Trauma-Informed Supervision of Forensic Trainees.

Meeting Trauma Needs in Secure Services, June 10th, 2025

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Agenda at a Glance

Forensic Supervision as a Distinct Competency

Trauma Exposure and STS

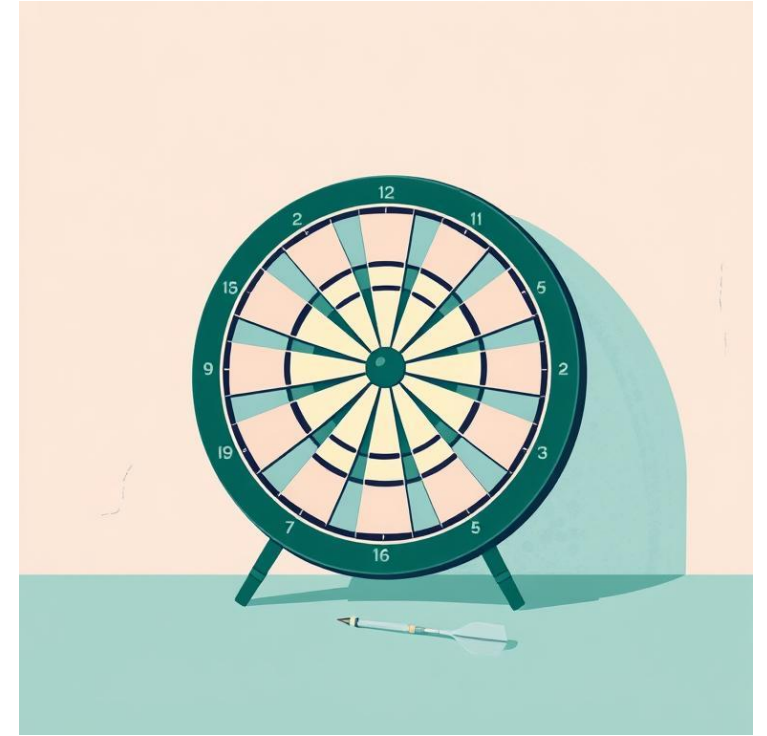Personal and Professional Consequences
- Case Example

TI-Supervision in Practice

Forensic Applications

Conclusion and Takeaways

Today's focus?: Trainees being formally supervised in forensic mental health contexts.

While much of this talk is broadly applicable to forensic mental health professionals, it emphasizes the unique challenges faced by trainees, who are still receiving formalized supervision and training. These individuals may be uniquely at risk for secondary traumatic reactions to forensic work.

Dimensions of Clinical Supervision

Core Goals of Clinical Supervision

- Enhance professional functioning through guidance and support.

- Monitor quality of services provided to clients.

- Serve as a gatekeeper for ethical practice in the profession (Bernard & Goodyear, 2018).

Key Responsibilities

- Provide administrative support to ensure smooth operations.

- Facilitate didactic and educational support for skill development.

- Offer general support for managing job-related challenges (Tsui, 2005).

Forensic supervision – A Distinct Professional Competency?
(Hunt et al., 2024; Goldenson et al., in press)

Unique Challenges in Forensic Supervision

Forensic supervision involves addressing the heightened safety concerns in environments where mental health and legal issues intersect.

Ethical Considerations

Supervisors must navigate unique ethical obligations, ensuring compliance with legal standards while supporting trainees.

Adversarial Dynamics

The nature of forensic work often requires professionals to testify in adversarial settings, necessitating strong supervisory support.

The emotional demands of forensic work on trainees have been underexplored.

While technical and ethical competencies are in forensic training, the emotional challenges faced by trainees are often overlooked (Goldenson et al., in press; Goldenson & Gutheil, 2023; Pirelli et al., 2020).

Detour: Let's Name the Perils of Being Human

Adverse Childhood Experiences (ACEs) impact individuals universally (Filetti et al., 1998).

Research indicates that many of us will encounter at least one, and more likely two traumatic events throughout our lives (Kilpatrick et al., 2013).

Only Human: Mental-Health Difficulties Among Clinical, Counseling, and School Psychology Faculty and Trainees (Victor et al., 2022)

Prevalence of Mental Health Issues

Research by Victor et al. (2022) shows high rates of anxiety, depression, and burnout among faculty and trainees.

Impact on Professional Functioning

Mental health struggles can impair clinical judgment, reduce teaching effectiveness, and decrease job satisfaction.

Barriers to Seeking Support

Stigma and fear of professional repercussions prevent many from seeking necessary mental health care.

Role of Supervisors

Supervisors must foster supportive environments to identify and address mental health issues.

Promoting Resilience

Implementing self-care strategies and peer support groups can mitigate stress and promote resilience.

Forensic Work Exposes Trainees to Potentially Traumatic Material

- Reading trauma-filled case histories exposes professionals to the depths of human suffering and can lead to emotional distress.

- Conducting trauma screenings and assessments can be challenging, as they require confronting sensitive and painful histories.

- Hearing trauma disclosures from clients can evoke strong emotional reactions and may trigger personal trauma in the professional.

- Viewing graphic evidence and reading victim impact statements can be significant source of distress.

- Treatment requires some degree of empathy, which can amplify emotional resonance with traumatic material (Pearlman & MacIan, 1995).

Defining Trauma and Secondary Traumatic Stress

The DSM-5 (2013) defines trauma as "Exposure to actual or threatened death, serious injury, or sexual violence". This exposure can occur in various ways, including directly experiencing the event, witnessing it in person, or learning it happened to a loved one.

"Repeated or extreme exposure to aversive details" is often termed Secondary Traumatic Stress (STS).

STS as a Professional Hazard in Forensic Contexts

Judicial Personnel
Research by Burns et al. (2024), Jaffee et al. (2003), and Sprang et al. (2021) highlights STS risks for those in judicial roles.

Forensic Evaluators
Gullon-Scott & Johnson (2024) and Woodhams & Duran (2024) explore the impact of STS on evaluators in forensic settings.

Court Staff
Studies by Polak et al. (2019) and Scott et al. (2024) discuss STS among court administrative personnel.

Forensic Mental Health Providers
Research by Stead & Bricknell and Chapman et al. (2024) covers STS issues faced by mental health professionals in forensics.

Probation and Parole Officers
Ko & Memon (2023) and Rhineberger-Dunn & Mach (2020) examine STS as a hazard for probation and parole officers.

What Might STS Look Like?

Psychological Indicators

Key indicators include experiencing intrusions, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity.

Physical Symptoms

These can manifest as fatigue, sleep disturbances, and somatic complaints like headaches or stomach issues.
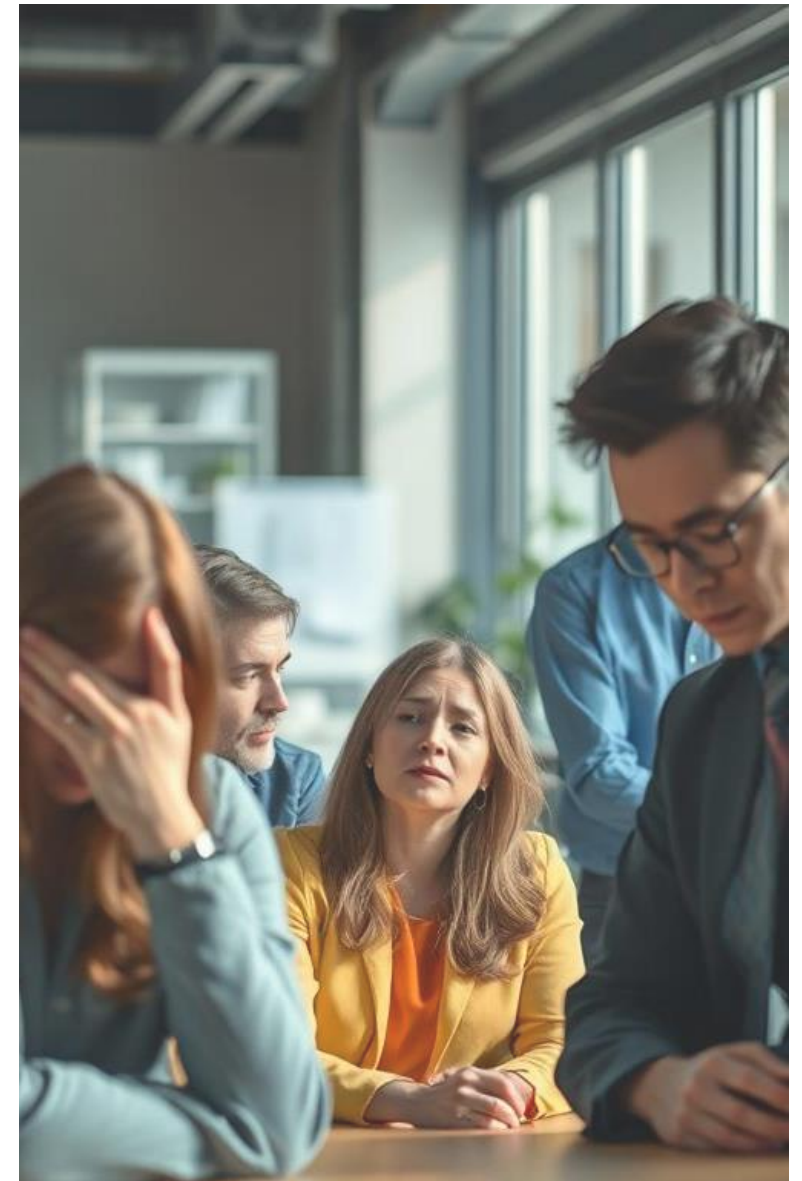
Behavioral Changes

Individuals may withdraw from social activities, see changes in work performance, or increase substance use.

Spiritual Impact

This could involve a sense of disconnection, loss of meaning, or questioning of beliefs and values.

Personal and Professional Risk Factors for Developing Secondary Traumatic Stress (see for example, Bonach & Heckert, 2012)

01 Pre-Existing Emotional Vulnerability

Individuals with a history of personal trauma or high empathy levels may be more susceptible to Secondary Traumatic Stress (STS).

02 Trauma Exposure Frequency

Frequent exposure to traumatic cases, especially in forensic settings, heightens the risk of developing STS.

03 Professional Isolation

Lack of peer support and fear of stigma can prevent professionals from seeking help, exacerbating STS symptoms.

04 Work Environment Stressors

High caseloads, **lack of supervision**, can increase STS risk among professionals.

Trainees and Developmental Considerations

Vulnerability of Trainees

Trainees and early career psychologists are potentially more vulnerable due to additional developmental tasks, role demands, and fewer resources (Hatcher & Noakes, 2010; Pirelli et al., 2020).

Predictors of Burnout

Race, age, and years worked are significant predictors of burnout and secondary trauma stress among forensic professionals (Starcher & Stolzenberg, 2020).

Age and Coping Strategies

Older professionals are less likely to experience burnout and STS, possibly due to better coping strategies developed over time (Perron & Hiltz, 2006).

Impact of Race

Non-White forensic professionals experience greater burnout relative to White professionals. Racism/microaggressions may contribute to greater stress on non-White forensic professionals.

Barriers to Disclosing Emotional Challenges

Lack of Supportive Culture

A non-supportive professional environment discourages mental health professionals from sharing their emotional challenges, fostering isolation.

Fear of Negative Evaluations

Trainees often fear that disclosure may lead to unfavorable assessments of their competencies, impacting their careers.

Regulatory Reporting Concerns

Licensed clinicians may hesitate to disclose emotional issues due to the risk of being reported to regulatory boards, affecting their professional standing.

Stigma in forensic training may be intensified by culture and role demands.

Forensic mental health professionals (especially evaluators) are required to maintain a neutral and detached approach, which can amplify feelings of stigma (Greenberg & Shuman, 1997; 2007; Goldenson & Gutheil, 2023).

Professional Consequences of STS

01   **Issues forging Rapport or Emotional Avoidance.**

Emotional reactions can lead to a breakdown in rapport, adversely affecting the evaluator's ability to effectively interview and gain meaningful information (Goldenson & Gutheil, 2023). Evaluators may avoid asking questions about topics that are evocative of upsetting for them, leading to assessments that miss vital information(Goldenson, 2025).

02   **Bias in Formulation of Findings**

Emotional reactions can lead to bias when formulating findings in high stakes evaluations (Goldenson & Gutheil, 2023) including increasing risk judgements (Devogel & DeRuiters, 2004).

03   **Lack of Clinical Effectiveness**

Negative emotional responses to patients' past actions can impact forensic clinician's capacity to cultivate sufficient compassion, which can hinder treatment effectiveness.

Personal Investment in this Talk

Personal Risk Factors

Grief and Loss

Recent traumatic loss of a family member.

Isolation

Moved away from network of friends leading to feelings of isolation.

Poor Self-Care-Coping

Relocated from sunny California to a grey rainy climate leading to disengagement from nature and being housebound face-down in a bag of chips.

Professional Risk Factors

Professional Isolation Worked largely alone in a windowless office, leading to feelings of isolation and disconnect from colleagues.

Lack of Trauma Education Supervisors not trained sufficiently in trauma-informed practice, impacting both service users and staff.
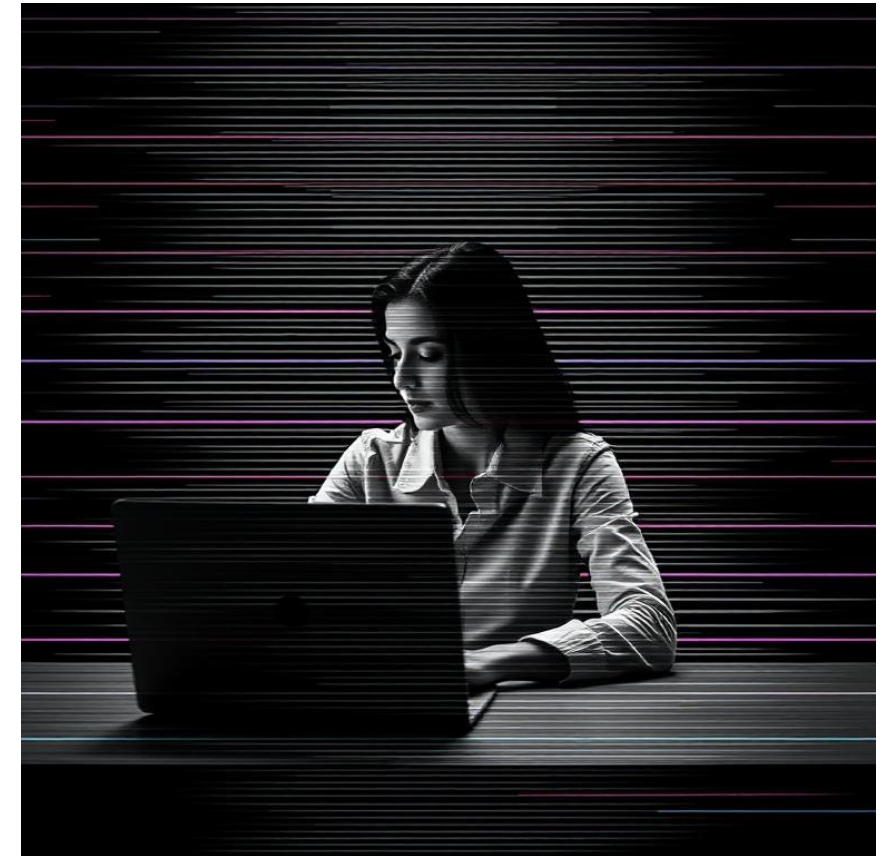
Heavy Case Load and No Support Exposure to a high number of trauma survivors and a particularly challenging case without adequate support.

Organizational Culture Challenges Emphasis on objective assessment and being 'gritty', using gallows humour, contributing to stigma.

Training must recognize and address the emotional challenges of forensic work.

There is an urgent need for a cultural transformation in graduate training programs and supervision that recognizes the emotional challenges of forensic work and offers strategies for coping with the demands of the profession.

TI-Supervision: An Evidence-Informed Approach
(Berger & Quiros, 2014)

01   **Educational Function**   Trauma-informed supervision includes teaching and modeling evidence-based practices that enhance supervisees' clinical judgments.

02   **Supportive Function**   Supervisors assess and acknowledge supervisees' vulnerabilities and resilience, fostering a supportive environment for discussing trauma-related challenges.

03   **Administrative Function**   Effective supervision involves delegating a balanced caseload and ensuring adherence to the agency's trauma policy.

TI Principles Applied to Forensic Supervision

(Goldenson, Kukor, Kerig, & Taylor, in press - Adapted from Knight, 2018)

Principle	Description
Safety	Supervisors foster conditions in which: • Physical safety is supported. (May be especially relevant in forensic contexts.) • Boundaries and expectations are clear. • Transparency about difficulties is encouraged.
Trust	Trust enhanced when supervisors are knowledgeable about the effects of traumatic experience and impact **not only on forensic populations but also on professionals working in these contexts.**
Choice, Collaboration and Empowerment	Supervisors minimize power differentials and maximize choice, collaboration and trainee empowerment by: • considering their own/trainee's intersecting identities and related dynamics; • encouraging mutuality and prize voice of the supervisee; choice about cases if work becomes too evocative; and • provide opportunities to exercise choice in supervision (e.g., setting agenda items, and self-identified professional development plans)/

Becoming "Trauma-Informed": Adequate Supervisor Training on Trauma and STS

Training Gaps in Graduate Programs

- Graduate psychology programs often lack comprehensive training on complex trauma.

- Limited focus on trauma-informed care principles in curricula (Brand, 2016; Curtois & Gold, 2009).

- **Supervisors may not have formal training in trauma assessment and treatment, let alone trauma-informed supervision.**

Importance of Supervisor Training

- Forensic supervisors should seek training on trauma-informed practices.

- Understanding trauma-informed supervision is crucial for mitigating secondary traumatic stress (STS).

- Effective training can enhance the quality of care provided to clients.

Modelling Vulnerability and Reducing Stigma in Forensic Contexts

Using judicious self-disclosure can mitigate stigma and counteract feelings of isolation often experienced in the field.

Trauma-informed supervisors can create environments where discussions about emotional challenges are normalized, fostering resilience in forensic mental health teams (Davies & Jones 2024).

Fostering Safety in Forensic Supervision

Attend to Physical Safety

Ensure the physical space is secure and free from hazards, allowing trainees to focus on learning without distractions or concerns.

Create Relational Safety

Foster an environment where trainees feel safe to express their thoughts and feelings, encouraging open dialogue and trust.

Manage Power Dynamics

Be aware of power imbalances and privilege, addressing them sensitively to cultivate a supportive supervisory relationship.

Navigate STS Reactions

Recognize signs of secondary traumatic stress in trainees and employ strategies to help them cope effectively.

Continuous Monitoring

Regularly check in with trainees to ensure their safety needs are met and adapt strategies, as necessary.

Choice and Empowerment

Providing Choices in Forensic Cases

- Offer options for case selection to manage emotional impact.

- Allow trainees to decline cases that may impair objectivity.

- Facilitate discussions on emotional costs associated with cases.

Support During Unexpected Challenges

- Provide real-time guidance to address unforeseen difficulties.

- Encourage resilience through impromptu support strategies.

- Help trainees navigate emotional responses to complex cases so that they can build resilience and capacity when practicing autonomously.
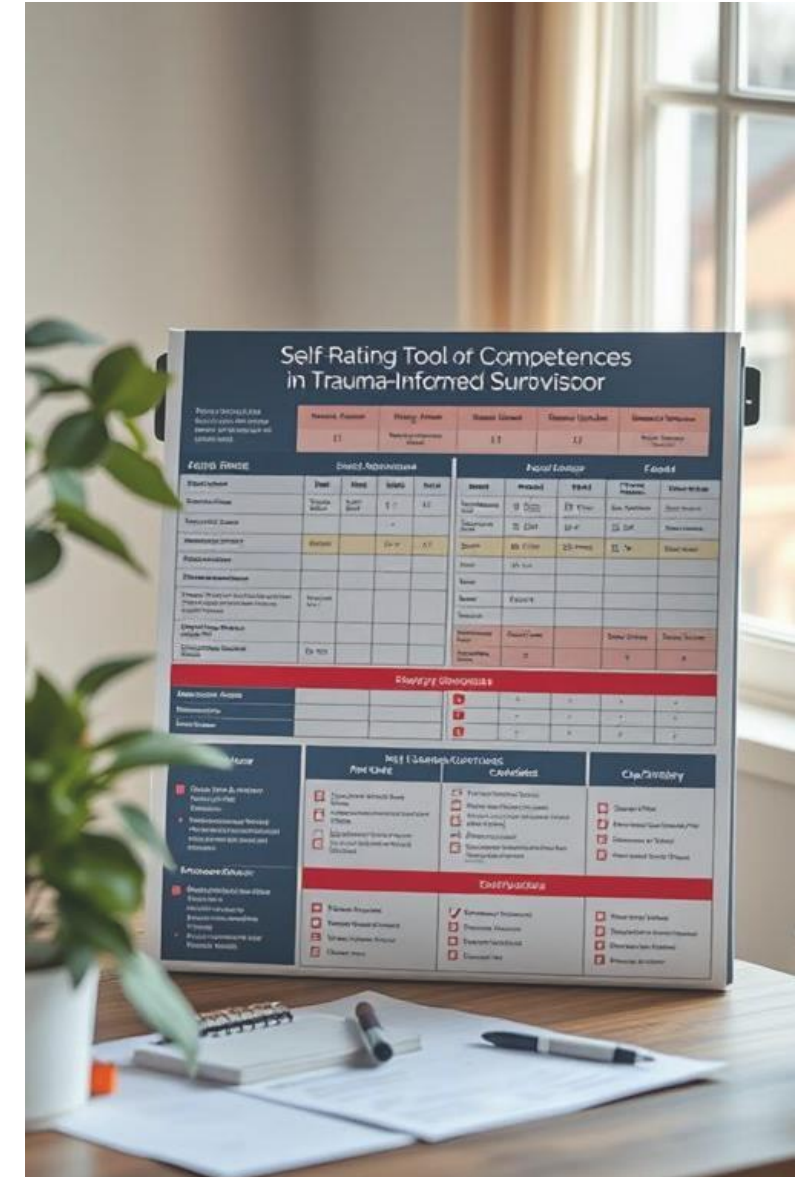
STS Core Competencies in Trauma-Informed Supervision Self-Rating Tool
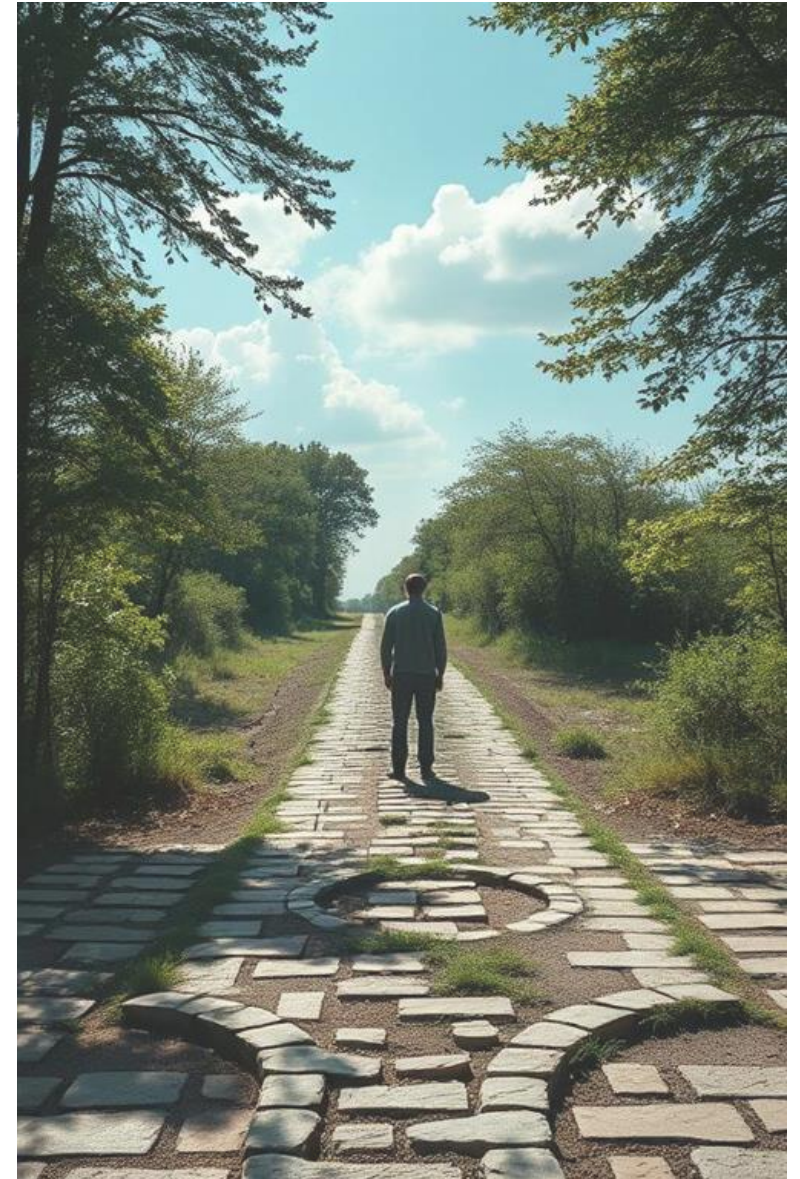
(https://www.nctsn.org/resources/secondary-traumatic-stress-core-competencies-in-trauma-informed-supervision-self-rating-tool)

The STS Core Competencies in Trauma-Informed Supervision Self-Rating Tool is designed to help supervisors evaluate their proficiency in supporting trauma-informed practices.

It encompasses key areas such as understanding trauma's impact, fostering a safe supervisory environment, and recognizing signs of secondary traumatic stress in both supervisors and supervisees.
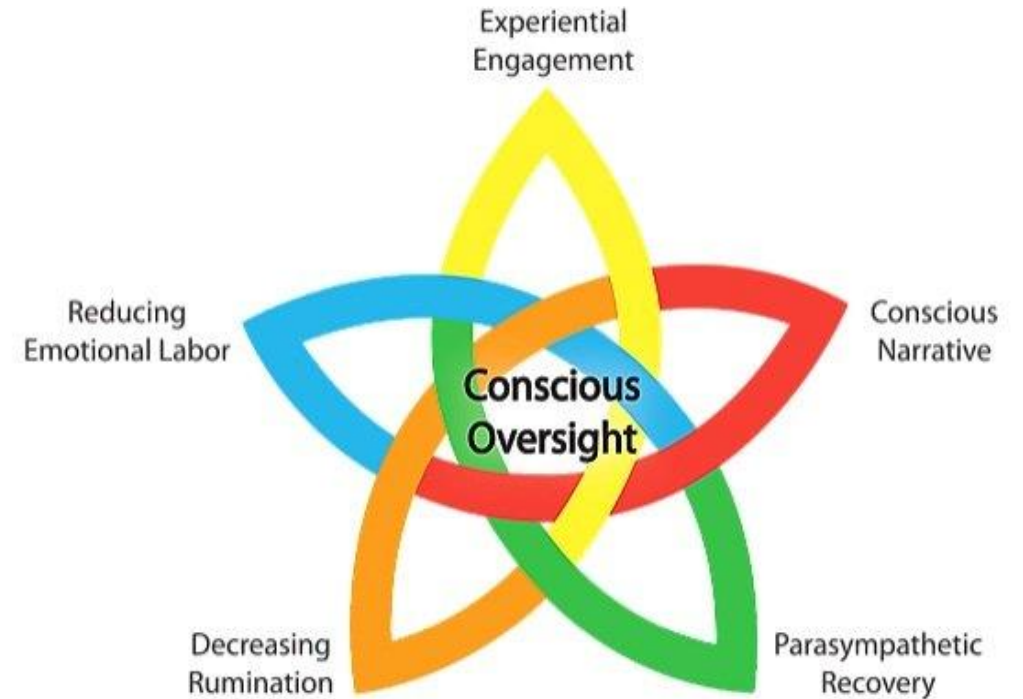
STS Core Competencies in Trauma-Informed Supervision Self-Rating Tool

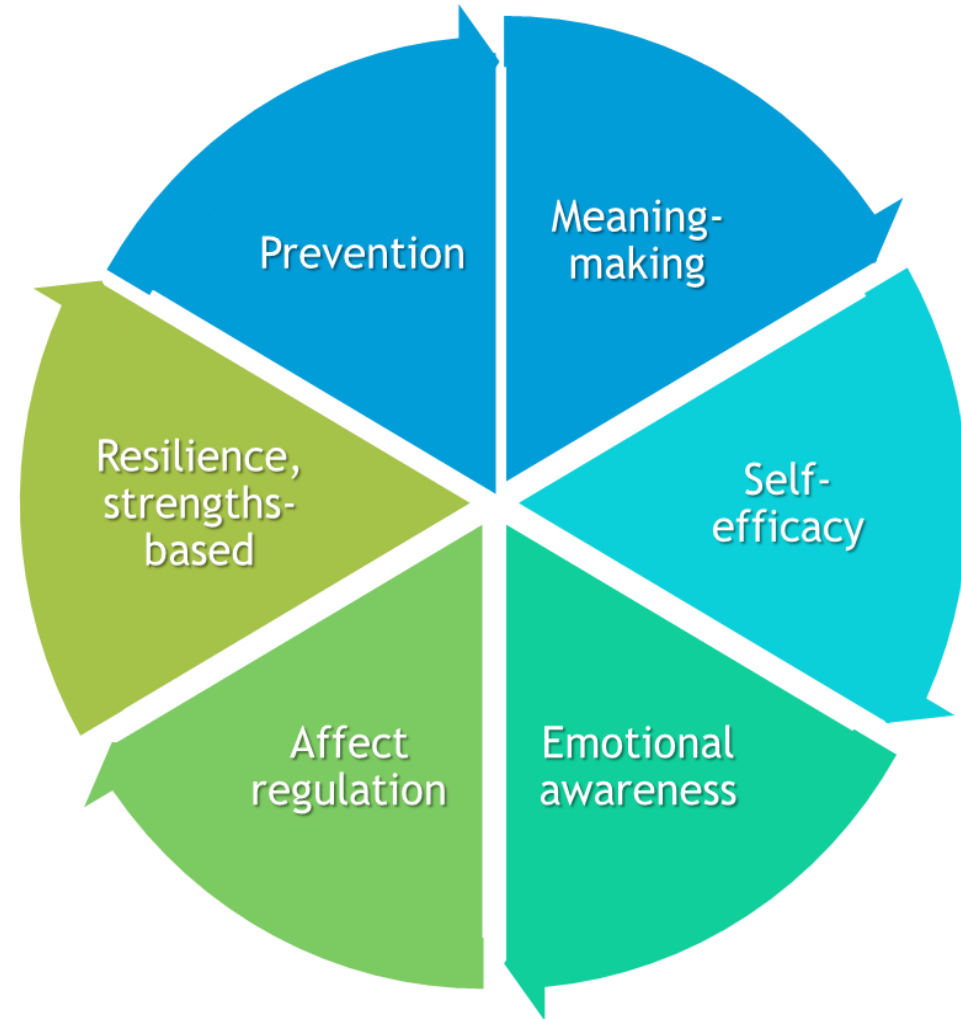|	Not part of my skill set	OK but need more training	Confident in my skills
1. Knowledge of signs, symptoms, risk factors of STS			
2. Capacity to self-assess, monitor, address supervisee's STS			
3. Encourage sharing emotional experience in safe manner			
4. Skills to assist in re-regulation after difficult encounters			
5. Knowledge of Psychological First Aid to assist after crises			
6. Model and coach using trauma lens in formulations			
7. Build resilience			
8. Distinguish cognitive distortions from normative changes			
9. Use appropriate self-disclosure in supervision			

CE-CERT

(Components for Enhancing Career Experience and Reducing Trauma; Miller, 2021; Miller & Sprang, 2017)

www.cecertmodel.com

Experiential
Engagement

Reducing
Emotional Labor

Conscious
Narrative

Conscious
Oversight

Decreasing
Rumination

Parasympathetic
Recovery

R-TIP: Resilience for trauma-informed professionals
(Kerig, 2019)

STS-Informed Organizations (Sprang et al., 2016)

Key Features of STS-Informed Organizations

- Promote safety by monitoring and managing risks effectively within the workplace environment.

- Implement STS-informed policies that define practices to ensure both psychological and physical safety for all employees.

- Leadership engages in STS-informed practices, serving as role models for self-care, providing supervisors with STS training, and addressing STS as an occupational hazard rather than a personal weakness.

- Engage in resilience-promoting activities that maintain a positive focus on the organization's core mission, enhance employees' professional competence, and provide strong peer support.

Take Homes

01 **Trauma exposure is ubiquitous**

We will likely face adversity and potentially traumatic experiences in our personal lives and exposure to trauma-related material is likely in forensic practice.

02 **STS can have significant consequence**

We owe it to supervisee to tend to their well-being.

03 **TI-Sup makes sense for forensic trainees**

Trauma-informed principles related to promoting safety/mitigating STS, choice and empowerment could promote resilience for trainees.

04 **Ti-Sup will only thrive in Ti-Organizations**

Trauma-informed supervisory models will thrive best in organizations that prize the well-being of not only service users but also staff and trainees.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Brand, B. L. (2016). The necessity of clinical training in trauma and dissociation. *Journal of Anxiety and Depression*, *5*(4), 2167-1044.

Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology, 20*(4), 296–301. https://doi.org/10.1037/h0099835

Berger, R., & Quiros, L. (2016). Best practices for training trauma-informed practitioners: Supervisors' voice. *Traumatology, 22*(2), 145 154. https://doi.org/10.1037/trm0000076

Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.). Pearson.

Courtois, C. A., & Gold, S. N. (2009). The need for inclusion of psychological trauma in the professional curriculum: A call to action. *Psychological Trauma: Theory, Research, Practice, and Policy, 1*(1), 3–23. https://doi.org/10.1037/a0015224

Dattilio, F. M. (2015). The self-care of psychologists and mental health professionals: A review and practitioner guide. *Australian Psychologist, 50*(6), 393–399. https://doi.org/10.1111/ap.12157

Dattilio, F. M. (2023). Why some mental health professionals avoid self-care. *Journal of Consulting and Clinical Psychology, 91*(5), 251–253. https://doi.org/10.1037/ccp0000818

Devendorf, A. R., Victor, S. E., Rottenberg, J., Miller, R., Lewis, S. P., Muehlenkamp, J. J., & Stage, D. L. (2023). Stigmatizing Our Own: Self-Relevant Research (Me-Search) Is Common but Frowned Upon in Clinical Psychological Science. *Clinical Psychological Science*, *11*(6), 1122-1140. https://doi.org/10.1177/21677026221141655

Davies, J., & Jones, L. (2024). Trauma informed organisational consultancy and staff supervision in forensic services. *The International Journal of Forensic Mental Health.* Advance online publication. https://doi.org/10.1080/14999013.2024.2337635

References

Kerig, P. K. (2019). Enhancing resilience among providers of trauma-informed care: A curriculum for protection against secondary traumatic stress among non-mental health professionals. *Journal of Aggression, Maltreatment & Trauma, 28*(5), 613- 630. https://doi.org/10.1080/10926771.2018.1468373

Kerig, P. K. (2024). *Resilience for trauma-informed professionals (R-TIP) workbook (4th revision).* University of Utah.

Goldenson, J., Kukor, T., Kerig, P., & Taylor, J. (in press). Making the case for trauma-informed supervision of forensic mental health trainees. *Journal of Forensic Psychology Research and Practice*

Greenberg, S. A., & Shuman, D. W. (2007). When worlds collide: Therapeutic and forensic roles. *Professional Psychology: Research and Practice, 38(2),* 129 132. https://doi.org/10.1037/0735-7028.38.2.129

Goldenson, J., & Gutheil, T. (2023). Forensic mental health evaluators' unprocessed emotions as an often-overlooked form of bias. *Journal of the American Academy Psychiatry Law, 51*(4),551–557. https:// doi. org/ 10. 29158/ JAAPL. 230077- 23

Hunt, E., Hodges, H. J., Armstrong, N. E., Anumba, N. M., DeMier, R. L., & Holden, C. E. (2024). Forensic Psychology is Different: Supervision Approaches in Forensic Assessment. *Journal of Forensic Psychology Research and Practice*, 1-22.

Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2015). Factors influencing trainee willingness to disclose in supervision. *Training and Education in Professional Psychology, 9*(1), 44-51. doi: 10.1037/tep0000028

Miller, B. C. (2021). *Reducing secondary traumatic stress: Skills for sustaining a career in the helping professions*. Routledge.

Sprang, G., Lei, F., & Bush, H. (2021). Can organizational efforts lead to less secondary traumatic stress? A longitudinal investigation of change. *American Journal of Orthopsychiatry*, *91*(4), 443-453. https://doi.org/10.1037/ort0000546

Tsui, M. (2005). *Social work supervision: Contexts and concepts.* Thousand Oaks, CA: Sage Publications.

Always happy to hear from you!

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