigger management – Self –regulation short term interventions
6. Identifying and reducing maladaptive/addictive strategies – Long-term interventions Using Co-Regulation to reconnect a client to stable adults and services where client can learn how to self-regulate
7. Establishing Safety & Stabilisation; Enhancing Safety and Risk Prevention
8. Working with Intrusive thoughts
9. Working with Intrusive Memories
10. Working with Nightmares
11. Integration -Meaningful Reconnection to individuals & groups, Supporting clients to move forward by engaging in daily activities, relationships (Using secure attachment)

Reflective Team Model used for clinical case discussions (model has 3 stages)

1. Group facilitator interview someone who is bringing any issue. Therapist

- presents a clinical case or issue (**up to 10 min**), Facilitator asks questions (please see next slide)

2. and afterwards at 2nd stage, Facilitator invites the whole team to brainstorm (**10 – 15 min**) while **a presenter is not taking a part in this conversation** (just takes some notes).

3. 3rd part of this process, - group facilitator come back to a presenter and we

- discuss what was helpful and what wasn't from a team conversation.
- This model helps a therapist to separate from the team's conversations and it
- supports them to take an observer position and better listening position as it
- minimises their emotional responses and frees them from having team's feedback.

Assessment main info used in Reflective team group supervision

1. **Referral Reason** (from referral form? And clients' expectations? What Changes your client want to achieve?)
2. **Where is currently stress coming from?**
3. **Very brief client's account of previous potentially traumatic experiences** (trauma history including childhood experiences)
4. **Symptom Presentation (Active vs Passive survival)** - What symptoms are the client currently experiencing, and how severe are these symptoms/behaviours? How it affects a client on daily basis ? (e.g. physical, emotional or behavioural)
5. **CLIENT STRENGTHS**, Does client have grounding /adaptive/coping strategies in place? Basic Self - Care needs – Current clients basic resources (scaffolding) (sleep & life routine; nutrition; motivation; lethargy; sexual activity, level of exercises, management of chronic conditions, medication, sensory/grounding experiences etc). Healthy/Adaptive vs Addictive/Maladaptive STRENGTHS

Assessment main info used in Reflective team group supervision

6. Ideas on how to build an external scaffolding team. Is the client currently supported by any significant adults in their personal life? or has been referred to any service? Or previously were referred to any support agencies? How does the client fulfill their social, emotional, and physical health needs?

7. Identify High-Risk Concerns (Risk to others or Risk to themselves).

8. Goal planning (including multi-agency interventions):

- **Co-regulation** (What therapist needs to do to achieve this goal? Please, List possible therapeutic interventions (*Examples: Mending broken connections with significant adults. Encouraging collaborative problem-solving. Promoting activities that build and reinforce attachment and trust between significant adults in their lives*). Who else needs to be involved to achieve this goal (it is likely that trauma survivor will need multi-agency approach, Reconnecting a client with other professionals involved in their care)?

- **Self-regulation** (What therapist needs to do to achieve this goal? Please, List possible therapeutic interventions (up or down regulation). Who else needs to be involved to achieve this goal (it is likely that trauma survivor will need multi-agency approach)?

More ideas about possible items for discussion, so everyone can have a useful learning experience:

1. Discussion about appropriate therapeutic goals, clinical formulation, Assessments vs Reviews – using clients cases
2. How might I incorporate my current modality whilst including a new perspective such as trauma informed practice & body-focused interventions?
3. How might my way of working integrate with working in the Education system, schools, prison, private settings etc?
4. What might be useful to know when considering working with traumatised clients when working with youngsters? Adults?
5. Application of specific trauma-informed technique/strategy
6. Presentation of a journal article/chapter/ web site/video or policy document and discussion of its practical implications
7. Issues on working alone or common work challenges
8. Online Therapy issues (limitations and advantages, etc.)
9. And many more

What you need to know

- Mixed group of curious individuals who share common interest in working with complex trauma (**All of you are members of CTI**)
- Some of you will be here on an adhoc basis
- Other will be attending as they are completing a more formal training CPD route and completing a certificate in Complex Trauma.

Learning by doing – Could you learn to swim by just reading about it in a book? Unlikely – you might just need to immerse yourself in the water as well.



Learning group supervision is a collaborative approach aimed at sharing experiences, discussing challenges, and enhancing learning through mutual support and feedback. This process helps improve professional practice and personal development within the group. We are aiming to foster a collaborative supportive learning space for all.

What's in it for me?



- **Enhanced Knowledge:** Gain insights and knowledge from the diverse experiences of group members.
- **Improved Skills:** Develop and refine professional skills through regular practice and feedback.
- **Problem-Solving Abilities:** Learn different approaches to tackle challenges by discussing them with the group.
- **Networking Opportunities:** Build connections with peers and mentors in your field, expanding your professional network.
- **Supportive Environment:** Benefit from a supportive community that encourages personal and professional growth.
- **Feedback and Reflection:** Receive constructive feedback on your work, allowing for self-reflection and continuous improvement.
- **Increased Confidence:** Grow more confident in your abilities as you navigate challenges with the support of the group.
- **Motivation and Inspiration:** Stay motivated and inspired by the progress and success of peers.

Ground Rules



- Group will generate agenda for discussion
- Important to remain, non-judgemental in our discussions
- Keep confidentiality in mind- no identifiable information if you bring case material
- Stay with your own experiences / challenges that you have experienced
- Be respectful & Allow space for everyone to speak.
- Be responsible for contributing to the discussions
- Adhere to the ground rules and take responsibility for making effective use of the time, for the outcomes and for any actions I take as a result of clinical supervision
- More..

Other Information

- The CTI website is an amazing resource make sure you access it. There are articles, video's and a discussion forum –please log in to access

www.completraumainstitute.org/members-area

- If you need any support with accessing/ passwords ect please see your INBOX particularly your payment email and registration email. All of your log in data will be here.

- Any support with technical issues / general queries can be emailed to

support@completraumainstitute.org