

**Building Resilience  
through  
Clinical Supervision  
Summer Super Summit  
May 2026**

CHRISTINA BOYD, LSCSW, LCAC

## **Christina Boyd, LSCSW, LCAC**

Associate Professor of Practice  
Liaison to Rural Communities

Collaborating Faculty-KU Medical  
Center-Project ECHO

Board Member to the Center for the  
Advancement of Healthcare for  
Everyone

School of Social Welfare  
University of Kansas

970-567-2722

[christinab@ku.edu](mailto:christinab@ku.edu)





Thank you for  
all you do!

# AGENDA



---

**Welcome and Introduction**

---

**Time for a little Mindfulness and Connection**

---

**Why...one of the best questions**

---

**Stress, Burnout, Vicarious Trauma**

---

**Moral Distress**

---

**Components of Resiliency Based Supervision**

---

**Resources**

---

**Questions**

---

**Wrap Up**



# Our Objectives for Today:

Define resiliency within the context of the behavioral health workforce and describe its relevance to clinical supervision.

Identify key occupational stressors impacting behavioral health clinicians and explain how these stressors influence burnout, secondary traumatic stress, and workforce retention.

Examine the supervisory relationship as a protective factor and articulate its role in supporting supervisee resilience.

# QUICK MINDFULNESS EXERCISE



<https://www.youtube.com/watch?v=Jholcb8Gz0M>

# VIDEO ON WHY MINDFULNESS IS A SUPERPOWER

[HTTPS://WWW.YOUTUBE.COM/WATCH  
?V=W6T02G5HNT4](https://www.youtube.com/watch?v=W6T02G5HNT4)




# Quick Check In and Meet your Neighbor!

Introduce yourself and talk about the following:

- ▶ Your agency and the population that you serve
- ▶ What have you been doing to encourage and support resilience for yourself and those that you work with?





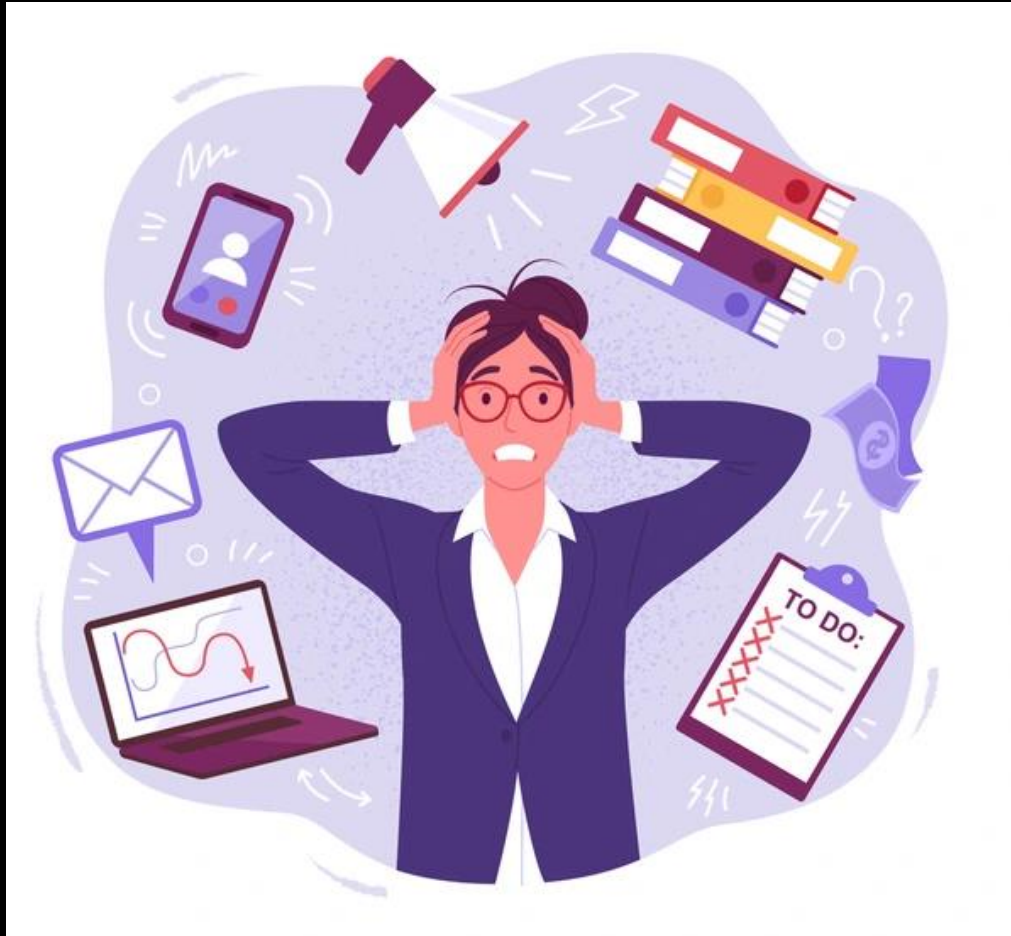
Why is this so  
important right now?  
“WHY” is always a  
good place to start...

# State of Our Mental Health

In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization

(WHO-March 2, 2022)





Does it  
seem silly  
to ask if  
you are  
stressed?



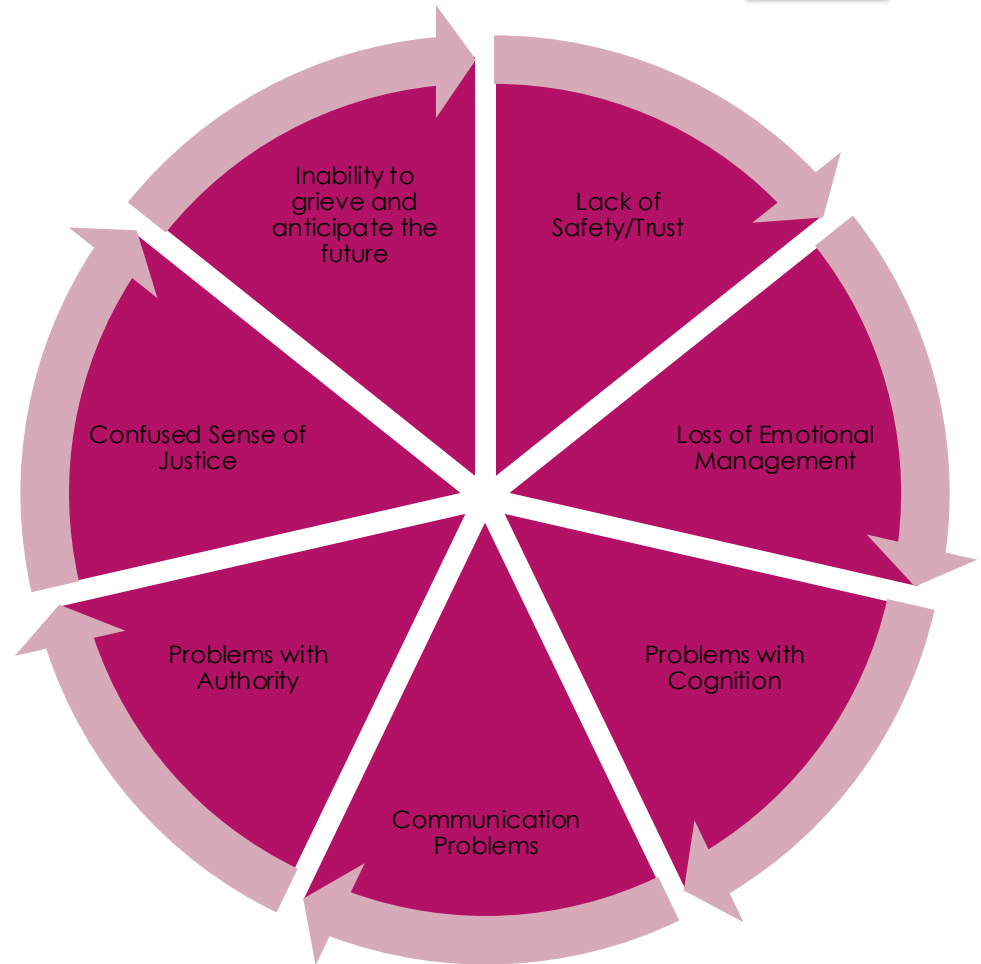
# Chronically Traumatic Work Environment

- ▶ Large caseloads
- ▶ Symptom severity & complexity
- ▶ Insufficient organizational support

Hallett et al., 2024

# Trauma in Organizations can impact like Trauma in Individuals

Bloom & Farragher 2013



# Post-COVID Trends

- ▶ Delayed launch
- ▶ Increased turnover
- ▶ Gravitating toward private practice
- ▶ Leaving the work behind



Initial findings from the KUSSW-HIS program follow up surveys

# “Why” Supervision matters...

“Research has supported the  
importance of supervision and  
its potential impact on staff  
**retention, skills,  
and quality of  
care**”





What is your “WHY”

# Ethics to Consider

- Self Care
- Competence
- Boundaries
- Attending to Safety
- Decision Making



-Use of  
Technology

# WHAT IS RESILIENCE?

Resilience exists when a person can bounce back and **thrive** from major challenges.-

# What is a trauma informed perspective?

It is when:

Stakeholders recognize the signs and symptoms of trauma in clients, families, **STAFF**, and others involved with the system and respond by fully integrating knowledge about trauma into policies, procedures, and practices.

(SAMHSA TIP #57)

# Trauma Informed Practice (TIP 57)

Safety

Trustworthiness and  
transparency

Peer support and mutual self-  
help

Collaboration and mutuality

Empowerment, voice, and  
choice

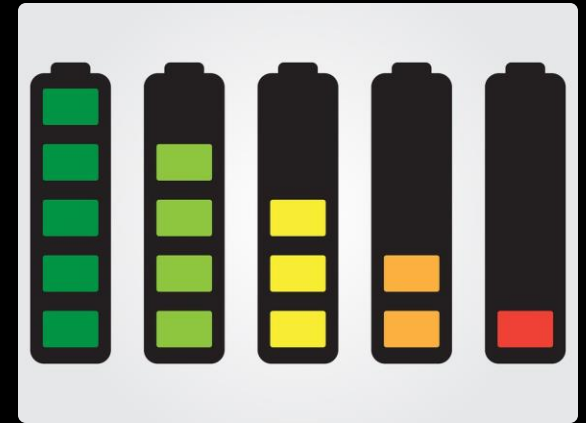
Cultural, historical, and gender  
issues

STRESS  
BURN OUT



SECONDARY TRAUMATIC STRESS  
VICARIOUS TRAUMA

COMPASSION FATIGUE  
MORAL INJURY



WHERE IS YOUR STRESS LEVEL SET?  
HOW LONG CAN WE SUSTAIN THESE LEVELS?

# SIGNS OF FATIGUE FROM PROLONGED WORK STRESS

Cynical attitude

Critical of others

Impatient with patients/ clients

Lacking energy to be productive

Apathy

Hard to concentrate

Low job satisfaction

Change in sleep habits

Disillusionment

Unexplained headaches

Sudden stomach or bowel problems

Feelings of intense sadness

Increased use of alcohol or drugs

High blood pressure

Lower immunity, feeling sick a lot

Change in appetite

Isolating from others

Skipping work or tardiness

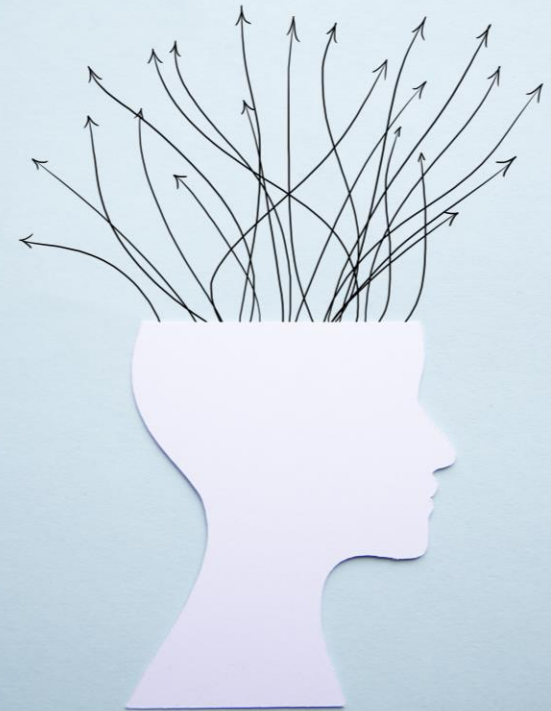
Lethargy

Short fuse

(Mayo Clinic, 2023; Morse et al., 2012)

# How Chronic Stress Affects Your Brain

▶ <https://www.youtube.com/watch?v=WuyPuH9ojCE>



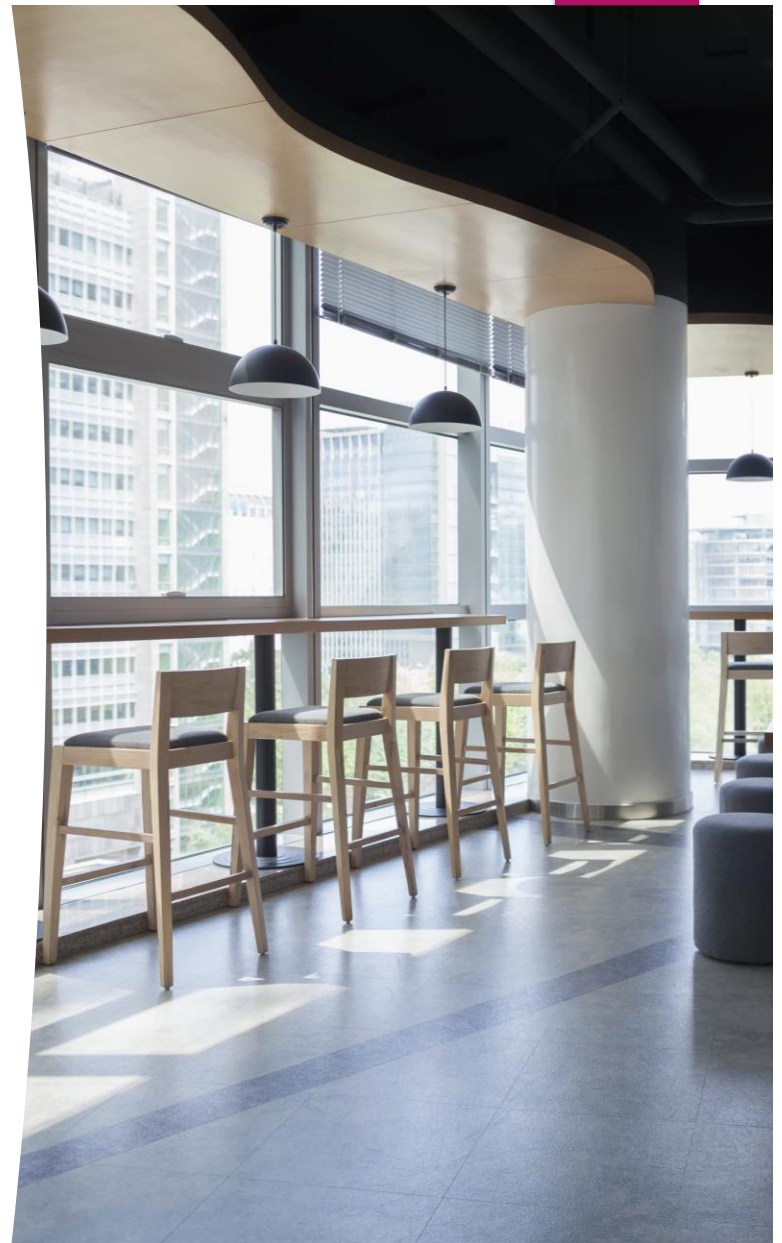
# PREVENTING AND RESPONDING TO WORKPLACE STRESS & STRESS RESPONSES

## Individual Level

- ▶ Know STS symptoms
- ▶ Take time for yourself
- ▶ Don't avoid or ignore feelings
- ▶ Set aside time to reflect
- ▶ Determine what strategies work for you
- ▶ Debrief with others
- ▶ Reflect on meaning
- ▶ Know when to ask for help

# Organizational Level

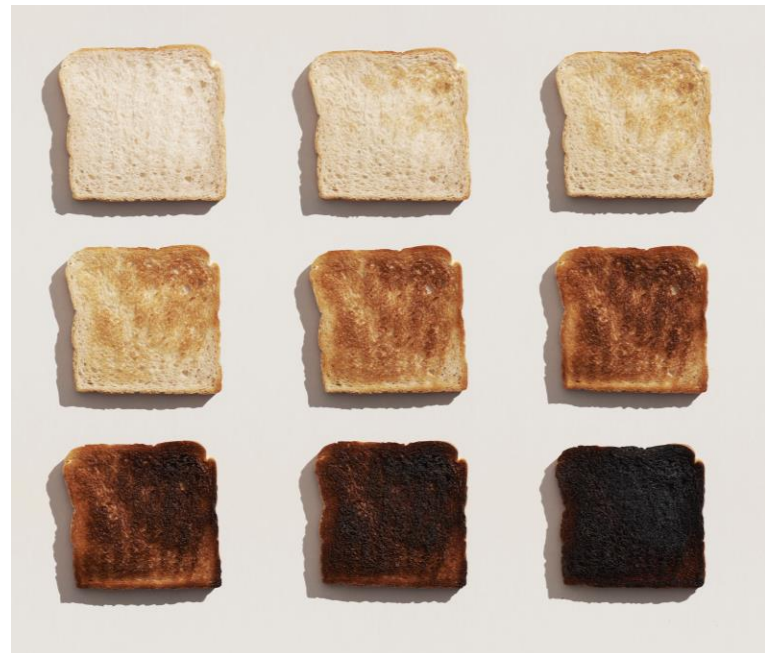
- ▶ Balanced caseloads based on complexity & trauma
  - ▶ **Ensure accessible supervision that is safe**
  - ▶ Provide leave/time off
  - ▶ Safe physical space
  - ▶ Organization wellness program (physical/mental)
  - ▶ Offer trainings on STS
  - ▶ Peer support groups
- (Zimering & Guilliver, 2003, Hayek)



# Recognizing Burn Out

**“a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.”**

**(ICD-11 2021)**



Burnout occurs when health and behavioral healthcare providers experience long-term stress marked by:

- depersonalization
- emotional exhaustion
- lack of a sense of efficacy



## What about Secondary & Vicarious Trauma?

## Risk Factors for STS



Hensel et al., 2015

- Caseload volume (# of clients with trauma)
- Caseload frequency (how often exposed to client trauma)
- Caseload ratio (% of caseload with trauma)
- Personal trauma history

# Signs of Secondary or Vicarious Trauma

**Psychological distress**

**Somatic issues**

**Cognitive shifts**

**Relational disturbances**

**Changes in frames of reference**



# Moral Distress and Injury

Moral distress and injury have been described as, “you know the right thing to do, but you’re not able to do it.”

Many providers share their distress of knowing the kind of care they want to be giving but not having the resources or workforce to provide it.

What examples can you identify?

What can we do?

To mitigate against moral distress, or the longer-term impact of moral injury, strategies should address the *individual*, *social*, and *organizational* elements.



(Beadle, et al. 2024)

# Prevention of Secondary & Vicarious Trauma

Peer support

**Supervision and consultation**

Training

Personal counseling

Maintaining balance in one's life

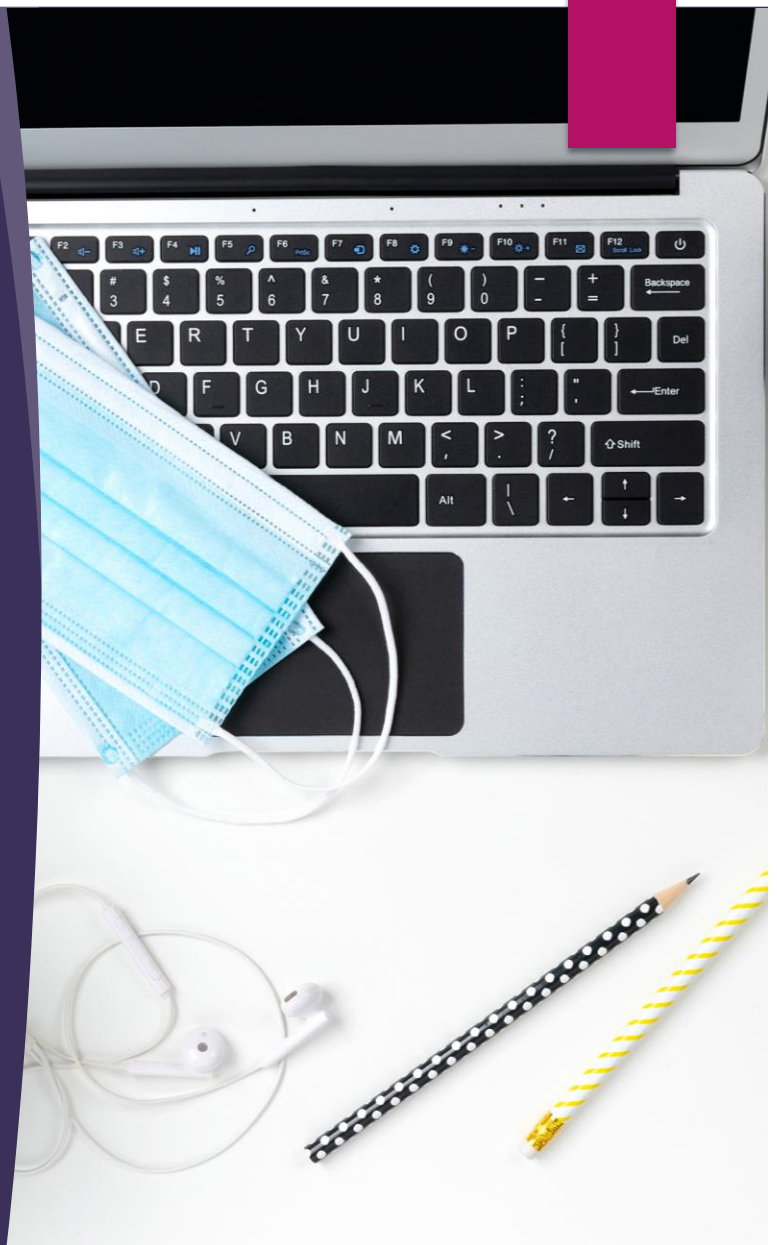
Engaging in spiritual activities that provide meaning and perspective



# Digital Hygiene-Are you covering this in supervision?

- ▶ Taking care of yourself is an ethical consideration!
- ▶ This includes your time in the Digital World

NASW, ASWB, CSWE, & CSWA Standards for Technology in Social Work Practice <https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-for-Technology-in-Social-Work-Practice>



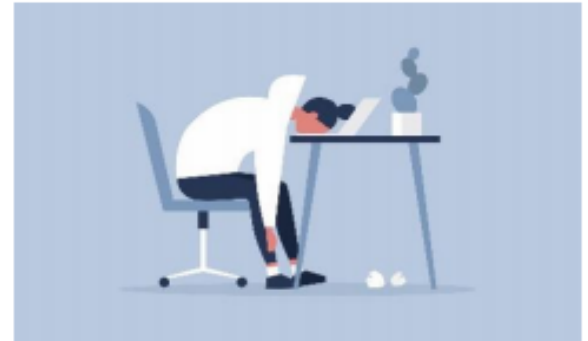
# A Couple of Examples

- ▶ It is helpful to have breaks built into your day. Encourage people to get up and move and take breaks from ALL of their screens throughout the day
- ▶ Schedule meetings at 10 minutes after the hour or until 10 minutes till the hour. This allows for some time between meetings.



## ***WHY VIRTUAL MEETINGS ARE MORE EXHAUSTING***

- Our brains work harder to process the non-verbal cues we rely on in communication when they come over video vs. in-person.
- The silence of muted meeting attendees can be just as jarring as background noises or other distractions to the speaker.
- Low-quality video or sound and delays in feedback lead to automatic negative perceptions in listeners (stress), because we're more familiar with the immediacy of in-person conversation.
- We are not used to staring at colleagues close up and with the "constant gaze" that video meetings present. Eye contact in-person is more fluid and feels more familiar.
- We are also now staring at our own faces, which we are not used to seeing. This can trigger self-consciousness and add the mental effort of "performance."
- Many people multi-task during virtual meetings, which takes a toll on our energy and attention without regular breaks away from work for our brains to recover.
- Back-to-back virtual meetings don't allow for proper breaks. Even back-to-back in-person meetings might require a walk to a new room or change to seating position.
- To stay centered on our webcams, we can't move around in our chairs as much as we do during in-person meetings. Sitting in one position for too long is draining.
- We blink less staring at screens, which makes our eyes tired, irritated, and dry.



## ***HEALTHY VIRTUAL MEETING GUIDE***

Overall the technology we have is amazing! Imagine going through the pandemic without the virtual connection tools we have. However, the amount of time we're spending in virtual conversation increased exponentially overnight, and we're not well adapted to it yet. Here are some tips to assimilate technology into our lives to support our health and well-being.

## MENTAL AND PHYSICAL WELL-BEING

- 0 Practice the “20-20-20” rule. Look at something other than a screen that’s 20 feet away for 20 seconds every 20 minutes to avoid eye strain.
- 0 Move or stand at least once per hour. If appropriate, turn off your video and take a walk during meetings. Or, take short breaks to stand, stretch or move around with your video off temporarily.
- 0 Avoid eating during video meetings, as it’s not pleasant for your viewers. However, don’t skip out on fueling yourself when you need to! Not eating often enough adds to exhaustion. If you do need to eat during a meeting, turn off your video and microphone temporarily while you.
- 0 Plan intentional screen-free time into your schedule, especially around days that are meeting heavy. This includes screens used for leisure after work hours!
- 0 Avoid multi-tasking. Remember, your brain is already multi-tasking in new and different ways to process interaction over video. Limit distractions and practice focusing your attention on the meeting alone.
- 0 Turn off the “self-view” video so others can see you, but you won’t see yourself. This helps reduce the mental effort of “performing”. Or just keep your video off altogether if it’s not required.
- 0 Shift from gallery view to speaker view so you only have to focus on one person at a time.
- 0 Take a moment to get centered before joining each meeting. Take a slow, deep breath to settle your attention and mentally transition to the new group. This can be done in 60 seconds or less, and will be great for you while not overly delaying your arrival to the meeting.
- 0 When feeling particularly drained by video meetings, pause at the end of the day to remember any benefits they bring: more comfortable attire at home? A pet snuggled next to you? A chance to connect with friends we can’t see in-person? A moment of sincere gratitude and a deep breath can ease stress.

## How important is Quality Supervision?

“Supervision was mentioned by all participants in the study as being important for their wellbeing, either throughout their social work career or at particular points along the way, and supervision was also cited as one of the reasons they were still social workers.”

(Chiller & Crisp 2012)



The background of the slide features a complex network diagram. It consists of numerous small, light blue circular nodes connected by thin, white lines. The nodes are arranged in a non-uniform, interconnected pattern, creating a web-like structure. The overall color scheme is a gradient of blues, from a very dark, almost black background to a lighter, medium blue for the nodes and lines. The text is positioned on the left side of the slide, overlaid on this network background.

# Basic Components of Quality (Resiliency-Based) Clinical Supervision

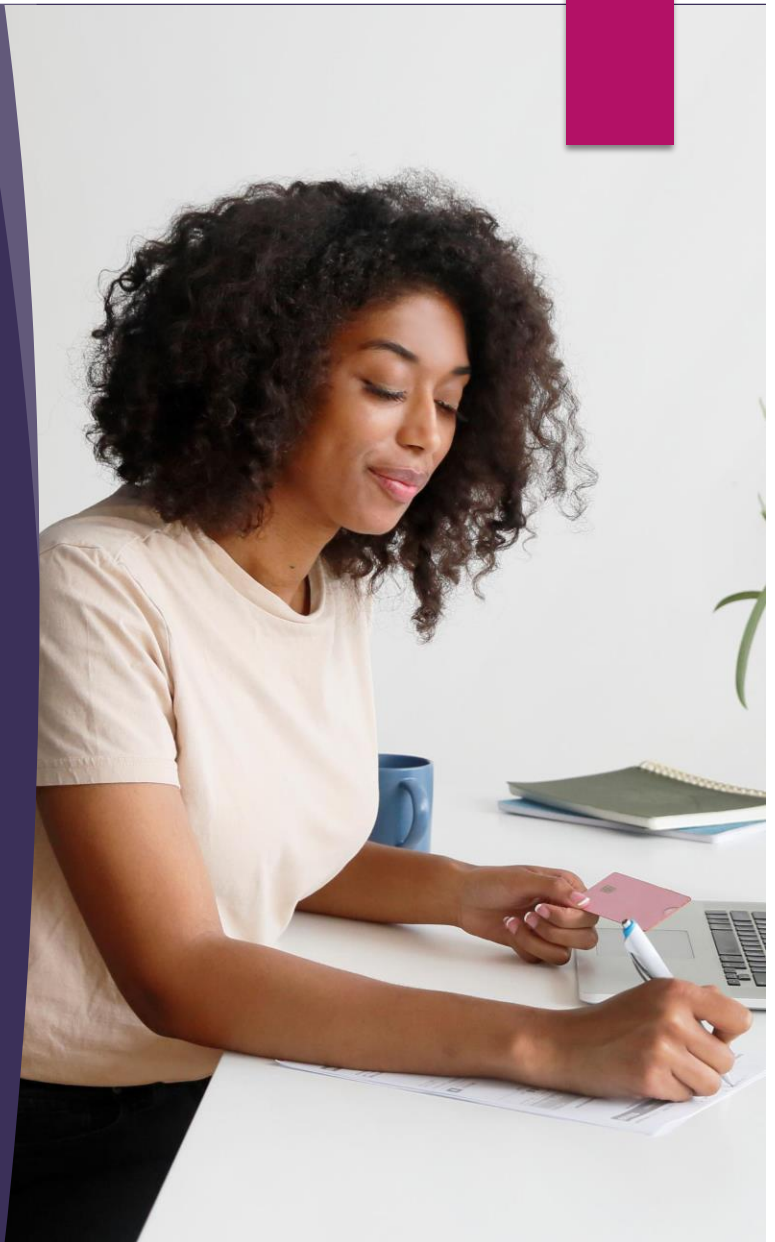
# Components to Consider

From: SAMHSA supported Clinical Supervision Foundations Training through ATTC

- Roles and Definitions What roles do you hold in your supervision? Teacher/ Mentor/Coach/Evaluator/Consultant
- Theories and Models What are your Theories and Models for supervision? Theories of Change/Models of Supervision
- Supervisory Alliance How do you build and foster this? What challenges this?
- Modalities, Methods and Techniques How are you meeting? Tele-video/Group/Individual
- Counselor Development Are you meeting your supervisee where they are developmentally?
- Performance Evaluation How are you observing a supervisee do their work?
- Contextual and Cultural Factors Do you understand the impact of culture on services? On the supervisee?
- Legal and Ethical Issues Are you talking about statutes and regulations related to the field? Technology?
- Administrative Supervision Do you differentiate between clinical and administrative supervision? How?
- Leadership How are you developing leadership skills with your supervisees?

Tele-supervision has the potential to achieve the same benefits as face-to-face supervision and offers a very promising approach to supervision, particularly for geographically isolated practitioners.

(Martin, et al., 2017)



## Resiliency Based Clinical Supervision includes a Trauma Informed Approach

“Furthermore, we link trauma informed principles such as:

- creating safety
- inviting collaboration
- offering choice
- establishing trustworthiness
- supporting empowerment with the supervisory process...”



(Varghese et al., 2018)

## Trauma Informed Clinical Supervision




“Supervision for trauma work combines critical knowledge about trauma with an understanding of supervision. “


Varghese, Quiros & Berger, 2018


# Tools for preparing culturally competent trauma-informed supervisors

(Varghese et.al., 2018)

 Locating Oneself - *Awareness of our own social identities and social location*

 Engaging in a dialogue- *Create relationships that emphasize trauma-informed principles such as collaboration, trust, and empowerment.*

 Deep listening- *Not only listening to others but listening to ourselves and paying attention and attending to our own reactions to what we have heard*

 Suspension of judgments

 Identifying assumptions and biases

 Reflection and inquiry



The need for clinical supervision in non-metropolitan settings where health professionals face numerous challenges in accessing professional support is well-documented.

Ducat & Kumar, 2015; Edwards et al., 2005; Martin et al., 2017

Time:  
One of our  
greatest  
commodities



# Individual Characteristics that Support Provider Resilience

- 1) Connection to community
- 2) Pursuit of continual growth
- 3) Emotional boundaries
- 4) Emotional support
- 5) Humor
- 6) Integration of personal & professional
- 7) Meaning and purpose
- 8) Positive sense of self
- 9) Self-awareness
- 10) Spirituality

# Organizational Ideas: Resilience Building Transformational Culture

Open-door policies

Eliminating early morning or late afternoon meetings allows providers with children to perform drop-offs or pickups

**Institutionalizing peer coaching and mentoring helps providers identify and meet their goals**

Social events, such as collegial dinners, can strengthen informal social support structures

Human Resources departments can address concerning behavior with positive interventions instead of punitive action whenever possible

Utilizing employee assistance programs and self-care workshops to promote well-being throughout the organization



HOW DO WE BUILD OUR PROTECTIVE  
FACTORS  
OR  
**RESILIENCE**

IN RESPONSE TO THE CURRENT  
SITUATION AS A PROVIDER?  
AS AN AGENCY?  
AS A COMMUNITY?

**LEAVE IN ACTION:**

What is your NEXT  
Step?

# Resources!



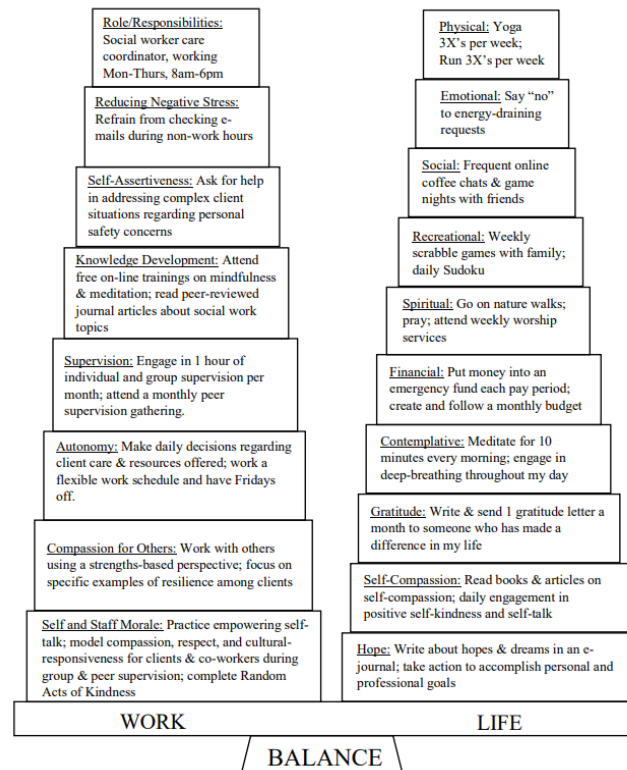
# Tools For Resiliency Based Clinical Supervision



# An activity to support Work-Life Balance

## Appendix A

*Work/life self-care plan template with examples to strengthen resiliency among supervisees*



## Appendix B

*Questions to prompt self-care discussions between supervisors and supervisees*

	Questions	
	Supervisor	Supervisee
<b>Roles/ Responsibilities</b>	Does my supervisee have a detailed job description? What does my supervisee need from me to better understand roles and responsibilities?	Do I fully understand my roles and responsibilities in my organization? If not, what do I need to ask my supervisor about to get more clarification?
<b>Reducing Negative Stress</b>	What negative work-related stress is my supervisee experiencing? What coping strategies can I offer to help reduce the stress?	What advice does my supervisor have regarding helping me reduce my negative stress? What solutions can we come up with together to address work-related stressful situations?
<b>Self- Assertiveness</b>	Does my supervisee advocate for work-related needs? How can I help my supervisee meet these needs? If I am unable to help, support, or authorize a specific request made by a supervisee, have I initiated a conversation to explain decisions?	Have I assessed my needs in the work environment? What will help me meet my needs? In what ways can my supervisor help me meet my needs?
<b>Knowledge Development</b>	What are my supervisee's knowledge development needs? What is the organization or agency's policy about supervisee professional development and continuing education?	What are my training and continuing education needs? What options do I have within my organization to get my training needs met?
<b>Supervision</b>	What format and type of supervision am I providing for supervisees? How am I addressing supervisee health and wellness during supervisory sessions?	Am I comfortable in addressing my work-related stress during supervisory sessions? What do I need during my supervisory sessions to strengthen and build my resiliency?
<b>Autonomy</b>	Does my supervisee have a clear understanding of when to independently make work-related decisions and when input from myself or others is required? Have I discussed job flexibility options with my supervisee?	Do I understand my job-related autonomy? What are the flexibility options of my job?
<b>Compassion for Others</b>	How does my supervisee demonstrate empathy for clients and co-workers? What can I do to help my supervisee build or strengthen compassion satisfaction?	What can I do to build and maintain my empathy for clients and co-workers? How do I demonstrate compassion with my clients and co-workers?
<b>Self/Staff Morale</b>	What can I do to increase supervisee morale? What steps can I take to help my supervisee feel valued and appreciated?	How can I focus on the difference I am making with others in my job? What do I need from my supervisor to help increase my morale? What can I do to help increase morale among co-workers?
<b>Additional Work/ Life Self-Care Questions</b>	What physical, emotional, social, recreational, and spiritual self-care techniques does my supervisee engage in to reduce stress? Have I provided support to my supervisee regarding any financial, contemplative, gratitude, and self-compassion self-care practices? Is there anything else that I can do to support my supervisees in practicing self-care?	What do I need so that I can develop and implement self-care activities and practices? What support do I need from my supervisor to implement my work/life self-care plan?

Are we asking about self-care regularly? Does it need to be a standing part of the session?

# Some IDEAS from BEATING BURNOUT AT WORK

APA Center for  
Workplace Mental  
Health

## WHAT CAN ORGANIZATIONS DO TO TACKLE BURNOUT AT WORK?

Small changes can lead to big results in reducing and preventing burnout by addressing six key workplace factors (Maslach, 2016). Here are those factors and tips for addressing them:



### Workload

Ensuring people have the time and tools needed to get the job done.

*Tip: Remind people managers to check-in on workload, and openly communicate about expectations and deadlines.*



### Autonomy and Control

Offering people the chance to have some control over how they perform their work?

*Tip: Explore ways to give team members more autonomy & control over tasks while still meeting deadlines.*



### Reward and Recognition

Ensuring people are recognized and rewarded for a job well done.

*Tip: Remind everyone of the need to recognize and reward wins and achievements, both big and small.*



### Community and Sense of Belonging

Creating opportunities for people to feel like there is trust & mutual support with colleagues.

*Tip: Find ways for people to connect with peers, supervisors, and across teams, through ERGs, mentorship programs, and in virtual settings.*



### Fairness

Offering opportunities for people to be promoted and feel like they are treated fairly at work.

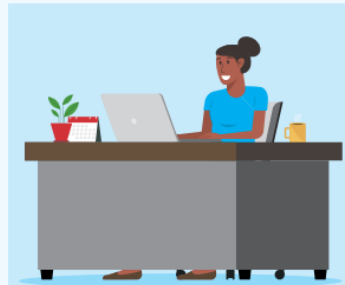
*Tip: Review opportunities for advancement to ensure alignment exists between performance and promotion.*



### Values and Purpose in Work

Supporting people in feeling good about their work and proud of their contributions.

*Tip: Find ways to relate the meaning of work tasks to organizational purpose and mission and communicate employee contributions to both.*



## Employers can also help reduce and prevent burnout by:

- Supporting People Managers:** Remind managers about leading with empathy, scheduling regular check-ins, and encouraging open dialogue with their teams around the factors that contribute to burnout.
- Offering Training:** Offer an interactive training with people leaders that informs them about the six (6) factors and how to effectively address them to reduce or eliminate burnout on their teams.
- Surveying Employees:** Develop a simple survey to assess and prioritize the factors that may be impacting burnout in the workplace. Better understanding how burnout is impacting your organization is key in tackling it.
- Developing an Action Plan:** Work with a small group of thoughtful employees to create an action plan that addresses the issues uncovered in the employee survey. Be sure to address organizational culture, as it impacts performance, productivity, retention, and more.

<https://workplacementalhealth.org/getmedia/e2006b43-e52e-489c-a5f2-b83f39bbeae2/Beating-Burnout-at-Work-Infographic>

# Self-Care Starter Kit

UNIVERSITY OF BUFFALO SCHOOL OF SOCIAL WORK



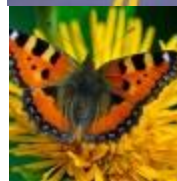
## [Introduction to Self-Care](#)

An introduction to self-care, its aims and available resources



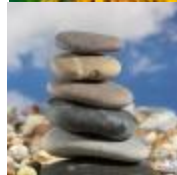
## [Developing Your Self-Care Plan](#)

Steps to develop your Self-Care Plan



## [Self-Care Assessments, Exercises and Activities](#)

Assessments, exercises and activities to supplement the self-care plan



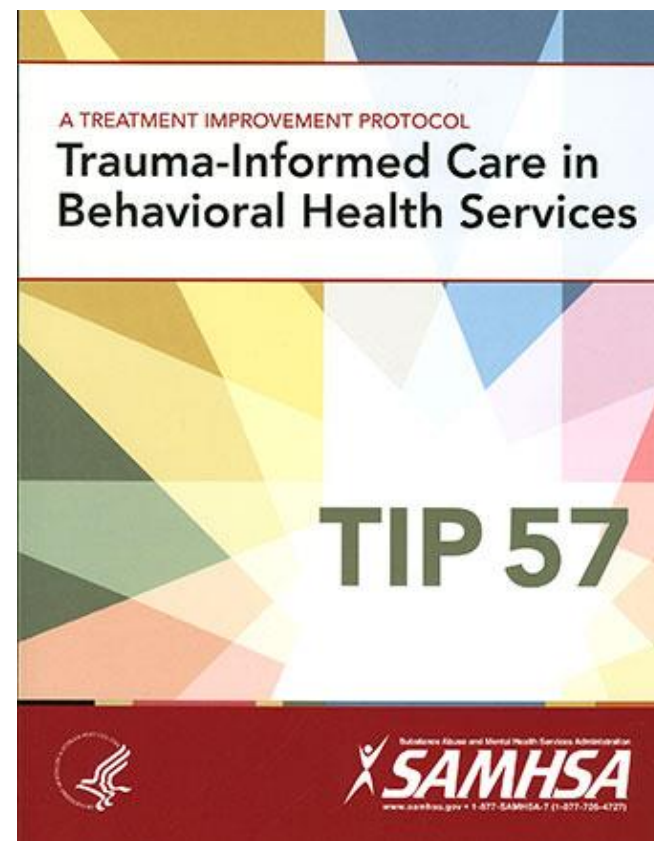
## [Additional Self-Care Resources](#)

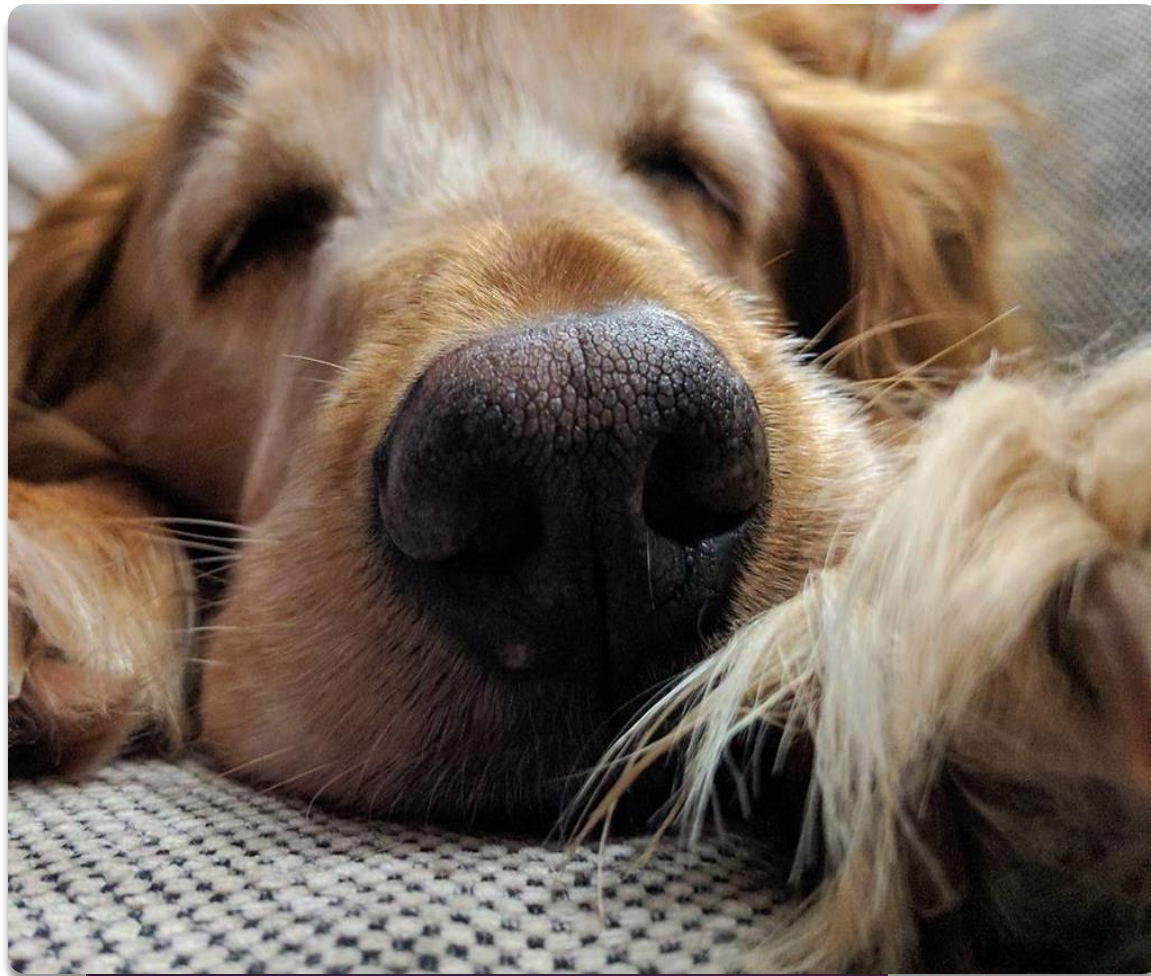
Additional self-care resources ranging from inspiration materials to regional resources to an extensive bibliography



## Tip 57 from SAMHSA

<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>





## Compassion Fatigue Awareness Project

<http://compassionfatigue.org/index.html>

### Self Tests for Awareness

<http://compassionfatigue.org/self-tests.html>

### Are you Burning Out?

<https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/are-you-burning-out.pdf>



Questions?



# Thank You

FOR EVERYTHING THAT YOU ARE DOING FOR THOSE THAT YOU SERVE!