Journal of Counselor Preparation and Supervision

Volume 18 | Number 3 Article 4

2024

Trauma History and Trauma-Informed Practice Relate to Counseling Student's Satisfaction with Supervision and Rapport with Supervisor

Nikki Hurless
Washington College, nhurless2@washcoll.edu

Recommended Citation

Hurless, N. (2024). Trauma History and Trauma-Informed Practice Relate to Counseling Student's Satisfaction with Supervision and Rapport with Supervisor. *Journal of Counselor Preparation and Supervision, 18*(3). 10.70013/vmxaa48h

Trauma History and Trauma-Informed Practice Relate to Counseling Student's Satisfaction with Supervision and Rapport with Supervisor

Abstract

The effects of traumatic stressors and adversity have implications for relationship outcomes in various professional settings, including clinical supervision. The high prevalence of traumatic experiences among counselors and counselors in training (CIT) suggests a need to explore how CITs experience the supervision relationship in the context of having experienced traumatic and/or adverse events. In recent years, researchers and practitioners have increased attention to trauma-informed practice and principles in clinical supervision, and many have suggested that applying these practices to supervision may improve the supervision relationship and related outcomes. This study explored factors related to CIT satisfaction with supervision and rapport with their supervisor, including adverse childhood experiences (ACEs) and the supervisor's use of trauma-informed practices. Results showed that higher instances of ACEs were associated with lower ratings of satisfaction and rapport in supervision. Hierarchical regression models indicated that students' perceptions of supervisors' application of trauma-informed practices were associated with stronger supervision working alliance and higher satisfaction with supervision.

Keywords

Supervision, Trauma-informed principles, Trauma-informed practice, Working alliance, counselors in training, adverse childhood experiences, traumatic stress

Author's Notes

I would like to thank my dissertation committee at the University of Missouri St. Louis for supporting the completion of this research.

JOURNAL OF COUNSELOR PREPARATION AND SUPERVISION
The official journal of the North Atlantic Region Association for Counselor Education and Supervision

Trauma History and Trauma-Informed Practice Relate to Counseling Student's Satisfaction with Supervision and Rapport with Supervisor

Received: 5/11/23
Revised: 1/27/24
Accepted: 4/20/24

Nikki Hurless

Abstract

The effects of traumatic stressors and adversity have implications for relationship outcomes in various professional settings, including clinical supervision. The high prevalence of traumatic experiences among counselors and counselors in training (CIT) suggests a need to explore how CITs experience the supervision relationship in the context of having experienced traumatic and/or adverse events. In recent years, researchers and practitioners have increased attention to trauma-informed practice and principles in clinical supervision, and many have suggested that applying these practices to supervision may improve the supervision relationship and related outcomes. This study explored factors related to CIT satisfaction with supervision and rapport with their supervisor, including adverse childhood experiences (ACEs) and the supervisor's use of trauma-informed practices. Results showed that higher instances of ACEs were associated with lower ratings of satisfaction and rapport in supervision. Hierarchical regression models indicated that students' perceptions of supervisors' application of trauma-informed practices were associated with stronger supervision working alliance and higher satisfaction with supervision.

Significance to the Public

The study found that counseling students with a history of adverse experiences may experience lower satisfaction in clinical supervision; however when students perceived their supervisors to apply trauma-informed principles to the supervision relationship, students perceived the supervisory alliance to be stronger.

Keywords: Supervision, Trauma-informed principles, Trauma-informed practice, Working alliance, counselors in training, adverse childhood experiences, traumatic stress

Much of the research on the effects of trauma on counselors focuses on vicarious traumatization through clinical work (Berger & Quiros, 2014; Jones & Branco, 2020), and the ways to recognize and mitigate harm to clients (Branson, 2019). This is an important area of supervision; however, the role of students' own traumatic experiences is largely ignored. Results of some studies have demonstrated significant rates of traumatic history and adversity among helping professionals (Brown et al., 2022), but less is known about how these experiences impact students in professional and academic spaces. Traumatic stress and adversity can affect emotional functioning (Wojcik et al., 2019), relationships (Barazzone et al., 2019), and physical and mental health (Sachs-Ericsson et al., 2017), all of which potentially play a role in a therapist's approach to interventions and presence in the therapy room (Bernard & Goodyear, 2018). Traumatic stress can also influence interpersonal

Nikki Hurless, Psychology Department, Washington College. Correspondence concerning this article should be addressed to Nikki Hurless, Psychology Department, Washington College, 300 Washington Ave, Chestertown, MD 21620 (email: nhurless2@washcoll.edu).

functioning, and this extends to the supervision relationship (Campbell & Renshaw, 2018). Students who experience challenges in supervision related to personal history may benefit from a trauma-informed approach to supervision, which acknowledges the role of trauma in their professional development and seeks to minimize the effects of traumatization on the student as they learn.

Trauma-Informed Principles

In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) outlined six trauma-informed principles (TIP): safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, and cultural issues. Additionally, a trauma-informed organization or entity is aware of and understands the ubiquity of traumatic experiences and stress (some estimates of traumatic event exposure are as high as 89.7%; Kilpatrick et al., 2013) and seeks to minimize the harmful effects of such experiences. Given the high rates of mental health providers with traumatic histories, clinical supervisors may benefit from applying TIP to supervision processes to help alleviate any potential negative effects of traumatic stress on the supervision relationship (Elliot & Guy, 1993; Follette et al., 1994).

The application of TIP in helping professions can take many forms. To adhere to SAMHSA's core principles, supervisors may explicitly broach and discuss the role of traumatic stress and past experiences within supervision and other professional relationships. This transparency may help CITs feel safe to disclose any relevant experiences that surface during clinical work (Mehr et al., 2015). Supervisors may also closely monitor their trainee's affect, nonverbal and verbal behaviors, and openness to feedback to gather clues about potential challenges the trainee is experiencing (Borders et al., 2022). The supervisor can use skills such as immediacy and psychoeducation to help the trainee understand their emotional and behavioral patterns as they relate to client work and to the supervision relationship. While these supervision skills are not unique to trauma-informed supervision, when applied through the lens of trauma-informed practice they may be particularly beneficial for students who are navigating countertransference or other types of challenges related to their own personal histories.

Trauma-Informed Practices and Related Outcomes

Recently researchers have focused on the application of TIP beyond theoretical understanding, as there has been debate about the real-world utility of the framework (Han et al., 2021). TIP were developed for application in behavioral healthcare settings, but more recently researchers and practitioners have applied them to areas such as child welfare (Connors-Burrow et al., 2013), reproductive healthcare (Decker et al., 2017), and primary education (Báez et al., 2019), and higher education (Henshaw, 2022). Several studies have shown participants value trauma-informed principles and see the utility in the application of such principles to different human service fields (Jones & Branco, 2020; Sullivan et al., 2016). In one study of domestic violence shelter residents, the perception of the extent to which they received trauma-informed services was associated with improvements in resident self-efficacy and safety-related empowerment (Sullivan et al., 2016). Another study showed that following a trauma-informed mental health and educational intervention overseen by community social workers, students in a low-income school in New York City reported improvements in social skills (Báez et al., 2019). Further, in a study of LGBTQ+ survivors of intimate partner violence, participants' perceptions of receiving trauma-informed care were positively associated with greater empowerment, greater emotion regulation, and lower social withdrawal (Scheer & Poteat, 2021). These results suggest that service recipients' perceptions of trauma-informed practices of their providers are relevant in various markers of mental health which may, in turn, affect interpersonal functioning.

Similarly, it stands to reason that supervisees' perceptions of the trauma-informed practices of their supervisors would relate to supervision outcomes. Indeed, researchers have shown that traumatic stress reported by CIT may relate to their perceptions of the supervision relationship (e.g., Wojcik et al., 2019). Experiences with adversity may predispose a supervisee to mistrust a supervisor, display overreliance on a supervisor, or feel a sense of disconnection from a supervisor (Riggs & Bretz, 2006). A supervisor who is knowledgeable of TIP and applies trauma-informed practices in their work may be able to supervise more effectively by offering supervisees a safe, trusting, transparent, and empowering relationship (SAMHSA, 2014). As such, researchers and clinicians have called for increased application of TIP to supervision and counselor training (e.g., Berger & Quiros, 2014; Copeland et al., 2019; Knight, 2018), but most of these publications have focused on the potential for vicarious traumatization in counselors rather than the counselor's personal traumatic history. Vicarious traumatization and personal trauma history are separate but related constructs; an individual can have a history of trauma without automatically experiencing vicarious traumatization when working with clients (Adams & Riggs, 2008). Therefore, there is a need to study the impact of counselors' traumatic histories on their clinical relationships separately from vicarious traumatization.

Current Study

The purpose of the current study was twofold: first, I wanted to explore the relationship between CITs history of trauma and the supervision relationship. The next goal was to examine supervisor's utilization of trauma-informed practices based on SAMHSA's framework of trauma-informed principles and explore how these practices relate to supervision working alliance ratings and trainee satisfaction with supervision. I focused on the CITs perceptions of their supervisor's trauma-informed practices because previous research shows that service recipients' perceptions of TIP utilization are relevant to interpersonal functioning (Scheer & Poteat, 2021). The specific research questions are as follows:

1. What is the correlation between CITs experiences with trauma and adversity and their perceptions of their relationship with their clinical supervisor?
2. Does the supervisees' perceptions of supervisor adherence to trauma-informed principles predict higher working alliance ratings?
3. Does the supervisee's perceptions of greater adherence to trauma-informed principles predict higher satisfaction in supervision ratings?

It was hypothesized that more frequent adverse experiences would negatively correlate with positive supervision outcomes, and perceptions of greater adherence to TIP would predict a stronger supervision working alliance and greater satisfaction with supervision. This is the first study I am aware of to assess the relationships between these variables in counseling students.

Method

Procedure

After gaining IRB approval, participants were recruited in multiple ways: a) emailing recruitment ads to faculty in CACREP-accredited and non-accredited counseling programs in the United States, b) social media postings on Twitter and Facebook, and c) counseling professional listservs including COUNSGRADS and DIVERSEGRAD-L. Participants completed all measures online using the survey platform Qualtrics. Inclusion criteria were counseling trainees over the age of 18 who were currently in a counseling or mental health related program, and currently receiving individual clinical supervision as part of a practicum or internship course. Participants had the option of entering a

randomized raffle to win one of forty $30 Amazon gift cards.

Measures

Adverse Childhood Experiences-Expanded (ACE-E)

Karatekin and Hill (2019) developed a measure of ACEs that expanded on the original instrument developed by Felitti et al. (1998). Participants respond to each item with a "yes" or "no" to indicate if they experienced each type of adversity before the age of 18. Responses are summed to yield a total ACE-E score ranging from 0-31, with higher scores indicating greater experience with childhood adversity.

Factor analysis of the 31-item scale revealed a four-factor structure: maltreatment, household dysfunction, community dysfunction, and peer dysfunction/property victimization. Although four factors did emerge, the scale authors recommend using the ACE-E as a unitary scale due to inter-relatedness of the subscales and consistency with the larger theoretical model of a "multi-faceted but unitary view of ACEs" (Karatekin & Hill, 2019, p. 300).

In their sample of 75 predominantly White female students (79% White, 84% female), Karatekin and Hill (2019) found internal consistency of this scale was good (Cronbach's α = .84), and test-retest reliability (r (67) = .77) over the course of a semester (average interval between administrations was 48.8 days) was adequate. Assessment of concurrent validity revealed the expanded ACEs scale was moderately correlated with other measures of stressful events and trauma: the Stressful Life Events Screening Questionnaire-Revised (SLESQ; Green & Green, 2006), t = .43, p < .001. The scale's Cronbach alpha for the current sample was .87.

The Supervisory Satisfaction Questionnaire (SSQ)

The Supervisory Satisfaction Questionnaire (SSQ; Ladany et al., 1999) is an 8-item scale examining supervisee's perceptions of the quality of supervision. Ladany and colleagues created the SSQ through modification of the Client Satisfaction Questionnaire (CSQ; Larsen et al., 1979), which has demonstrated positive correlations with self-reported client improvement (r = .53, p < .001) and lower client dropout (r = .37, p < .01). Internal consistency was .93 in the original scale. Items on the SSQ are rated on a 4-point Likert scale (1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor). Satisfaction was included as a variable in this study due to its relationship to the supervision working alliance (Bennett et al., 2008; Renfro-Michel & Sheperis, 2009). Cronbach's alpha was .90 for the current study.

Supervisory Working Alliance Inventory-Trainee Version (SWAI–T), Rapport Subscale

The Supervisory Working Alliance Inventory-Trainee version (SWAI–T; Efstation et al., 1990) is a 19-item measure based on Bordin's (1983) theory of the supervisory working alliance consisting of two subscales: the Rapport subscale (12 items) assesses the supervision relationship and perceived supervisor support, and the Client Focus subscale (seven items) assesses the client-focused tasks/goals of supervision including help with understanding clients and determining effective counseling interventions. In this study, only the Rapport subscale was used because Rapport refers to the quality of the bond between supervisor and supervisee and therefore is theoretically more relevant to the relationship quality. Additionally, the Rapport subscale has emerged most "strongly and consistently across studies" (Watkins, 2014, p. 42). In a validation sample of 178 doctoral interns in counseling and clinical psychology training programs (57.8% female, mean age = 29.95, no other participant characteristics were reported), the alpha coefficient for the SWAI-T Rapport was .90. Cronbach's alpha for the Rapport subscale was .92 in the current sample.

Trauma-Informed Practice Scales (TI-Practice)

The Trauma-Informed Practice Scales (Goodman et al., 2016) are a set of scales (33 items total) developed to assess how staff members translate trauma-informed *principles* into trauma-informed *practices* from the perspective of those receiving services. The scale's creators based the measure in part on the trauma-informed principles developed by SAMHSA (2014). Cronbach's alpha for the full scale of six total factors was .92.

For the current study, this scale was modified to apply to counseling trainee's supervisors. For example, the item "staff understand when I'm feeling stressed out or overwhelmed" was modified to "my supervisor understands when I'm feeling stressed out or overwhelmed." The Connection and Parenting subscales were removed due to lack of applicability to the supervision relationship; only the subscales of Agency, Information, Strengths, and Inclusivity were administered to participants for a total of 25 items. The Agency subscale measures the extent to which supervisees perceive their supervisor to support their autonomy and offer chances for choice and control. The Information subscale measures the extent to which supervisees perceive their supervisor to offer information that increases their understanding and awareness of trauma and coping skills. The Strengths subscale measures the extent to which supervisees perceive their supervisor to recognize their unique positive skills, knowledge, and experiences brought to their clinical work. Finally, the Inclusivity subscale measures the extent to which supervisees perceive their supervisors to respect and understand their cultural identities. Participants responded to each item using a 4-point Likert scale ranging from 0 (*not true at all*) to 4 (*very true*) to rate perceptions of their supervisor.

Originally, the Trauma-Informed Practice (TI-Practice) subscales of Agency, Information, Strengths, and Inclusivity (Goodman, et al., 2016) were to be included in the regression analyses as four separate predictor variables. However, these subscales were all highly correlated (all R values greater than .90) with each other, indicating multicollinearity. Multicollinearity in regression predictors can inflate significance values and affect inferences drawn from results (Alabanza, 2020). To address this, the four subscales were combined to create a mean TI-Practice score. Cronbach's alpha for the shortened (25-item) scale was .94, indicating good reliability in the current sample.

Demographics

Supervisee demographic variables were also measured, including the type of program of graduate study, level of training (i.e., masters or doctoral), number of supervision sessions with current supervisor, trainee age, racial/ethnic background, gender, and months/years of counseling experience. Additionally, participants were asked if they expected to receive a passing grade in their clinical course. This was included as a covariate in the regression analysis due to the potential impact of grades and evaluation on students' perception of the supervision relationship.

Validity Checks

Finally, three validity checks were embedded in the survey questions which requested participants to select a particular answer choice (e.g., "For this item, select choice C."). This allowed the researchers to check for participant's attention to the questions and filter out incorrect responses (Kung, et al., 2018).

Participants

A priori power analysis was completed using G*Power version 3.1.9.4 (Faul et al., 2007). Results suggested a sample size of 152 would be adequate to detect a small effect size with five predictors in a regression analysis. The final sample size was 226 participants. The mean age of the sample was 30.19 (SD = 5.70) and participants reported attending an average of 11.58 (SD = 16.13) supervision sessions with their current individual clinical supervisor. Approximately 49% (n = 110) of the sample

identified as women, 49% as men, and 1.3% as a third gender or nonbinary. In terms of ethnicity, 60.6% (n = 138) of participants identified as white or European American, 16.4% (n = 37) as Black or African American, 15.4% (n = 34) as Hispanic or Latino/a/x, 4.0% (n = 9) as Native American, 3.1% (n = 7) as Asian or Asian American, and the remaining .4% (n = 1) identified as biracial. The majority (85.7%, n = 194) of participants were master's students in either practicum or internship courses, while the remaining participants were in doctoral clinical courses. Participants were mostly students in clinical mental health counseling (CMHC) programs (54.46%, n = 123), followed by school counseling at 23.65% (n = 53), counselor education and supervision at 8.48% (n = 19), marriage and family therapy at 6.70% (n = 15), rehabilitation counseling at 5.80% (n = 13), and the remaining .9% (n = 2) reporting other types of training programs (e.g., clinical psychology). Most participants (87.5%, n = 198) expected to receive a passing grade in their current clinical course. These demographic variables were selected as covariates in the regression analyses because of their potential relevance to the supervision relationship.

Data Screening

Initially, 366 participants joined the study. Eleven participants failed the three validity checks embedded in the surveys, and another 109 participants were omitted due to missing data. Three univariate (data with Z scores ± 3.29) and 17 multivariate (data with Mahalanobis distance scores above 29.59) outliers were also removed, for a final sample size of 226.

Preliminary Analysis

Preliminary analyses were conducted to assess for violations of regression assumptions. Linearity, normality, and heteroscedasticity assumptions for linear regression analyses were met for all scales, except the SWAI-T-R violated the normality assumption but was successfully corrected after a Box-Cox transformation.

Results

Research Question 1

Using IBM SPSS Statistics software (IBM Corp, 2019), multiple Pearson correlations were conducted to explore the relationships between participants' experiences with adversity (ACEs) and their perceptions of the supervision relationship. Results demonstrated a significant negative correlation between ACEs and the SWAI-T-R (r = -.46, N = 226, p < .001), indicating greater frequency of adversity was associated with lower ratings of rapport in the supervision working alliance. Additionally, a significant negative correlation was found between ACEs and the SSQ, indicating greater experiences of adversity were associated with lower satisfaction with supervision (r = -.43, N = 226, p < .001). Both results support hypothesis 1.

Research Questions 2 and 3

A series of hierarchical regression models were conducted to determine the relationship between trauma-informed practices and other relevant supervision outcomes, including the Supervisory Working Alliance Inventory-Trainee-Rapport scale (SWAI-T-R; Efstation et al., 1990) and the Supervisory Satisfaction Questionnaire (SSQ; Ladany et al., 1999). Demographic variables were entered into each regression model at step one as covariates. Three demographic variables were eliminated from the regression analyses due to insignificant correlations with the dependent variables (Race, type of training program [CMHC, CES, etc], and program level [doctoral or masters]). TI-Practice scores were entered as a predictor in the second step.

TI-Practice and Rapport

A hierarchical multiple regression was performed to investigate the relationship between trauma-informed practice and level of rapport within the supervision working alliance on the SWAI-T Rapport subscale (Efstation et al., 1990), after controlling for age, gender, number of supervision

sessions completed, and whether the student expected to receive a passing grade in their training course. The first step was statistically significant ($F(4, 221) = 9.60$, $p < .001$) and explained 14.8% of the variance in rapport. See Table 1 for each covariate's unique contribution to the model. Age and passing grade both significantly positively predicted SWAI-T-R scores, indicating older participants and those expecting to receive a passing grade in their clinical course rated the supervision working alliance higher.

In step two, trauma-informed practice (TIP) was entered as a predictor. This model was statistically significant (F (5, 220) = 110.61, $p <$ .001) and explained 71.5% of the variance. Age and gender emerged as significant positive predictors of the SWAI-T-R in this model, indicating that older participants and women rated the supervision working alliance higher, although these effects were very small. The trauma-informed practice scale explained an additional 56.7% of the variance in the SWAI-T-R (R^2 change = .56; F (1, 220) = 438.61, p < .001). This indicated that when controlling for the covariates, 56.7% of the variance in rapport was explained by scores on the trauma-informed practices scales. This suggests that perceptions of greater application of trauma-informed principles is related to greater rapport within the supervisory relationship above and beyond demographic variables, thus supporting hypothesis two.

Table 1. Hierarchical Regression Analysis Summary of Predictors of SWAI-T-Rapport

Variable	*Step 1 (control variables)*			*Step 2*		
	B	*SE B*	*β*	*B*	*SE B*	*β*
1. Age	.04	.01	.26**	.02	.01	.08*
2. Supervision Sessions	.01	.004	.10	-.004	.002	-.07
3. Gender (woman)	.17	.13	.10	.16	.07	.09*
4. Passing grade	.55	.20	.19**	.12	.11	.04
5. TI-Practice	**-**	**-**	**-**	**1.51**	**.07**	**.81****
R^2	-	.14	-	-	.57	-
F for change in R^2	-	9.60**	-	-	438.61**	-

Note. SWAI-T-Rapport = Supervision Working Alliance, Trainee Version, Rapport subscale; *$p < .05$. **$p < .01$.

Table 2. Hierarchical Regression Analysis Summary of Predictors of SSQ

Variable	*Step 1 (control variables)*			*Step 2*		
	B	*SE B*	*β*	*B*	*SE B*	*β*
1. Age	.19	.06	.19**	.06	.05	.06
2. Supervision Sessions	.07	.02	.21**	.03	.02	.09
3. Gender (woman)	2.68	.70	.24**	2.62	.54	.23**
4. Passing grade	2.66	1.05	.16*	.76	.82	.04
5. TI-Practice	**-**	**-**	**-**	**6.60**	**.53**	**.62****

R^2	-	.21	-	-	.53	-
F for change in R^2	-	14.85**	-	-	154.95**	-

Note. SSQ = Supervisory Satisfaction Scale; *p < .05. **p < .01.

TI-Practice and Satisfaction

Again, covariates were entered into the first step of the second regression model investigating the relationship between perceptions of greater adherence to trauma-informed principles would positively correlate with satisfaction in supervision ratings (measured by the Supervisory Satisfaction Questionnaire (SSQ; Ladany et al., 1996)). This model was statistically significant ($F(4, 221) = 14.85$, $p < .001$) and explained 21.2% of the variance in supervision satisfaction. Age, number of supervision sessions, gender, and expectation of a passing grade were all significant positive predictors of supervision satisfaction. Additionally, the greater the number of supervision sessions, the higher the satisfaction with supervision. See Table 2 for each covariate's unique contribution to the model.

In step two, the main predictor (the trauma-informed practice scale) was included in the model. This model was also statistically significant ($F(5, 220) = 51.14$, $p <.001$) and explained a total of 53.8% of the variance in the SSQ. Including the trauma-informed practice variable in the model accounted for an additional 32.6% of the variance in the dependent variable (R^2 change = .326; $F(1, 220) = 154.95$, $p < .001$). This suggests that perceptions of greater supervisor adherence to trauma-informed principles related to higher supervisee satisfaction with the supervision relationship, above and beyond demographic factors; thus, hypothesis three was supported. Also in step 2, the only significant demographic predictor was gender, with women rating their satisfaction with supervision higher than men ($\beta = .23$, $p < .001$).

Discussion

The purposes of this study were to explore the relationship between CIT trauma/adversity and supervision outcomes, and to investigate if greater perceptions of the utilization of TIP by supervisors predicted relevant supervision outcome variables including supervision satisfaction and the supervision working alliance. It was hypothesized that a higher frequency of adverse experiences would negatively correlate with satisfaction and rapport within the supervision relationship, and this hypothesis was supported. It was also hypothesized that a greater perception of adherence to trauma-informed practice would positively predict each of these supervision variables, and these hypotheses were supported. Specifically, perceptions of higher trauma-informed practice positively predicted higher supervision satisfaction and greater supervision working alliance.

In this study, participants' greater experience with ACEs was significantly correlated with poorer supervision outcomes, which supports previous research demonstrating that traumatic and adverse experiences can negatively affect perceptions of relationships in professional settings (Campbell & Renshaw, 2018). Because the modified ACES scale (Karatekin & Hill, 2019) focuses on adversity experienced before age 18, this finding suggests that even early childhood experiences are related to how CITs perceive professional relationships in adulthood. This could have implications for supervision quality (Riggs & Bretz, 2006) and even client care (Rast et al., 2017). More research is needed to explore any potential mediators or moderators of this relationship, including attachment style (Gunn & Pistole, 2012), variables related to the CITs caseload (Baird & Jenkins, 2003), or variables related to the supervisor's style and/or theoretical orientation (Bernard & Goodyear, 2018).

The findings related to trauma-informed practice are corroborated by limited research on the TI-Practice scales. When developing the scales, Goodman et al. (2016) found that all TI-Practice

subscales were significantly positively correlated with the Working Alliance Inventory, short form revised (WAI-SR; Hatcher & Gillaspy, 2006). These researchers also found that the TI-Practice scales were significantly positively correlated with a measure of client satisfaction with services: the Client Satisfaction Questionaire-8 (CSQ-8; Larsen et al., 1979). Although counseling clients and supervisees are different types of "service users," there may be parallels between these roles. Clients look to the counselor and the counseling relationship for support and guidance just as supervisees look to the supervisor and the supervisory relationship for support, and similar relational dynamics may affect both types of relationships (Friedlander et al., 1989). Similar to the findings of Goodman et al. (2016) on client satisfaction, TI-Practice significantly predicted greater supervisee satisfaction with supervision in the current study. The current study's results expand upon this previous work and demonstrate an association between TI-Practices and satisfaction with supervision. Thus, supervisors who effectively translate trauma-informed *principles* into trauma-informed *practice* may improve supervision outcomes for trainees. Some scholars have dismissed TIP as a repackaging of well-established ideas (Berliner & Kolko, 2016), and have suggested limited practical evidence for the TIP framework (Han et al., 2021). However, results of the current study and other literature in the area suggest TIP are indeed related to concrete outcomes and further research is warranted.

This study is the first to demonstrate that supervisors who are perceived to utilize trauma-informed practice, according to their supervisees, may form stronger working alliances with their supervisees and contribute to greater overall satisfaction with clinical supervision. This is relevant to supervision practice because higher working alliance with a supervisor has been correlated with lower supervisee burnout (Livni et al., 2012), greater counselor self-efficacy (Marmarosh et al., 2013), and greater supervisee disclosure (which is important for effective therapeutic development; Mehr, et al., 2015). Implementing trauma-informed training may indirectly contribute to these positive supervision outcomes and help supervisors more effectively support their supervisees' clinical development. More research is needed to explicitly link traumatic stress, trauma-informed supervision practice, and supervisory and clinical outcomes.

Implications for Supervision Practice

There is a considerable lack of empirical research on the application of trauma-informed principles to supervision and authors such as Berliner and Kolko (2016) have critiqued the broad application of trauma-informed care principles due to a lack of evidence supporting their utility. However, given the potential impact of traumatic stress and adversity on the supervision relationship, it may benefit supervisors to consider the impact of trauma in their work even if they do not adopt a completely new theoretical orientation to supervision. As some authors have noted, the principles of trauma-informed care can theoretically provide a safe, trustworthy, open, and validating space for supervisees (Knight, 2019; Berger, et al., 2016). Trauma-informed principles can also aid supervisors in navigating power differentials and intersecting cultural identities with their supervisees. The current study is unique because it begins to provide a much-needed evidence base supporting the relationship between TIP and supervision outcomes and supports the use of TIP as a tool for teaching new supervisors.

Supervisors wanting to apply TIP and a framework of trauma-informed supervision can reference SAMHSA's (2014) six original principles of trauma-informed care: trustworthiness, and transparency, peer support, collaboration and mutuality, empowerment, and cultural issues. Supervisors can build *trust* through consistency in communication and action, respecting boundaries of time and disclosure, and with *transparency* and compassion surrounding supervision procedures such as evaluation. Supervisors may also encourage *connection between peers* through triadic or group supervision modalities when developmentally

appropriate, and when group norms and guidelines have been mutually established among members. Supervisors can work to *empower* supervisees by offering choices of intervention with clients, recognizing the existing strengths of supervisees, and positioning themselves as *collaborators* with the supervisee rather than the omniscient clinical expert. Supervisors should also be *multiculturally competent* and broach important cultural topics with supervisees as they apply to clinical as well as supervision dynamics. There are many interpretations of how the SAMHSA principles apply to supervision practice; additional practical strategies on trauma-informed supervision can be found in Knight (2018), Berger and Quiros (2014), and Borders et al. (2022).

Furthermore, supervisors can assess their use of TIP through tools such as the Trauma-Informed Practice Scales (Goodman et al., 2016), and pursue further trauma-informed training as needed. Counseling programs may wish to assess both supervisor's self-reported and supervisee-reported utilization of TIP to avoid biases in supervisor's self-perceptions. Based on individualized assessment results, supervisors can obtain additional training in TIP, consult with other practitioners and supervisors in developing trauma-informed approaches, or consult with supervisees themselves to determine how best to meet their needs.

Implications for Research and Future Directions

Future research should implement experimental designs testing the effect of trauma-informed supervision practices and training on supervisor, supervisee, and client outcomes. Additionally, more research is needed on specific components of trauma-informed practice (i.e., empowerment, transparency, creating safety) and their relevance in supervision and counselor training. In the current study, the components of trauma-informed practice were combined to avoid multicollinearity among predictors. Future researchers could separate TIP components in their analysis to determine which specific elements of TIP contribute to the outcome variables of interest. This would help supervisors pinpoint pieces of their work to improve upon.

Furthermore, this study focused on the experiences of student (primarily at the master's level) experiences with their supervisors in counseling and mental health training programs. Future research should also explore how post-graduates perceive their supervisors while working to obtain state licensure. If TIP are related to positive supervision outcomes for post-graduate counselors, TIP may provide a helpful training framework for supervisors outside of training programs. There are significant inconsistencies between state requirements for supervisor training and qualifications, therefore many supervisors may not have received any formal supervision training before taking on supervisees which may result in inconsistent, unhelpful, and even harmful supervision practices. TIP may serve as a foundation for supervision training to improve supervision quality and competency, and provide consistent standards of practice (Nate & Haddock, 2014). Furthermore. qualitative studies such as Borders et al. (2022) may be useful in exploring the application of TIP in supervision. Further, application of TIP could also be useful in training courses preparing students for the clinical stage (Chatters & Liu, 2020). Trauma-informed higher education is a recent development (Gao et al., 2023), and trauma-informed counselor education should also be therapeutically and empirically explored.

Although not part of the initial study hypotheses, the role of gender as a predictor of supervision outcomes was also investigated. Participant gender identity was related to all supervision outcome variables; that is, women participants reported greater satisfaction and a stronger working alliance, although these effect sizes were low-moderate to weak ($\beta < .25$; Acock, 2014). In a review of gender in the supervisory relationship, Hindes and Andrews (2011) found that gender related to the openness and sense of affiliation of the supervisee, and women supervisees were more relationship-focused than men. This review may help explain the

current study's findings that women reported higher scores on relational variables.

Additionally, age positively predicted SWAI-T-R scores, and the effect size for this result was small. Deriving meaning from this result should be done cautiously; more research is needed to examine the nuanced relationship between age, trauma-informed practice, and supervision outcomes.

Limitations

There are limitations of this study that should be noted; nevertheless, this study is a unique examination of the relevance of trauma-informed principles in supervision and provides support for applying TIP to supervision practice and training. First, this study was cross-sectional; therefore, causal conclusions cannot be drawn. Next, the TI-Practice scales were originally developed to measure trauma-informed practices implemented by staff serving survivors of domestic violence. Despite the previously noted parallels between clients and supervisees, the counselor-client and supervisor-supervisee relationships are different. Therefore, repurposing the scale to apply to the supervision relationship may affect the construct validity of the measure (Goodman et al., 2016). In the current study, I combined four subscales that were relevant to supervision processes instead of the original six subscales. Although this modified version demonstrated good internal consistency in my sample, there are remaining questions of the validity of the modified scale. Additional research is needed to create and validate a measure specific to supervisor's usage of trauma-informed practice. Third, participants in this sample were 61% White; although this is reflective of current demographics in the counseling profession (Zippia.com, 2022), these results may not generalize to people of other races and ethnicities. Experiences of trauma and adversity differ between racial and ethnic groups (Roberts et al., 2011), therefore there may be differences in how these experiences affect the supervision relationship.

Conclusion

Despite its limitations, this study provides evidence that trauma-informed principles are related to some positive supervision outcomes. From the perspective of counseling trainees, supervisors who adhere more strongly to trauma-informed principles in their supervision practices may foster stronger working alliances with supervisees and contribute to greater supervisee satisfaction with the supervision process. As calls for the application of TIP to counseling, counselor education, and supervision increase, it is necessary to develop a body of evidence for the utility of these principles in supervision. This study provides a launching point for further investigation into TIP in supervision and mental health training programs.

References

Acock, A. C. (2014). *A gentle introduction to Stata*. Stata Press.

Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology*, *2*(1), 26. https://doi.org/10.1037/1931-3918.2.1.26

Alabanza, H. (2020, September 07). The consequences of violating linear regression assumptions. *Medium*. https://towardsdatascience.com/theconsequences-of-violating-linear-regression-assumptions-4f0513dd3160

Báez, J. C., Renshaw, K. J., Bachman, L. E., Kim, D., Smith, V. D., & Stafford, R. E. (2019). Understanding the necessity of trauma-informed care in community schools: A mixed-methods program evaluation. *Children & Schools*, *41*(2), 101-110. https://doi.org/10.1093/cs/cdz007

Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, *18*(1), 71-86. https://doi.org/10.1891/vivi.2003.18.1.71

Barazzone, N., Santos, I., McGowan, J., & Donaghay-Spire, E. (2019). The links between adult attachment and post-traumatic stress: A systematic review. *Psychology and Psychotherapy: Theory, Research and Practice*, *92*(1), 131-147. https://doi.org/10.1111/papt.12181

Bennett, S., Mohr, J., BrintzenhofeSzoc, K., & Saks, L. V. (2008). General and supervision-specific attachment styles: Relations to student perceptions of field supervisors. *Journal of Social Work Education*, *44*(2), 75-94. https://doi.org/10.5175/JSWE.2008.200700016

Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology*, *20*(4), 296. 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

Berliner, L., & Kolko, D. J. (2016). Trauma informed care: A commentary and critique. *Child Maltreatment*, *21*(2), 168-172. https://doi.org/10.1177/1077559516643785

Bernard, J. M., & Goodyear, R. K. (2018). *Fundamentals of clinical supervision* (6th ed.). Pearson Education. *Research in Personality*, *44*(3), 335-341. https://doi.org/10.1016/j.jrp.2010.03.004

Borders, L. D., Lowman, M. M., Eicher, P. A., & Phifer, J. K. (2022). Trauma-informed supervision of trainees: Practices of supervisors trained in both trauma and clinical supervision. *Traumatology*, *29*(2), 125. https://doi.org/10.1037/trm0000382

Bordin, E. S. (1983). A working alliance model of supervision. *The Counseling Psychologist*, *11*(1), 35-42. https://doi.org/10.1177/0011000083111007

Branson, D. C. (2019). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology*, *25*(1), 2. https://doi.org/10.1037/trm0000161

Brown, E. M., Carlisle, K. L., Burgess, M., Clark, J., & Hutcheon, A. (2022). Adverse and positive childhood experiences of clinical mental health counselors as predictors of compassion satisfaction, burnout, and secondary traumatic stress. *The Professional Counselor*, *12*(1). https://doi.org/10.15241/emb.12.1.49

Campbell, S. B., & Renshaw, K. D. (2018). Posttraumatic stress disorder and relationship functioning: A comprehensive review and organizational framework. *Clinical Psychology Review*, *65*, 152-162. https://doi.org/10.1016/j.cpr.2018.08.003

Chatters, S., & Liu, P. (2020). Are counselors prepared?: Integrating trauma education into counselor education programs. *Journal of Counselor Preparation and Supervision*, *13*(1), 2.

Connors-Burrow, N. A., Kramer, T. L., Sigel, B. A., Helpenstill, K., Sievers, C., & McKelvey, L. (2013). Trauma informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review*, *35*(11), 1830–1835. https://doi.org/10.1016/j.childyouth.2013.08.013

Copeland, R. J., Howard, A. H., & Razuri, E. B. (2019). Teaching note—understanding the impact of childhood adversity on social work students. *Journal of Social Work Education*, *57*(2). https://doi.org/10.1080/10437797.2019.1671262

Decker, M. R., Flessa, S., Pillai, R. V., Dick, R. N., Quam, J., Cheng, D., McDonald-Mosley, R., & Miller, E. (2017). Implementing trauma-informed partner violence assessment in family planning clinics. *Journal of Women's Health*, *26*(9), 957-965. https://doi.org/10.1089/jwh.2016.6093

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, *37*(3), 322–329. https://doi.org/10.1037/0022-0167.37.3.322

Elliott, D. M., & Guy, J. D. (1993). Mental health professionals versus non-mental-health professionals: Childhood trauma and adult functioning. *Professional Psychology: Research and Practice*, *24*(1), 83. https://doi.org/10.1037/0735-7028.24.1.83

Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G* Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior research methods*, *39*(2), 175-191. https://doi.org/10.3758/BF03193146

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8

Follette, V. M., Polusny, M. M., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice*, *25*(3), 275. https://doi.org/10.1037/0735-7028.25.3.275

Friedlander, M. L., Siegel, S. M., & Brenock, K. (1989). Parallel processes in counseling and supervision: A case study. *Journal of Counseling Psychology*, *36*(2), 149. https://doi.org/10.1037/0022-0167.36.2.149

Gao, H., Chen, P. F., & Yao, L. (2023). Trauma-informed practices in higher education: A comprehensive literature review (2015 - 2023). *International Journal of Higher Education*, *12*(6), 149-149. https://doi.org/10.5430/ijhe.v12n6p149

Goodman, L. A., Sullivan, C. M., Serrata, J., Perilla, J., Wilson, J. M., Fauci, J. E., & DiGiovanni, C. D. (2016). Development and validation of the trauma-informed practice scales. *Journal of Community Psychology*, *44*(6), 747-764. https://doi.org/10.1002/jcop.21799

Green, G., & Green, B. L. (2006). Evaluating the cultural validity of the stressful life events screening questionnaire. *Violence Against Women*, *12*(12), 1191–1213. https://doi.org/10.1177/1077801206294534

Gunn, J. E., & Pistole, M. C. (2012). Trainee supervisor attachment: Explaining the alliance and disclosure in supervision. *Training and Education in Professional Psychology*, *6*(4), 229-237. https://doi.org/10.1037/a0030805

Han, H., Miller, H. N., Nkimbeng, M., Budhathoki, C., Mikhael, T., Rivers, E., Gray, J., Trimble, K., Chow, S., & Wilson, P. (2021). Trauma informed interventions: A systematic review. *PloS one*, *16*(6), e0252747. https://doi.org/10.1371/journal.pone.0252747

Hatcher, R. L., & Gillaspy, J. A. (2006). Development and validation of a revised short version of the Working Alliance Inventory. *Psychotherapy Research*, *16*(1), 12-25. https://doi.org/10.1080/10503300500352500

Henshaw, L. A. (2022). Building trauma-informed approaches in higher education. *Behavioral Sciences*, *12*(10), 368. https://doi.org/10.3390/bs12100368

Hindes, Y. L., & Andrews, J. J. W. (2011). Influence of gender on supervisory relationship: a review of the empirical research from 1996 to 2010. *Canadian Journal of Counseling and Psychotherapy*, *45*(3), 240–261.

IBM Corp. (2019). IBM SPSS Statistics for Windows, Version 26.0. IBM Corp.

Jones, C. T., & Branco, S. F. (2020). Trauma-informed supervision: Clinical supervision of substance use disorder counselors. *Journal of Addictions & Offender Counseling*, *41*(1), 2-17. https://doi.org/10.1002/jaoc.12072

Karatekin, C., & Hill, M. (2019). Adverse childhood experiences (ACEs), stress and mental health in college students. *Stress and Health*, *34*(1), 36-45. https://doi.org/10.1002/smi.2761

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress*, *26*(5), 537-547. https://doi.org/10.1002/jts.21848

Knight, C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. *The Clinical Supervisor*, *37*(1), 7-37. https://doi.org/10.1080/07325223.2017.1413607

Knight, C. (2019). Trauma informed practice and care: Implications for field instruction. *Clinical Social Work Journal*, *47*(1), 79-89. https://doi.org/10.1007/s10615-018-0661-x

Kung, F. Y., Kwok, N., & Brown, D. J. (2018). Are attention check questions a threat to scale validity? *Applied Psychology*, *67*(2), 264-283. https://doi.org/10.1111/apps.12108

Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling & Development*, *77*(4), 447-455. https://doi.org/10.1002/j.1556-6676.1999.tb02472.x

Larsen, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguyen, T. D. (1979). Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning*, *2*(3), 197-207. https://doi.org/10.1016/0149-7189(79)90094-6

Livni, D., Crowe, T. P., & Gonsalvez, C. J. (2012). Effects of supervision modality and intensity on alliance and outcomes for the supervisee. *Rehabilitation Psychology*, *57*(2), 178. https://doi.org/10.1037/a0027452

Marmarosh, C. L., Nikityn, M., Moehringer, J., Ferraioli, L., Kahn, S., Cerkevich, A., Choi, J., & Reisch, E. (2013). Adult attachment, attachment to the supervisor, and the supervisory alliance: How they relate to novice therapists' perceived counseling self-efficacy. *Psychotherapy*, *50*(2), 178-188. https://doi.org/10.1037/a0033028

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

Nate, R. D., & Haddock, L. R. (2014). *An exploration of counselor supervisor requirements across the United States.* In Ideas and Research You Can Use: VISTAS 2014.

Rast, K. A., Herman, D. J., Rousmaniere, T. G., Whipple, J. L., & Swift, J. K. (2017). Perceived impact on client outcomes: The perspectives of practicing supervisors and supervisees. *SAGE Open*, *7*(1), https://doi.org/10.1177/2158244017698729

Renfro-Michel, E. L., & Sheperis, C. J. (2009). The relationship between counseling supervisee attachment orientation and perceived bond with supervisor. *The Clinical Supervisor*, *28*(2), 141-154. https://doi.org/10.1080/07325220903324306

Riggs, S. A., & Bretz, K. M. (2006). Attachment processes in the supervisory relationship: An exploratory investigation. *Professional Psychology: Research and Practice*, *37*(5), 558. https://doi.org/10.1037/0735-7028.37.5.558

Roberts, A. L., Gilman, S. E., Breslau, J., Breslau, N., & Koenen, K. C. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological medicine*, *41*(1), 71-83. https://doi.org/10.1017/S0033291710000401

Sachs-Ericsson, N. J., Sheffler, J. L., Stanley, I. H., Piazza, J. R., & Preacher, K. J. (2017). When emotional pain becomes physical: Adverse childhood experiences, pain, and the role of mood and anxiety disorders. *Journal of Clinical Psychology*, *73*(10), 1403–1428. https://doi.org/10.1002/jclp.22444

Scheer, J. R., & Poteat, V. P. (2021). Trauma-informed care and health among LGBTQ intimate partner violence survivors. *Journal of Interpersonal Violence*, *36*(13-14), 6670-6692. https://doi.org/10.1177/0886260518820688

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. *HHS Publication No.(SMA) 14-4884*.

Sullivan, K. M., Murray, K. J., & Ake III, G. S. (2016). Trauma-informed care for children in the child welfare system: An initial evaluation of a trauma-informed parenting workshop. *Child Maltreatment*, *21*(2), 147-155. https://doi.org/10.1177/1077559515615961

Watkins, C. E. (2014). The supervisory alliance: A half century of theory, practice, and research in critical perspective. *American Journal of Psychotherapy*, *68*(1), 19-55. https://doi.org/10.1176/appi.psychotherapy.2014.68.1.19

Wojcik, K. D., Cox, D. W., & Kealy, D. (2019). Adverse childhood experiences and shame-and guilt-proneness: Examining the mediating roles of interpersonal problems in a community sample. *Child Abuse & Neglect*, *98*, 104233. https://doi.org/10.1016/j.chiabu.2019.104233

Zippia.com. (2022, April 18). *Counselor Demographics and Statistics in the US*. Zippia: The Career Expert. Retrieved August 1, 2022, from https://www.zippia.com/counselor-jobs/demographics/

Author Information

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

The author(s) reported no financial support for the research, authorship, and/or publication of this article. [If there is funding reported, can edit]

How to Cite this Article:

Hurless, N. (2024). Trauma History and Trauma-Informed Practice Relate to Counseling Student's Satisfaction with Supervision and Rapport with Supervisor. *Journal of Counselor Preparation and Supervision, 18*(3), 1-13.