



Wisdom to Know the Difference: For Supervisors

Highlights & Key Concepts

Presenter: Rebekah Demirel, L.Ac, MPCC, Founder and Director of Trauma Integration Programs

Summary Ideas:

As supervisors it is important to be vulnerable and acknowledge our imperfection in decision-making.

- When we make decisions, they are going to be messy and imperfect, but as a leader we must acknowledge that we are imperfect and continue to show up.
- As research and author Brené Brown says, “Vulnerability is not knowing victory or defeat, it’s understanding the necessity of both; it’s engaging. It’s being all in.”

Strong emotional intelligence can greatly increase your ability to make decisions, especially for those in leadership roles.

- Emotional intelligence allows us to recognize and understand our emotions, which increases our awareness and agency.
- Increased agency gives us the power to change the way we feel and make decisions from a calm and regulated place, which means we are more likely to make decisions that work in your favor.

Questions & Responses:

Q1 What does it mean to use our “head and intellect” to make decisions?

A1 Our head and intellect are very useful in the decision-making process. Using our head and intellect can provide us with a lot of useful knowledge, ideas, and memories that can help guide us in our decision-making. When we make decisions using our head and intellect, we use our prefrontal cortex, which controls our executive functioning and ability to think logically and rationally. Using our head and intellect is especially useful when we want to appear knowledgeable.

Q2 What does it mean when we use our “heart and feelings” to make decisions?

A2 Our heart and feelings are another factor in the decision-making process. When we use our heart and feelings to make decisions, it can feel open, expansive, or even dangerous, especially if that is the only place from which we make decisions; however, our heart and feelings can often tell us what we need and what is best for our overall well-being. It can provide insights into what we need to improve our physical, emotional, and social health.

Q3 What does it mean when we use our “gut and survival instincts” to make decisions?

A3 In the Western analytically driven world, using our gut as part of our decision-making process is often disapproved of and seen as irrational; however, our gut is an integral part of our decision-making network and should be integrated with our intellect and heart/feeling aspects of our decision-making. When all three decision-making systems are integrated equally, that is when we make our best decisions and feel whole and resilient.

Q4 How does our trust in our own knowledge become degraded, and how does that impact the ability to make decisions?

A4 Our knowing and the ability to trust ourselves in our decisions often gets damaged through the trauma we experience, especially emotional abuse. Gaslighting, sexual trauma, and racial, gender, and cultural violence are all significant ways our knowing can get damaged. For example, trauma unequivocally impacts your relationship with yourself; trauma challenges and changes how you think about yourself. Before a traumatic life experience, it is common to believe in your ability to make good decisions, control your environment, and keep yourself safe; after experiencing trauma, the result is often that trauma can crush these beliefs and lead to new ones, namely being unable to count on or trust your own judgment.

Q5 How can we restore our knowing after it has been damaged?

A5 Feeling is the gateway to restoring our knowing, and to trusting ourselves in the decisions we make. Although allowing ourselves to feel and experience emotions may be uncomfortable and scary, feeling allows us to tap into our deepest and most lucid instincts, helps reconnect with our authentic selves, and guides us toward what is best for us in the moment. Aligning with our authentic self doesn't remove challenges and difficulties from our lives, but it does fortify our strength and courage and helps us find a path toward fulfillment.

Q6 How are the shortages in the mental health workforce affecting supervisors?

A6 Shortages in the mental health field have impacted stress levels at all levels of organizations. The shortages are forcing many to question whether or not they feel capable to step into new and uncomfortable roles, including supervisors. Taking on these new roles has led to an increase in anxiety and stress, making it more important than ever to utilize self-care techniques.

Q7 How can experienced supervisors remain open to new information?

A7 As a supervisor, especially an experienced one, we are often expected to have all the answers. It can even feel distressing and shameful when we don't have answers. Supervisors can remember that new information is constantly being integrated into the behavioral health field, making it impossible to stay fully updated. As supervisors, when we do not know the answer to something, it is always appropriate to ask questions, even to the people you are supervising. When you are a supervisor, it does not mean you have to always know the answer. Sometimes the best thing a leader can do is acknowledge that they don't know something and permit themselves to ask questions.

Resources:

- [“Wisdom to Know the Difference: For Supervisors & Leadership” webinar recording and slides](#)
- *The Body Keeps the Score* by Bessel Van der Kolk

-
- *Nothing's for Nothing* by Rebekah Demirel
 - *Burnout: The Secret to Unlocking the Stress Cycle* by Emily Nagoski and Amelia Nagoski
 - *The Myth of Normal* by Gabor Mate
 - [The Wisdom of Trauma](#) (video)
 - *Anchored* by Deb Dana
 - *Widen the Window* by Elizabeth Stanley
 - *Activate Your Vagus Nerve* by Navaz Ha

Disclaimer: This training or product was prepared for the Northwest Mental Health Technology Transfer Center under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). This work is supported by grant SM 081721 from the Department of Health and Human Services, SAMHSA. All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Northwest MHTTC.

At the time of this presentation, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.