

Reflective Supervision



Virginia Spielmann

CHILD DEVELOPMENT | SENSORY PROCESSING | MENTAL HEALTH

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“This work is too important and too complex to do alone.”

Jeree Pawl

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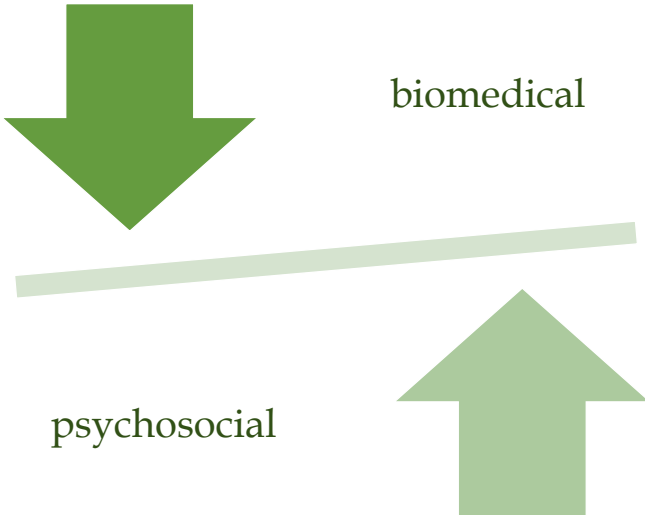

Three Kinds of Supervision

ADMINISTRATIVE Productivity, time keeping, documentation, programming, development planning, Registration, licensure, implementation of organizational objectives.	CLINICAL Case reviews, improving technical skill, treatment planning, theoretical application, biomedical, data driven decision making, propositional knowledge.	REFLECTIVE Development of professional awareness, processing the humane and the psychosocial. Learning from experience, realization of professional values.
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biomedical

psychosocial


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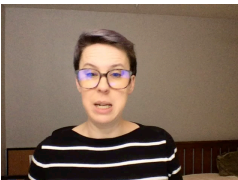

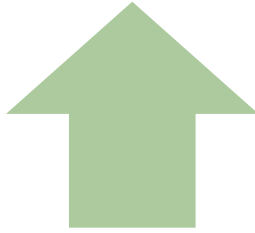
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pathology



humanity



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Recognizing the Humane




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

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Processing the Humane

Reflective practice is a mechanism and structure for addressing the person-centered and relational aspects of therapeutic work.

It serves to broaden the lens of the clinician, transforming perspective taking, and interrogating/examining the micro and macro systems impacting self, client and organization.

These nested ecologies include social and cultural conditions and external contextual factors.

Reflective practice intentionally attends to the emotional content of the work, considering feelings, values, attitudes and beliefs of self, client and family system.



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Therapeutic Use of Self

Conscious cultivation of the interpersonal side of the therapeutic relationship to facilitate a quality experience and outcome for the client.

Client-Centered Practice

Respect for and partnership with the client, prioritizing autonomy, informed choice, a strengths-based approach and enablement and accessibility.

Therapeutic Alliance

Therapist-client agreement on goals of treatment, tasks to achieve the goal, quality of the personal bond. Characterized by connectedness, communication, and partnership.



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Skills for the Job of Living

Facilitating client-led meaning making and action taking, well-being and volition. Reframing the lived experience of illness and disability, affording occupational meaning.

Family Centered Practice

Recognizing that healthy families support the health and well-being of children and family members of all ages. Providing whole-family emotional, social, and developmental strengths-based support.

Relationship Based Practice

Realizing human-growth and flourishing in the context of relationships. Acknowledging that care happens between people. Optimizing the power of the infant-caregiver relationship and other primary relationships through the lifespan.





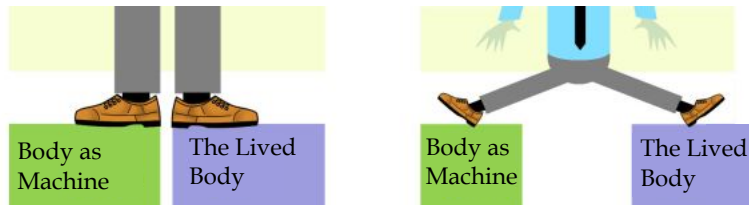

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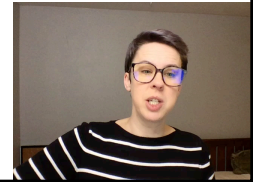


Occupational Therapy as Two Body Practice

Mattingly, C., & Fleming, M. H. (1994).
Clinical reasoning: Forms of inquiry in a therapeutic practice.
FA Davis Philadelphia.



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Maintaining Professional Self in an Indifferent Environment

Reflective practice offers the Occupational Therapist an opportunity to actively resist being socialized into a deficit based medical model that historic to recognize the humane.

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Professional Self Actualization

The (1) embodied self of the therapist (private, personal and professional), as actor, agent and author, (2) fashioned and formed in relationships, (3) through conscious and unconscious interactions with world around us.



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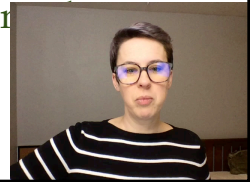
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Professional Reflection


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* as well as something *we do*.


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Reflective
Practice







Reflective practice is the ongoing cultivation of professional behaviors that become embedded in the life of the practitioner across all roles and routines. Reflective practice behaviors are designed to support informed professional consciousness, synthesize “wholism and science” and progress towards professional excellence in evidence-based person-centered




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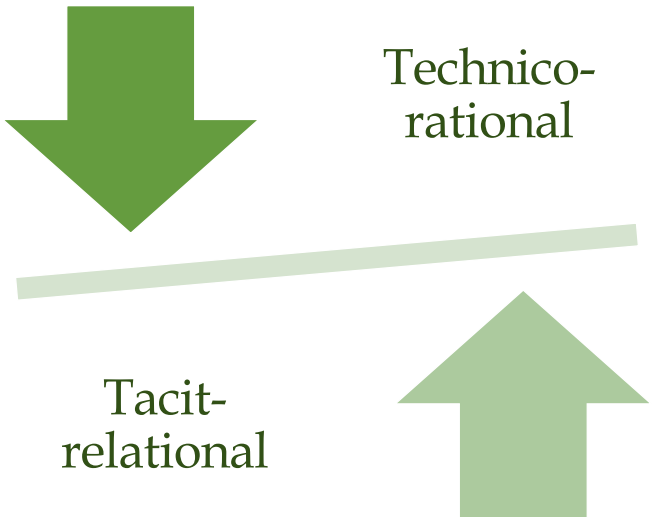

The Reflective Supervision Relationship

Introducing reflective practice into supervision is a deliberate act that requires training and preparation. It is a protected time of relationship growth and transformation.



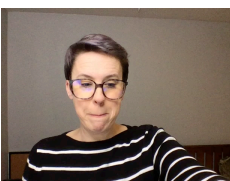
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Technico-
rational

Tacit-
relational



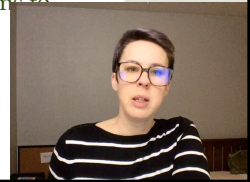
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In a learning organization, reflection is ongoing and takes the form of recursive loops of questioning, criticality, and intelligent appraisal.

Reflection embedded in culture nurtures a community of conscious learning; people committed to collaborating and continuously improving outcomes, professional growth, and best practice that aims to be evidence-based-artistry.



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“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).

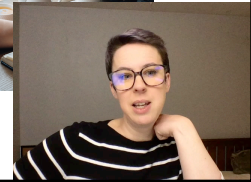
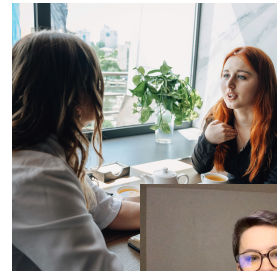


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Professional Actualization

Reflective supervision is the only protected space where professional legitimacy, identity and profile are privileged, nurtured and explored.



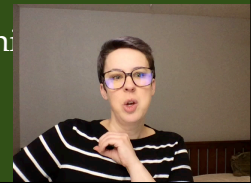
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Practitioner Well-Being

- Mitigating secondary traumatic stress
- Improving staff retention and resilience
- Decreasing burnout
- Increasing occupational meaning




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Emotions at Work

Supporting clients and family's emotional experiences, the therapeutic relationship and professional self-care.




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PARALLEL PROCESS

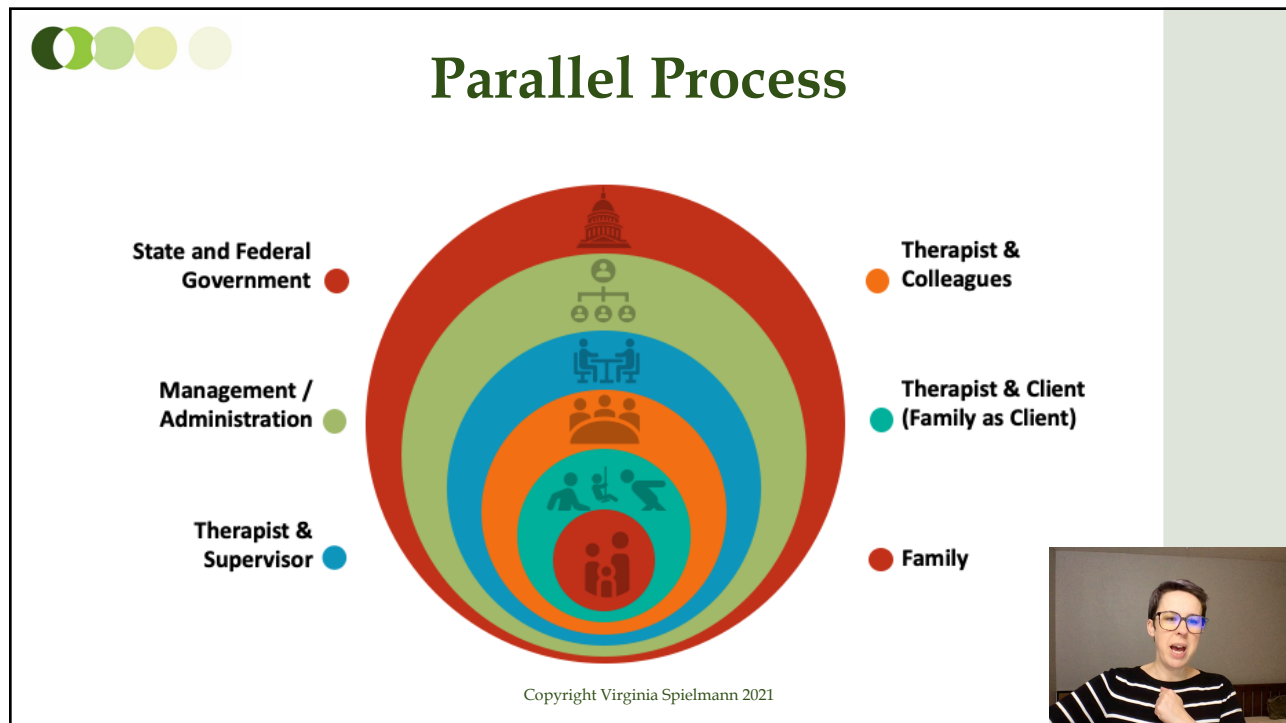
The reverberations of relationship experiences, including conflicts, throughout any network or system of support or health care provision.





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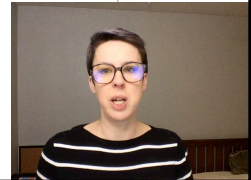
Parallel Process

“Do unto others as you would have others do unto others.” – Jeree Pawl

The energy, motivations and attitudes of all the players in a system, and how they interact with one another, influence the system up and downstream, for good or bad.

“Reflective practice focuses on the establishment of relationships that support growth and development between supervisors and staff; staff and families; and parents and children. It is within these parallel relationships that learning, and change can take place.” (Illinois Children’s Mental Health Partnership (ICMHP), 2016, p. 15)

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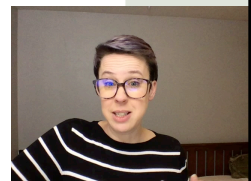
Parallel Process

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

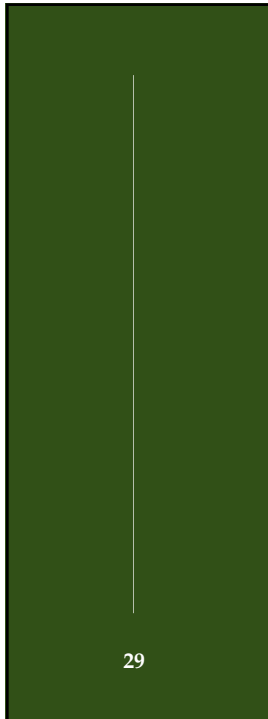
Exploring the parallel process helps us slow down and process the feelings and unspoken aspects of interactions and consider alternate interpretations.

It helps us filter and reframe our thoughts around the family, which increases our ability to respond differently and with empathy, attunement, and support.

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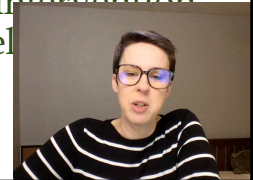


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PARALLEL PROCESS

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-systems based intervention rests on the quality of clinician-family relationship.



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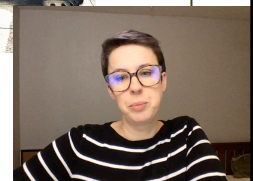
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Reflective Capacity

The development of reflective capacity occurs well into adulthood, in the context of relationships and experiences.

It is a developmental process.



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Reflective Supervision

Can be done one-to-one or in a group with peers.





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Implementing Reflective Supervision

- Start with **trust and safety**
- Invite dialogue
- Be predictable and dependable
- Protect regular reflective supervision time
- Be present
- Process *all* emotions comfortably and openly
- Use understanding / summative statements and questions
- Practice active listening
- Practice self-regulation and co-regulation
- Practice and model compassion for self and others



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Implementing Reflective Supervision

- Keep an eye on **trust and safety**
- Model and encourage curiosity and openness
- Bear witness to the experiences of others and **suspend judgment**
- Accept, respect, slow down
- Embrace complexity
- Integrate the parallel process wherever possible
- Tolerate conflict and emotion
- Separate administrative and clinical supervision and content from reflective content – always maintain strong healthy boundaries
- End with **trust and sa**

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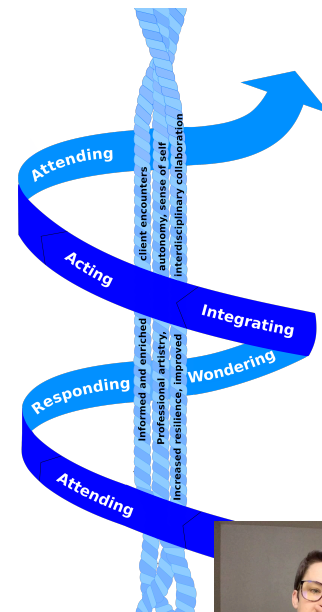


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A Reflective Spiral – Attending


Orientation, being in your body, feeling your body, interocepting, embodied mindfulness, being present in the space. Wakeful attention, intentional conscious observation. 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?



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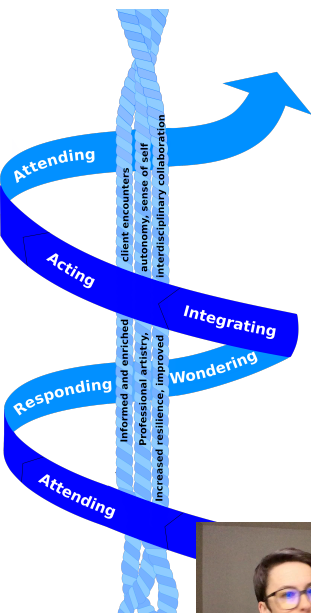
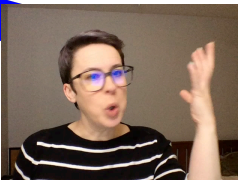


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A Reflective Spiral – Responding

Slow down and reevaluate. What captured your attention? 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? Was anyone trying to tell you something? With words, gestures or behaviors? With hindsight, is there anything you had not realized before? What was the temperature of the situation?

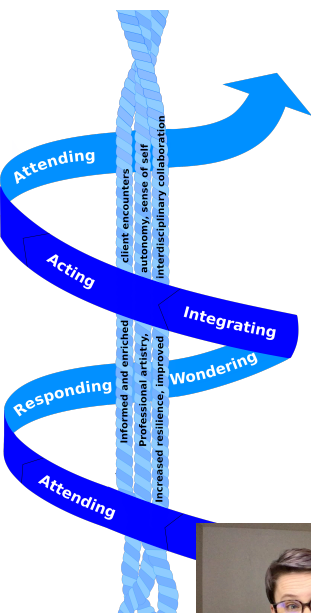

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A Reflective Spiral – Wondering

Curious exploration. Take a step back, what might have been happening underneath the surface? How might you or others have contributed to the event? Have you felt this way before? 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 did your professional values shape the way you respond to this event?

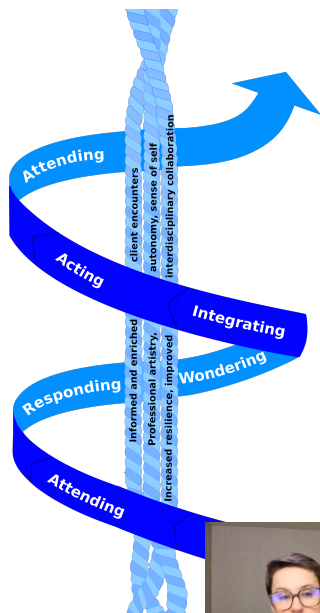
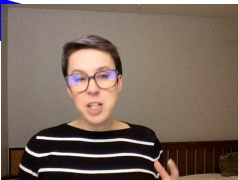
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A Reflective Spiral – Integrating

Synthesis and meaning-making. What systems were at play? 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?

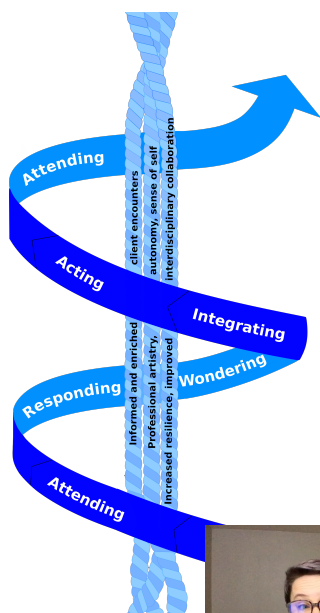
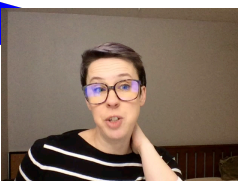
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A Reflective Spiral – Acting

Conscious action 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?

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The reflective spiral endures as
you remain observant,
thoughtful, and curious about
the situation and start the next
cycle of reflection.

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