Professional Reflection Guidebook

For allied health professionals working in relationship-based, family-centered practice

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Introduction

In relationship-based, family-centered therapy professional reflection facilitates understanding of our clients and ourselves and allows us to join them in the mutually developmental process of becoming (Stroud, 2020).

Reflective practice is a necessity for all professionals working with clients who have experienced interrupted attachment and thwarted belonging.

Allied Health Professionals across disciplines are called to engage in reflective practice. This workbook was written for agencies interested in reflection that incorporates the entire human experience. It intentionally attends to the emotional content of the work, considering feelings, values, attitudes and beliefs of self, client and family system.

It seems fundamental to me to clarify at the beginning that a neutral, unfeeling, disembodied and dispassionate clinical practice does not exist. (Adapted from Friere)

Reflective Practice in Allied Health

If we want to be more than technicians—and do more than apply protocol or procedural-driven reasoning—then we need to learn from experience, recognize patterns, and tolerate and process our own emotions, as well as the emotions of those we are trying to help. These are the skills that will enable us to generate increasingly sophisticated and individualized hypotheses relating to real-life clinical situations that rarely mimic textbook case studies.

Reflection facilitates improved regulation of emotions, transforms rumination into something positive, integrates theory into practice, challenges judgments towards the client/family and oneself, and increases resilience.

Threefold Supervision

There are three main kinds of supervision: administrative, clinical, and reflective.

It is very common for the administrative and clinical aspects of supervision to dominate, and for reflection to be minimal, absent or simply about "remembering" sessions and analyzing clinical work from an intellectual perspective. Truly reflective supervision integrates the *head-work* of technical skill with the *heart-work* of emotions and relationships. Reflection always aims to build compassion, understanding, and empathy for the client.

Opportunities for reflection should be varied, well defined, regular and collaborative. Allocate a time and place for each kind of supervision within your organization. At the beginning of any supervisory relationship discuss and define all three types of supervision.

The Art of Therapy

The art of therapy goes beyond technical expertise to include tacit thinking, comfort with uncertainty, and tolerance for and processing of emotion in others and ourselves.

administrative	clinical	reflective
• monitoring • productivity • timekeeping • documentation/paperwork • pragmatic • compliance/governance • programs/schedules • professional development planning	• monitor/mentor • uni-disciplinary • didactic • experiential learning • client focus • methodology/frame/model/technique • primarily logic/data driven • fidelity • convergent process of deductive/inductive reasoning	• mentor/coach/learning partner • cross/interdisciplinary • mutual/collaborative/inclusive • process driven • self/colleagues/client/client-family focus • constructive processing of emotions • mindful attentiveness • reconciling humane and clinical • divergent process of curiosity, exploration and co-creativity

"How do we create this community of responsive caregivers that can help co-regulate the child so that they can ultimately regulate themselves, thrive, grow and develop?"

Noelle Hause, 2019

Professional artistry must be developed through reflective practice.

Reflection requires courage and vulnerability, which Brené Brown defines as "uncertainty, risk or emotional exposure". Reflection can be scary at times, and requires a great deal of trust with the person with whom you are reflecting.

Therapeutic Use-of-Self

Therapeutic, or creative, use-of-self starts conscious cultivation of the interpersonal side of the relationship. It involves increased awareness of our own feelings and responses, and willingness to consider how these might impact our behavior with others.

To support this process, we explore our own intolerances, judgments, fears, wishes, beliefs, and principles. Sometimes this means taking a closer look at personal triggers, and personal history, always (in reflective supervision) within the context of the clinical work. What and how events impact us—and how we enter relationships—impacts our ability to be mindfully present for our clients, and consciously engage in the interpersonal and psychosocial aspects of the work with clients and their families.

Client-Centered Care

Client-centered care (sometimes person-directed care) is often defined as 'client-led' care, care in which the client has autonomy, and is respected, and/or care that is responsive to the clients changing needs. Definitions from different allied health fields sometimes include *empathic atmosphere* and *emotional support*. These definitions are still somewhat "outside in", as the team orbits around the client as the central primary body, and a lot of the work is still "done to" the client. Reflective practice transforms client-centered care from "doing to" to "being with", and from *responding* to *connecting*. In reflective practice, we aim to see the world as the client sees it, work to understand their experience of the world and at the same time attend to the balance of relationships surrounding them. We ***hold the client in mind,*** and as we grow in reflective capacity, we are increasingly able to hold each family member's experiences and feelings in mind. Client-centered practice offers accessible, equitable, inclusive, respectful and culturally humble services.

The art of therapy is a bit like spinning plates, professional reflection equips us to keep the plates in the air and recover when one falls.

Professional reflection enables you to become the clinician you want to be.

Maintaining Professional Self in an Indifferent Environment

Reflective practice offers the health professional an opportunity to actively resist being socialized into a deficit based, medical model that historically fails to recognize the humane.

Case Study – Speech & Language Therapy (SLT)

Solomon has been working with Rex and his parents for four weeks. Rex is four-years old and not yet speaking, he struggles with communicating play ideas, plays by himself most of the time and gets highly dysregulated during any transitions.

Rex's parents were having a hard time coming to terms with his developmental profile and therapy needs. Mom found participating in the SLT sessions too overwhelming and opted to stay outside. Dad often got visibly frustrated during sessions and would either start playing too rough, or "check out" and look at his phone. In parent meetings, Mom would disclose a lot of "disaster thinking" around her son's future, and Solomon was rarely able to get around to discussing how to best help Rex with development. The family were not interested in mental health services.

Solomon found himself wanting to disengage from the family and refer them to services elsewhere. He was starting to feel anxious before he went into sessions and resentful of the wasted time and effort.

Solomon brought this case to his Reflective Supervision Group (RSG), and as they processed together, he began to notice that his disengagement reflected Dad's shutdown response. Solomon moved from being offended by Dad's behavior to a position of curiosity and recognition that both parents were likely incredibly anxious about their son's future. What had become an agitated in-session state for Solomon gradually transformed into one within which he was able to think, plan, and constructively engage.

Solomon was able to keep seeing the family with support from his one-to-one reflective supervisor and from the peers in his RSG. He found the parent education sessions began to shift, and although both parents continued to struggle, they started to make small steps towards acceptance and building a loving relationship with their son.

Therapeutic Alliance

Characterized by connectedness, communication, and authentic partnership, the therapeutic alliance involves therapist-client agreement on goals of treatment and tasks to achieve the goals.

Reflective Practice and Family Centered Care

Artistry of therapy and creative use of self become especially important when clinicians are working in developmental (including neurodevelopmental), sensory integrative, or feeding therapy settings. Many of these settings indirectly or directly address developmental trauma and challenges with attachment. This workbook is designed to help non-mental-health providers recognize—within their scope of practice—the psychosocial aspects of work with those populations who have experienced disrupted attachment and thwarted belonging. In all of these instances, there is no such thing as the predictable, well-ordered and true to textbook case. Reasoning that honors complexity, ambiguity, humanity and emotionality is critical for delivering respectful, impactful and empowering services.

Commonly Used Models for Reflection

Historically, the models for reflective practice in allied health come from Schön (1983), Kolb (1984), and Gibbs (1988). An action research project within a family systems inter-disciplinary team indicates these models are not being applied holistically to situations, and that many of the emotionality and uncertainty of practice is left unaddressed. A new proposed framework for reflection evolved from the project and incorporates aspects of the models above synthesized with principles from experiential learning, action research, and Infant Mental Health (IMH) reflective practice.

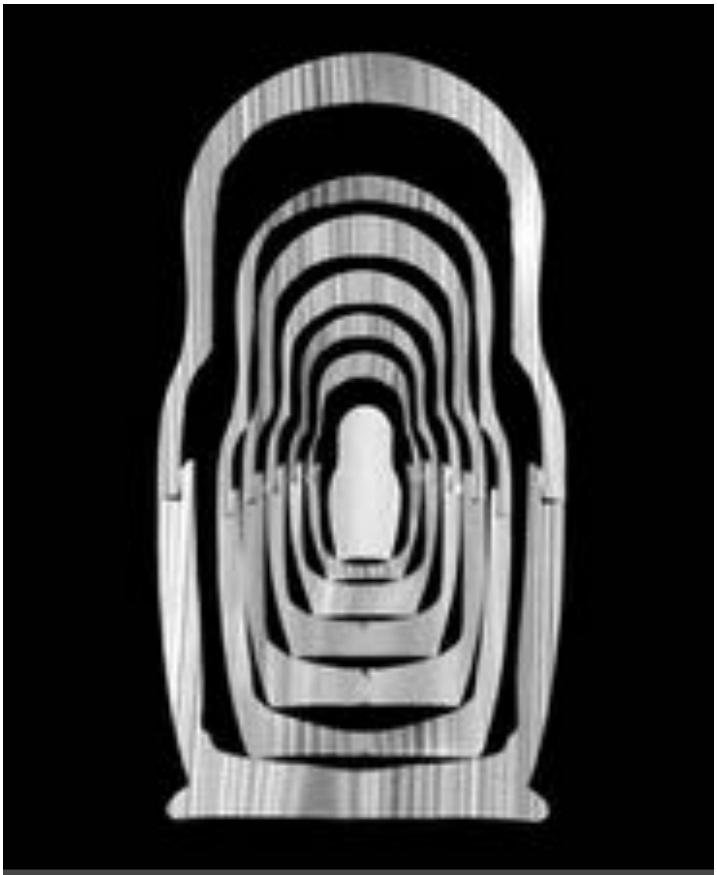
Strategies for 1:1 supervision are outlined, and a procedure for reflective supervision group is introduced. It should be noted that this is *one way* to introduce reflective inquiry. This is not a definitive workbook on reflection. Furthermore, this is a living document and part of developing reflective capacity involves developing self-awareness of one's ability to move in and out levels of reflection and of relationship, and when to be able to recognize the need to bring in other supports.

"The need for the health professions to become more reflective or contemplative disciplines calls, therefore, for a profound change in professional education, from a curriculum dominated by abstractions and intellectual analysis to one balanced between intellectual analysis and the depths of human experience."
(Tresolini & Pew-Fetzer Task Force, 1994, p.22)

Case Study – Feeding Therapist

Marta was having trouble getting a parent of a child in feeding group to engage. She took the situation to her reflective supervisor, and over the course of two sessions, they were able to start discussing how Marta's history and principles might be impacting her ability to connect with this parent.

Through reflection in the context of this trusting relationship, Marta became more honest in her thinking about this sensitive situation. She was able to see, in new ways, how her personal issues might impact her work. As Marta felt increasingly understood in supervision she showed increased understanding towards the parent, and was able to reframe the challenges with the parent and repair the relationship.



An organization that delivers developmental / relationship-based/ family-cantered/ client-centered care must by necessity foster a culture of professional reflection.

"[Professionals] endlessly create, negotiate and develop meanings; have to be appropriately flexible about some things and temporarily inflexible about others; engage all the time with multiple activities, factors, and perspectives; ceaselessly formulate problems and solutions; and learn to live with, the insoluble, the ephemeral, the tentative and the incomplete." (de Cossart and Fish, 2005, p.100)

Considerations for Supervisors and Administrators

For supervision practices according to discipline specific regulations, look at relevant licensing bodies in your state and professional organization. You are responsible for ensuring that you, and staff in your agency meet state and federal requirements.

In an ideal world reflective supervision would be provided by an external, highly trained, accredited, reflective consultant with no power differentials in relation to the staff body. However, this requires considerable coordination of schedules and has cost implications. It is recognized that for many agencies this is not feasible, and therefore, this primer has been created to support reflective inquiry in such organizations.

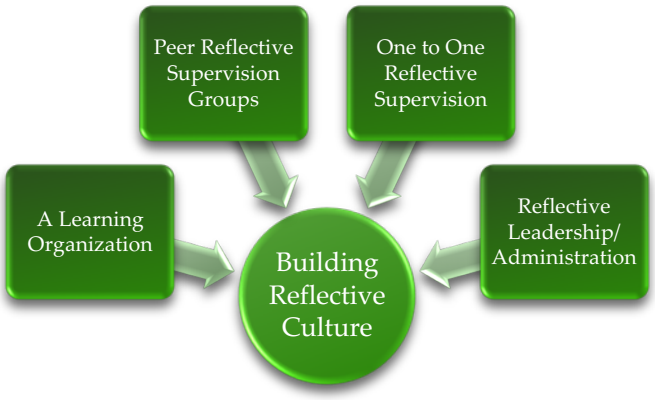
Reflective supervision is not the same as counseling or psychotherapy. It is important to clearly demarcate the two. Reflection involves identifying and discussing the feelings, experiences, ideas, reactions, and potential triggers within the context of caring relationships and professional-based events. While counseling/psychotherapy involves intense private work, where one's intimate, deeply personal life is explored and understood through a specialized relationship with a mental health professional. Supervisors and leaders must have healthy boundaries themselves and help clinicians to protect and not to reveal personal, private information.

A supervisor who is experienced, and well trained in reflective supervision, and who understands the clinical practices of the supervisee, can provide effective reflective supervision. Reflective supervisors must continue to seek out their own reflective supervision and work with an in-house mental health provider or external consultant (consider an IMH accredited reflective consultant) for support.

Reflection should take place at multiple levels throughout an organization. It is in every sense of the phrase "a multifaceted process". Reflective inquiry involves combining technical-rational, textbook based *head knowledge* with professional artistry and conscious use-of-self - the more intuitive and affect-laden *heart knowledge*. A truly reflective organization intentionally engages in reflection at the executive team level, in the clinical spaces, at the front desk and in all staff meetings. The idea of a universal culture of reflection is well represented by the image of Matryoshka, or Russian nesting dolls (see front cover image). Reflection involves complex perspective taking, at all levels of a system and requires deep internal contemplation as well as community buy-in.

It is recommended that reflection be built into the organization and thought about for every meeting and collaboration that takes place. Reflective practice is also best cultivated through multiple opportunities. In this workbook the recommendation is for group supervision to take place alongside one-to-one reflective supervision.

Note on source material:
The content, definitions, exercise and concepts in this manual have heavily drawn on, and been synthesized from, principles of action research, experiential learning, clinical reasoning and reflective practice across multiple disciplines. Although in-text citations have not been listed unless there is a direct quotation – out of a need to limit word count – the bibliography at the back of the manual lists all source material.



Defining Reflection

Professional Reflection

The active, persistent, careful consideration of what we do and why we do what we do in practice. It examines the conscious and unconscious processes that contribute to the actions we take during the clinical process. Professional reflection incorporates metacognitive and meta-affective processes and allows clinicians to be both evidence-based and person-centered practitioners. Professional reflection is a way of being and also something that we do.

Reflective Practice

The ongoing cultivation of professional reflective behaviors that become embedded in the life of the practitioner across all roles and routines. The goal of reflective practice is to facilitate holistic best practice that dynamically incorporates the scientifically driven and the person-centered aspects of clinical work. Reflective practice aims to support development of reasoning, feeling, data-driven, curious, humble and resilient expert clinicians. Thus, improving meaningful outcomes and fostering evidence-based-artistry within the field.

Reflective Capacity

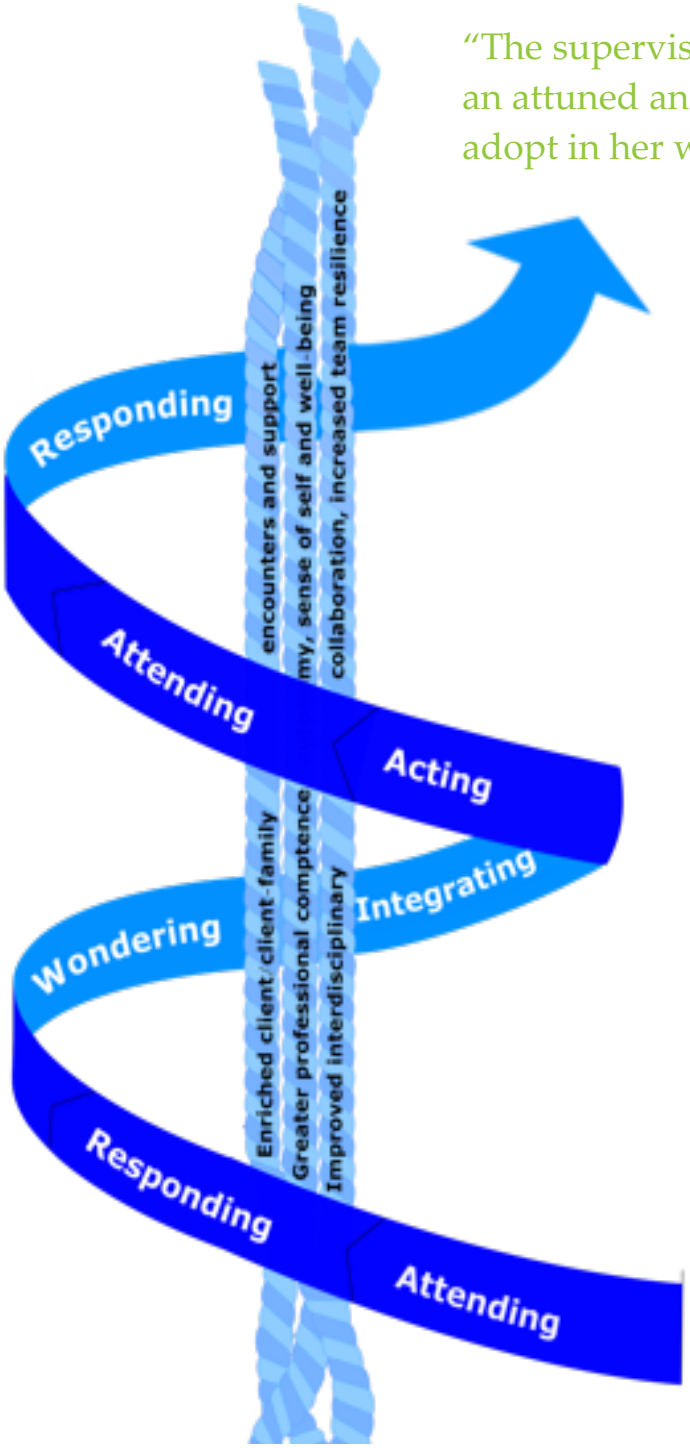
Develops over the course of the lifespan and can vary from day to day according to regulation and other factors. Also called reflective function, reflective capacity refers to thinking and responding in a manner that honors multiplicity of perspectives, ecologies, histories, affect, and individual differences with curiosity and openness to new perspectives.

Reflective Supervision

"An act of shared mindfulness" (Foley, 2010, p.59). A protected time of relationship-based growth and exploration. Reflective supervision must begin with trust and safety and involves regular, "caring conversations co-constructed over time by supervisee and supervisor, improvised or created in the moment, yet deepening the connection as together they develop their history and knowledge of one another and of the children and families in their conjoined care" (Scott-Heller & Gilkerson, 2009, p.12).

A Culture of Reflective Inquiry

A commitment to collaborative, reciprocal, and experiential learning in a professional community. Reflective inquiry involves application of deliberately thoughtful participatory process is, conscious attention to emotional and intellectual content, and continual review of successes, challenges, and learning, with a view to refining and improving an organization at every level.



The Reflective Spiral

Designed to provide a simple reference tool that deliberately targets the tacit and affective aspects of clinical reasoning. The three central threads represent client-clinician relationships, professional sense of self, and team/organizational health.

"The supervisor creates a chance to experience and embody an attuned and responsive style that the supervisee can adopt in her work." (Heffron & Murch, 2010, p.9)

A Reflective Cycle

Attending – Honest, factual reconstruction of the experience. Describe the event; recapture the environment, relationships, and attendant emotions. How were you that day? How did the clients come into the room? What did you observe? Did anything surprise you? Why were you there?

Responding – Slow down and reevaluate. What seemed to work? What didn't go so well? What impacted the way you viewed the situation or experience? What was comfortable or enjoyable about the experience? What was uncomfortable? What didn't you like? Is there anything that stands out? Did you make assumptions? With hindsight, is there anything you had not realized before? What was the temperature of the situation?

Wondering – Curious exploration. Take a step back, what might have been happening underneath the surface? How might you or others have contributed to the event? Did this situation remind you of anything? Did you make any judgments or feel judgments were made? Do you have a belief that impacted this experience? How did the way you (or others) were feeling impact what happened, or how you (or others) experienced the event? How does the theory you use in your practice impact your thinking about this situation? How do you professional values shape the way you respond to this event?

Integrating – Synthesis. What learning occurred for you? Are you ready for action or still in process? What insight did you gain into your behavior and performance or those of the people around you? How might you reframe going forwards? Is there more compassion for yourself or for others? How might this relate to future experiences?

Acting – Conscious action (only as part of the reflective process). When is it time for action? Is waiting the action? Thinking forward, what if it happens again? What if something similar happens? How might your response change? What would stay the same? What sort of follow up is needed? Do you need to bring in a colleague for inter-disciplinary consultation? What resources are available that you could bring in? What would mindful action look like in this situation?

The process continues as you remain observant, thoughtful, and curious about the situation and start the next cycle of reflection. The spiral emphasizes recursive cycles of curiosity and attentive reflection.

The Parallel Process

"Parallel process describes the interlocking network of relationships between supervisor, supervisees, families, and children." (Heffron and Murch, 2010, p.9)

Parallel process refers to the potential for the quality of relations in one part of the system to reverberate and influence interactions elsewhere. The parallel process is particularly relevant to agencies working with family systems and applying a developmental framework (including sensory processing, trauma, early intervention, and feeding therapy). In exploring the parallel process, attention is given to all relationships, and the parallels between:

- supervisor and clinician
- clinician and parent/client
- parent and child.

Reflective supervision must pay selective attention to the human connections in treatment and how they might be paralleling or impacting the relationships of others. You might also call this the "domino" or "ripple" effect. It refers, in part, to the passing on of emotional tone.

A powerful example of parallel process can be found in Dr. Jill Bolte Taylor's experience following her stroke and the effect that the nurturance or negativity of her healthcare team had on her recovery experience.

"Please take responsibility for the energy you bring into this space." (Taylor, 2019)

Energy is transmitted, and cascades across relationships in a system; when you are working with families their intimate family relationships will be affected by the parallel process.

Exploring the parallel process helps us slow down and process the feelings and unspoken aspects of interactions and consider alternate interpretations. It helps us filter and reframe our thoughts around the family, which increases our ability to respond differently and with empathy, attunement, and support.

As we hold the client and family in mind, we aim to witness and explore the balance of relationships involved and their influences on the process. The success of any family-centered intervention rests on the quality of clinician-family relationships.

The parallel process is why we apply what we believe about development and relationships to our clients, their families, caregivers *and each other*.

Proposed Developmental Stages of Reflective Capacity

A synthesis of lessons learned, the Levels of Thinking (Greenspan & Shanker, 2004), the work of Boniface (2002) and The Knowledge and Skills Needed for Reflective Supervision, outlined by Heffron & Murch (2010, Ch.4)

Reflective Capacities	
Context setting from perspective of self	Emerging
Recounts most of the story with global details	Emerging
Able to set the scene	Beginner
Telling the story of the event to be reflected upon	Beginner
Identifying critical occurrences	Beginner
Linking the story and critical occurrences to previous events or knowledge	Beginner
Identifying and naming feelings associated with the story or critical occurrences	Beginner
Ability to see story and facts from perspective of another	Capable
Open and curious to emotions of self and others *when reflecting-on action* (after the moment)	Capable
Identifying challenging blind spots associated with feelings, such as prejudices	Capable
Ability to see and name emotional components of interaction from perspective of another	Capable
Ability to understand indirect relationships, multiple causes, and hypothesizing accordingly	Capable
Identifying what has been learnt from the reflection	Capable
Deciding whether a change is now necessary as a result of the reflection	Capable
Gently uses reflective questions	Capable
Mindfully attentive throughout reflective conversation	Capable
Tolerates ambiguity	Capable
Able to identify systems of influence related to setting, culture and history	Capable
Deliberately slows down and inhibits impulses to respond or act quickly	Proficient
Identifying and critiquing the belief system upon which our actions are based	Proficient
Identifies premature conclusions/judgments, remains curious and open to new insights	Proficient
Empathizes with feelings and experiences of others in range of situations	Proficient
Able to reframe and show compassion to self and others following reflection	Proficient
Open and curious to emotions of self and others *when reflecting-in action* (in the moment)	Proficient
Able to remain curious and open minded in uncertainty, comfortable with not-knowing	Proficient
Tolerates conflict and strong affect	Proficient
Applies principles of attachment theory and relationship-based practice to reflection	Advanced
Embraces complexity, comfortable with not knowing/trusts process	Advanced
Applies principles of the parallel process consistently throughout reflective conversations	Advanced
Able to bear witness without fixing	Advanced
Skillfully supports development of reflection in others with suspension of judgment	Advanced

How do I introduce reflection?

Start with Trust and Safety
We must build relationship. Trust and safety are paramount to successful reflection. Notice and suspend judgments and instead foster forgiveness, acceptance, and understanding. We learn from our mistakes rather than avoid them.

Invite Dialogue
Ask open-ended questions, listen, be aware of your urge to interrupt.

Practice Active Listening
Active listening must be grounded in the attitudes of understanding and respect. It is complete and generous listening; total attunement to the speaker and all aspects of their communication (both the explicit and implicit). Listen closely to the story, and pay as close attention to their words as their affect, micro-expressions, and non-verbal communication. Pay attention to your formulations and remain open to new information. Take the time to understand their experience and perspective and connect viscerally with what is being said. Keep the supervisee *in mind*. How are they experiencing the story they are telling you? How are they experiencing this moment?

Build Togetherness
We need to build connectedness, or togetherness, with our supervisees. "Samhørighed" is a Danish word with no literal translation into English, but it represents a sense of communion, togetherness, and connectedness. It is about interdependence and necessity of relationship with one another. It is similar to the German word "gemeinschafstgefuhl" which represents a state of psychological health that manifests as interest in the well-being of others to whom we are connected.

Use Understanding/Summative Statements and Questions
Paraphrase statements; offer the story back to your supervisee and wait. You can also offer half-finished sentences and wait for the supervisee to complete the statement. It is hard to do this naturally but with practice it can work well.
"It appears to me that this situation is really upsetting."
"So you are saying that when that happened you felt …"
"You look puzzled by that question, what's going on for you right now?"

What do we need to cultivate in our sessions?
Trust •Safety •Regularity •Reliability •Privacy •◎Relationship •Generous Listening •Comfort with Emotions

What do we need to cultivate in ourselves?
Compassion •Curiosity •Openness •Suspension of Judgment •Respect •Acceptance •Ability to Bear Witness

Case Study – Occupational Therapy
Fiona noticed that she was unusually preoccupied with a family on her caseload. She was waking up at night thinking about the child and often found she was ruminating about the family during the day.
When Fiona brought the case to reflective supervision her supervisor used understanding statements to support her thinking:
"It seems you really want this child to be getting better."
"It feels important to you that his family situation improves."
Fiona realized that she wanted to 'rescue' this child from his situation and his anxiety. After spending some time (some of it in silence) in supervision wondering why she felt this way, Fiona began to see that she recognized her own son in this child and wanted very much for both of these children to feel happy again as quickly as possible. Consequently, Fiona was able to regulate with regards to the case and trust the process of therapy. She believes it helped her provide more sincerely regulated support for the family unit during Occupational Therapy sessions.

"The more you know about another's story, the less fearsome and more human that person becomes. It is equally true that the better we understand our own stories, the more human we become."
Parker J. Palmer, On Being Podcast, 2016

Reflective Supervision Group

Reflective Supervision Group helps us pay attention, cultivate curiosity, improve perspective taking, accept ambiguity and trust the process.

The Group

The Reflective Supervision Group (RSG) offers a powerful reflective exercise that is time-efficient, builds team wide reflective skills, and offers a safe, protected time for clinicians to create space. This space for reflection affords opportunity to pay attention to the stories we tell about each other, our clients, and ourselves. In this space, we can learn to sit in the "swampy" low land of real life problems and become increasingly comfortable with discomfort and mess. Programmatic and administrative solutions to problems presented during RSG are in conflict with the purposes of the group and should be addressed in other arenas.

Note: The group supervision agreement, written in session zero, should be available with this script as a hard copy for members to reference at any time. Sense of safety and trust always takes precedent over the structure and flow of the session.

Roles

Case Presenter: Chooses a case/situation/issue that he/she is willing to share with the team or group. Chooses a listening partner. Prepares a brief clinical overview as necessary. This is kept to a minimum, as the focus is not of the facts of the case, but the current concern of the presenter. The presenter guides goals and purposes of the presentation. The group is there to respond to the presenter's requests and needs.

Listening Partner: Listens carefully with a curious and open mind. Follows the presenter's lead, attends to clinical content, and also takes a reflective stance helping the presenter to process whatever is most important about the case at this point in time.

Facilitator: Starts and ends the meeting process. Keeps the time gently, with respect for the process, but also firmly. Pays attention to the overall group process.

Participants: Each person comes with the intention of being fully engaged and emotionally present, and of listening carefully.

Process for 55 Minutes Case Presentation

Meet in a private space that minimizes intrusion.

2 minutes: Greet and check-in.

15 minutes: Presenter and listening partner reflect on the case, with brief overview as necessary. Listening partner focuses on reflective questions and responses. *Everyone else is behind an imaginary barrier and can only listen.*

1 minute: Silence to be mindful and gather thoughts. Take this time to consider bodily feelings and emotions, thoughts, any sense of familiarity or memories.

12 minutes: Larger group talks with each other (NOT presenting dyad), still as if behind the barrier, with presenter and listening partner attentive but not participating. Focus is to remain curious and **not give advice** – talk about our own reactions/thoughts/feelings.

10 minutes: Presenter and listening partner return to their reflection, reacting to what they have heard from the group or whatever is sparked in them after listening to the group. Everyone else is silent.

12 minutes: Group processes together.

3 minutes: Choose roles for next meeting.

Regular Check In

To build this process with the team, include a "round-robin" check-in every six to eight weeks. Ask each person to contribute thoughts about the process, including things that did not seem to work well or were problematic for anyone, as well as things that did go well. Use the feedback to change the group process so that it meets the needs of the group.

Adapted from Betsy Rogers, LSCW, IMH-E (IV)® from process adapted by NCTSN CPP Learning Collaborative 2008. Used with permission and gratitude.

Session Zero – Set the Stage

Both one-to-one and group supervision sessions benefit from a 'session zero' to set the stage, establish a supervision contract and co-create rules / guidelines.

Session Zero describes the session that takes place prior to a new reflective supervision journey. This is your opportunity to establish expectations, write collaborative goals, lay the groundwork, and manage expectations.

1:1 Session Zero Goals:

- Build relationship
- Jointly written supervision contract
- Clear expectations and understanding of types of supervision offered, when and where, and definition of reflective supervision
- At end of session supervisee feels respected, safe and listened to

One-to-One Supervision – Setting the Stage

Always begin by defining the types of supervision you expect the clinician to receive and who will be delivering the supports and where. If you are providing a blended model of supervision, then define that and include it in your supervision contract.

Safety and Trust

Successful reflection can only take place in a relationship that feels safe and trusting. Application of the parallel process here is helpful. Always start with regulation; do not push your supervisee farther than they are developmentally able to go (see p.15); continually assess for the zone of proximal development which can change from day-to-day; always honor consent; aim for success; and suspend judgment.

The Reflective Supervision Agreement

Establish a reflective supervision agreement template for your supervisory work. Share this prior to session zero. Discuss your contract and make appropriate amendments.

Establish Expectations

Share your definition of reflective supervision prior to session zero and ask for thoughts and a response. What are their expectations? Ensure that a considerable amount of time this session is spent listening to your new supervisee.

RSG Session Zero Goals

- Build relationship
- Jointly written group guidelines
- Clear expectations and boundaries established
- At end of session members feel safe and listened to.

Reflective Supervision Group – Setting the Stage

Write group guidelines together. Use this objective to structure your group exercise. Most items will benefit from respectful discussion in order to achieve group buy-in and still support the reflective process. Consider inserting a fun rule or goal as well!

Examples of group guidelines you may want to consider:

- Confidentiality – nothing is discussed outside the room, including as you leave the room and transition to the next activity on your schedule
- Openness
- Suspend judgment
- Share challenges *and* successes
- No cell phones or devices (including smart watches)
- Arrive on time so we can depart on time

Strategies for Beginners

No list and please list – each member can add to the list topics that should be avoided completely and areas of discussion that they are looking forward to including.

Consider a safe word or signal if your group might need that level of support. When a member is overwhelmed, they can indicate this using the agreed word or signal, and everyone will take a moment to re-regulate.

New Members

Orient new members to the group purpose, guidelines and timetable before their first session. Consider an orientation meeting every time a new member join.

One-to-One Supervision

Regularity
Ensure meetings are both consistent and predictable. Protect reflective supervision as a top priority for both your diary and the diary of your supervisees.

Within the context of the reflective supervision relationship, the supervisee should feel "respected, nurtured, remembered and safe". (Scott Heller & Gilkerson, 2009, p.18)

Safety
Successful reflection can only take place in a safe and trusting relationship. Application of the parallel process here is helpful: always start with regulation, sincerely connect and empathize, do not push your supervisee higher than they are developmentally able to go (see p.15) the zone of proximal development, which can change from day to day; always honor consent; aim for success; and suspend judgment.

Reflection
Aim to cultivate reflective time that incorporates feelings and emotional experiences in every supervision meeting. The primary focus is on understanding how the child/client is experiencing the world and all the connected relationships. Reflection is about keeping the child/client/family in mind.

If your supervisee is avoiding this aspect of supervision explore that with them. Aim to integrate emotion and reason. An example of a probing question might be:
"I notice you signal to stop the supervision sessions when we have reviewed your caseload and administrative pieces, am I correct? Is there a reason you don't want to do more?"

Collaboration
Set the agenda for supervision collaboratively. Allow processing time for your supervisee; do not be afraid of silence and time to think. Use reflective questions to scaffold and support thoughtfulness (see page 15).

Record
Keep a log of supervision sessions that includes action points, follow-ups and a summary of meeting content. Review your log prior to the next session and re-orient yourself to the supervisee's situation.

"Supervisors should be aware of the power dynamics and encourage constant open feedback from their [supervisees] in order to encourage reflection in a supportive, rather than judgmental environment." (Wong, Whitcombe, & Boniface, 2016)

A Guide for Session Structure

Prepare: Before your supervisee arrives, turn off your phone, close your laptop or set your computer to sleep, eliminate or minimize all distractions. Be ready with the 'do not disturb' sign for your door. Read the reflective log from your previous session and put your mind back to that conversation.

Connect: As your supervisee arrives greet them, set the tone for the meeting, be fully present from minute one, emotionally and logically.

Discuss agenda: Set the agenda together.

Attend: Listen generously for what is said and what is not said. Practice active listening, lean in and use silence to reflect on what was said. Stay mindful.

Respond: In reflective supervision responding is not the same as fixing. The *response stage* of reflective supervision is the next step of curiosity about the story being told. It involves taking the first step backwards to look at the bigger picture and start to explore what went well and what did not go so well, alongside all the relationships in the room.

Wonder: This is the next step back into the bigger picture of the emotional and relational content of the encounter and all of the histories in the room. Ask open-ended questions, be comfortable with silence, and listen. Can you support your supervisee to begin to notice patterns and make connections?

Integrate: How do these discoveries relate to the parallel process, the family, the case, therapeutic-use-of-self, and the experience of the client?

Act: Conscious action. Does action need to be taken? What action, how, and with whom? Is further reflection warranted?

Close: Check-in, show sincere appreciation for the supervisee, and confirm the next meeting.

Group - Preparing to Share Your Case

Taking 15-20 minutes to prepare your case presentation will enable you to get the most out of reflective supervision group. Aim to go into the presentation with a succinct summary of the data so far and some preliminary thoughts around your own feelings, past experiences, values and beliefs related to the case.

Selecting a Case

Choose any case from past or present – it has to be your case. You can choose to share a case: that went well, you are preoccupied by, that provoked big feelings, where you disagreed with a colleague, that is at an impasse, that perplexes you, where you struggle to connect with the client or a case that is "going badly".

Gathering the Facts

Collect the basic biographical data about the client and family including age, gender, family structure, academic settings, diagnosis and reason for referral, therapy goals and status of current program including other professional involvement.

Ask yourself: What happened? •What is my question? •What do I need help with? •What is my involvement? •What am I hoping for?

Noticing My Responses

How do I feel about my own part in this case? •What do I think and how do I feel about the client / the other members of the family / the other team members? • What emotions am I experiencing? •Can I name what I am feeling or orient to the sensation in my body? • Does this press any 'hot buttons' for me • What pressure am I feeling, where does it come from? • What do I not want to feel about this?

Investigating Assumptions

What expectations am I placing on myself/my client? •What does this remind me of? •How am I explaining this to myself? •Are my big feelings related to my beliefs? •Is my response related to past experiences? •Have I made a judgement? •What am I worried or wondering about? •How is the family culture similar or different to my own? •Am I presuming competence? •Am I telling myself a story?

Perspective Taking

How many different perspectives are involved in this case? •What has this family been told? By whom? •How many external influences can I identify? •How are social relationships impacting this family? •What are the community contexts at play? •Why do ***I*** think what happened happened? •What are some other explanations? •How is the family story impacting the case?

Holding the Client in Mind

What do we know about the client? •What is my client experiencing? •How might the client think and feel? •How might it feel to be in these family relationships? •What do the actions of others communicate to this child about their identity / worth?

The Family Story

How is this child's environment structured? • Have I considered culture? •What have I seen and heard that tells me about the family? •What might different family members perspectives be?

Therapeutic Use of Self

Have I surprised myself? •Am I in control of my actions? •Am I in control of the (conscious and unconscious) messages I am sending the family? •How has my behavior influenced the formation of trust?

Reflective Alliance

•How much energy does it take to stay regulated? •Do these relationships feel safe/respectful? •Is there a power differential? •Is there reciprocity? •Have external factors influenced the therapeutic alliance?

Parallel Process

Does my relationship with the child resemble any of the family relationships? •What direction do I feel pulled in? •Are there patterns I might notice?

Going into Group

How am I feeling? •Am I ready to be open? •Am I comfortable with acknowledging my strengths? •Am I comfortable exploring areas of growth?

Reflective Questions - Listener

Reflective questions should be provocative queries that invite clarification and discovery at new levels. They are generally open-ended questions that generate greater possibility for expanded learning and fresh perspective. The questions offered below are designed as a kind of grab bag/pick-n'-mix resource and are not meant as a linear script for supervision.

Starting the Session

What's occurred since we last spoke? •What would you like to talk about? •What's new/the latest/the update? •How was your week? •How's life?

Attending

Assessment – Identify areas of strength and weakness

What do you make of it? •What do you think is best? •How does it look to you? •How do you feel about it?

Evaluation – Compare to desired outcomes

Is this good, bad, or in between? •In what way? •How does this fit with your plans / values? •What do you think that means?

Example

Will you give an example? •For instance? •Like what? •Such as? •What would it look like?

Elaboration

Will you elaborate? •Will you tell me more about it? •What else? •Is there more? •What other ideas do you have about it? •What do you mean?

Responding

[Slightly more closed-ended questions]

Clarification

What does it feel like? •What seems to confuse you? •Can you say more? •What seemed to work? •What didn't go so well? •What was that like for you? •How could you tell … was upset with you?

History

What caused it? •What led up to … ? •What have you tried so far? •Can you remember how you got there? •What do you make of it all?

Wondering

[Generally open-ended questions]

Exploration

May we explore that some more? • Tell me about some other angles you can think of. •What is just one more possibility? •Can you describe your other options? •With whom do you identify? •Does this press any 'hot buttons' for you? •What are your perspectives / assumptions / frames and how might they be impacting your choices around this event? • How do you explain the child's/family's/other professional's behavior? •What are alternative explanations? •What is another way to look at … ? •What emotions were you feeling? •What did/do you notice about yourself? •What might you need to question in the story you are telling yourself?

Integrating

Integration

What will you take away from this? •How do you explain this to yourself? •What was the lesson? •How would you pull all this together? •What matters most going forwards? •How is this connected to …?

Learning

What would you do if …
…your life depended on taking action?
…you had free choice in the matter?
…the same thing came up again?
…you could wipe the slate clean?
….you had to do it over again?

Action

Anticipation

What might happen? •What if it doesn't work out the way you wish? •What if that doesn't work? •And if that fails, what will you do? •What is your back up plan? •Can you be sure?

Conscious Action

Does this require more thought? •What should we be mindful/observant of? •What questions do you have going forward? •What will help you slow down as you go forward?

Taking Action

Is this a time for action? •What action? •What is your prediction? •What are the possible outcomes of that? •What action will you take? •And after that? What will you do? •Where do you go from here? •When? •What are your next steps?

Transitioning

Can you think of one thing you learnt today that you will take back to your work? • Have we discussed anything today that you think is helpful, and how will you use it in your work? •What are you looking forward to in the upcoming week?

Resources for Going Deeper

Generous Listening – www.rachelremen.com/generouslistening
Rachel Naomi Remen, MD has spoken a lot on the subject of generous listening. "In generous listening you don't even listen in order to understand why the other person feels the way they do. It doesn't matter why, what matters is what's true for this person and you simply receive it and respect it and in that safe interaction something can happen which is larger than before and that's all you need."

Reflective Supervision Wheel from Infant Mental Health
PDF Reference Tool
The reflective supervision wheel is a helpful visualization of the aspects of reflective supervision that benefit conscious attention in order to facilitate optimum growth in the supervisee. Find it here: http://mi-aimh.org/wp-content/uploads/2016/08/RS-Wheel-6.pdf
For more go to the Reflective Practice Center @ CEED: ceed.umn.edu/reflective-practice-center/

Self-Reflection – Rising Strong by Brené Brown
Short Article in Psychologies magazine, 2015: www.psychologies.co.uk/brené-brown-self-reflection
"How can we know when we're having a 'trigger' moment? It's often helpful to dig backwards into the process. Staying connected to your body is also very important; training yourself to see patterns in your behavior [sic], so the alarm bell sounds when you're triggered."

Mary Claire Heffron – Reflective Supervision Interview with Barbara Stroud
50 minutes webcast: https://youtu.be/fqDEm-du9To
Mary Claire Heffron "The whole model of reflective supervision is really based on this idea. How do we help a provider move into a space with another person, create some sense of safety—whether that's directly with a child or with a parent and child together or with the whole family—how do we help them create this safety and then help them figure out what's to be done?"
Book: Reflective Supervision and Leadership in Infant and Early Childhood, Heffron

Ecological View of Professional Reasoning by Barbara A. Boyt Schell
Chapter: Boyt Schell, B. A. (2014). ***Professional Reasoning in Practice***. In Willard & Spackman's Occupational Therapy (12th ed., pp. 384–397) offers an incredibly rich discussion of embodied and transactional professional reasoning that includes recognition of the contributions of the personal and professional self. Professional reasoning is "a whole-body multisensory process that requires complex cognitive activity" (p.396).

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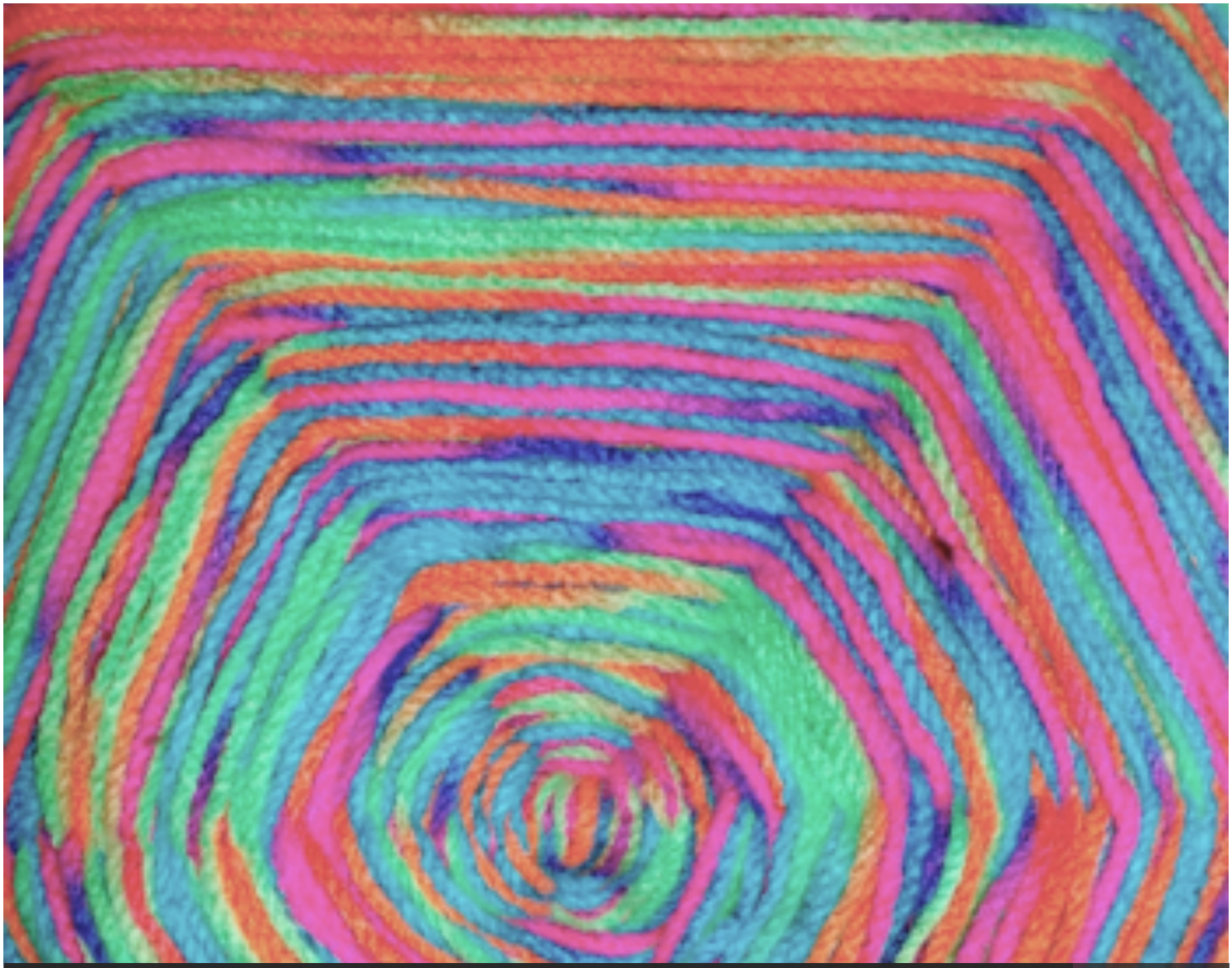

Professional Reflection

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