Reflective Supervision: A Process for Seeing Anew

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TTAC

A COLLABORATION BETWEEN

NEW YORK CENTER FOR CHILD DEVELOPMENT

McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH

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Who We Are

The New York City Training and Technical Assistance Center (TTAC), is funded through **ThriveNYC**, in partnership with the **NYC Department of Health and Mental Hygiene (DOHMH)**

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice

- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

http://www.TTACny.org

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Dedication

In honor and respectful memory of the late Rebecca Shahmoon-Shanok, Ph.D., LCSW:

A gifted innovator in the development, training and dissemination of reflective supervision

"It could be said that reflective supervision enhances vision, clarifying what is seen and even what is see-able" (Shahmoon-Shanok, 2006, p.343)".

"How you are is as important as what you do!"

-Jeree Pawl

What is Reflective Supervision?

A collaborative relationship for learning, self-exploration and discovery recognized as best practice across early childhood disciplines and child-serving systems as an act of share contemplation and mindfulness that helps Infant and early childhood practitioners to:

- Understand themselves and their clinical experiences in greater depth and complexity,
- Examine ideas and emotional material arising from the work that may pose obstacles to the work,
- Tolerate a range of emotions, their own and their clients,'
- Amplify reflective function and
- Use of self and
- Solve problems with perceptiveness.

What is Reflective Supervision?

(Deconstructed)

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(Geller & Foley, 2009; Shahmoon-Shanok, 2006; Schon,1987).

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The Process of Reflective Supervision

The process of reflective supervision guides attention towards the clinician's inner experience through the shared contemplation of thoughts and feelings in a safe, "holding space," intermediate between didactic instruction and psychotherapy. By reflecting "on" the work, the clinician becomes better prepared to reflect "in" the work

(Geller & Foley, 2009).

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How is Reflective Supervision Different from Clinical Supervision?

RS

- Cross disciplinary
- Mutual /inclusive
- Process driven
- Affect/mindfulness/ Clinical reasoning
- Divergent/generative

CS

- Unidisciplinary
- Mentor-student
- Didactic/process
- Methodology/approach/ technique
- Convergent/fidelity

Stepping Back-Stepping Above-Stepping Within

A discourse to:

- Share the contents of our minds- intellectual, affective and relational.

- Generate hypotheses and competing hypotheses.

- Problem-solve (clinical, emotional, relational and transferential).

- Refine and expand clinical techniques.

- Heighten the conscious and intuitive use of one's self.

- Engage in reflection "on" the work to promote reflection "in" the work.

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Transference

- "The main characteristic is the experience of feelings to a person which do not befit that person and which actually apply to another.

- Essentially, a person in the present is reacted to as though she/he were a person in the past….

- A new edition of an old object relationship….

- A displacement has taken place; impulses. feelings and defenses pertaining to a person in the past have been shifted to a person in the present." (Greenson,1967, p-151-152; Freud, 1905)

Process Principles of Reflective Supervision

Being:

- Fully present and emotionally available

- Mindful

- Able to listen with the "third ear"

  (knowledge, feelings, beliefs and values, biases and meanings)

- An active listener and empathic inquirer

  - Invites dialogue

  - Promotes shared understanding

  - Discovers feelings

  - Moves the dialogue forward   (Grabert, 2000)

Perceived attributes of Reflective Supervision/Supervisor/ Supervisee Across Disciplines

Qualities a Supervisor Demonstrates

- The supervisor expresses a sense of caring for others
- Supervisor is compassionate
- The supervisor is tolerant and nonjudgmental during and after session
- The supervisor appreciates parallel process
- The supervisor is reliable and predictable
- The supervisor understands the importance of relationship to health and growth

Qualities a Supervisor Demonstrates

- The supervisor has a sense of humility
- The supervisor is a safe and confidential resource
- The supervisor can say, "I don't know"
- The supervisor is able to hold ambivalence during session
- The supervisor is interested in helping supervisee develop new skills
- The supervisor listens carefully at all times
- The supervisor communicates warmth to the supervisee

Behaviors a Supervisee Demonstrates

- The supervisee is curious
- The supervisee is introspective and self-aware
- The supervisee is open to suggestions and input from the supervisor
- The supervisee is willing to take risks and try new things
- The supervisee enjoys and is willing to partake in collaboration
- The supervisee has a non-defensive stance
- The supervisee has realistic expectations of benefits from supervision
- The supervisee is able to ask for help

Mutual Behaviors and Qualities Necessary for RS

- Both parties exhibit mutual respect
- Mutual openness/honesty is observed by both supervisee and supervisor
- A safe/confidential relationship is maintained between supervisor and supervisee
- Both parties remain thoughtful and mindful
- Mutual respect for professionalism is maintained during session
- Both parties are dependable participants
- Eye contact is maintained between supervisor and supervisee during sessions

(tpavkov@calmet.purde.edu)

Structure of Reflective Supervision

- Session should be conducted in a private, quiet space

- Session should be regularly and consistently scheduled

Parallel Process Between How Infants and Young Children Internalize Capacities for Reflective Functioning in Secure Relationship….

And How Supervisees Amplify Reflective Function with Attuned, Reflective Supervisors who Invite Relational Co-Creation.

Mindfulness/Reflective function is ESSENTIAL in Reflective Supervision

- Mindfulness/reflective function is the ability to understand and interpret one's own and others' behavior as an expression of internal experiences and mental states such as feelings, thoughts, fantasies, beliefs and desires and to make sense of that imagined experience through affect attunement and contingent responding.

(Fonagy, Steele, Moran, Steele & Higgin, 1991; Siegel & Hartzell, 2003)

How does reflective function form in the course of typical development?

- The potential to develop reflective function is innate.

- The capacity to engage in reflective function is a developmental achievement.

On what is that developmental achievement dependent?

The quality of caregiving a child receives

What are the critical qualities of caregiving?

- In a relationship that is:

    sensitive

    responsive

    reliable
- The ingredients of a secure attachment

Key features in the formation of reflective function

Having parents with the capacity for Reflective Function

- Attunement
- Mirroring – reflects the infant's affective state
- Regulation
- Internalization
- Differentiation and self-observation
- Expression of empathy

Why is RF important and how do we know?

- There is a moderate to strong relationship between RF and infant attachment classification, suggesting that parents' reflective capacities were highly predictive of the extent to which their children were securely attached at one year (Fonagy et al, 1991; 1998; Steele & Steele, 2008).

Why is RF important and how do we know?

- Maternal RF was significantly related to quality of infant attachment (ES-.81) thus the level of RF during pregnancy significantly discriminated between mothers of securely attached and anxiously infants at 10 M (Slade et. al, 2005)

- Reflective function in the face of adversity may serve as a buffer in relation to child development (Fonagy, et al., 1994).

A Qualitative Third-Party Evaluation of the Impact of Reflective Supervision with Two Teams of NYC Nurse Family Partnership

Nurses Need Care Too

- The aspect of caring and compassion is extend to the nurses including
    - Bi-monthly reflective supervision
- The nurses are repeatedly faced with extreme stressors in the course of daily visits to their clients
- Professional expertise allows the nurses to view the situation from both a clinical and psychosocial perspective .
- RS provides analysis of the cases discussed and input to the dynamics from a subjective and objective point of view.

Value added from Reflective Supervision

- Decreases the potential for Burnout.

- Opportunity for the Nurses to express themselves freely in a safe non-judgmental environment.

- Reflective supervision allows the nurse to develop self-awareness and the impact it has on the therapeutic relationship.

- Provides an opportunity for the nurses to practice their motivational interviewing skills and become more adapt to the guiding style, which allows the client to voice , visualize and explore the benefits of behavioral change.

Fidelity Assessment

- Fidelity assessments were conducted annually
- Ratings and qualitative notes on the NFP fidelity assessment indicate that in the observed sessions, there was overall strong evidence for
  - the discussion of the socio-emotional concerns of children and mothers,
  - constructive feedback regarding the nurses' actions toward the families,
  - offering a range of intervention options for mothers and children;
  - using a supportive, affective, respective and encouraging style in interactions with nurses.

Feedback from the Nurses

How strongly do you agree or disagree with the following statements:
Excellent: 4   Good: 3   Fair: 2   Poor: 1

- **How would you rate this training experience overall?**

  Total Responses: 100   Average Response: 3.94

- **The training has met my expectations.**

  Total Responses: 100   Average Response: 3.92

- **I learned new skills and strategies that will help me in my work with children and families.**

  Total Responses: 100   Average Response: 3.84

- **I will implement these strategies in my work.**

  Total Responses: 100   Average Response: 3.79

- **I feel the presenters were knowledgeable and effective.**

  Total Responses:100   Average Response: 3.91
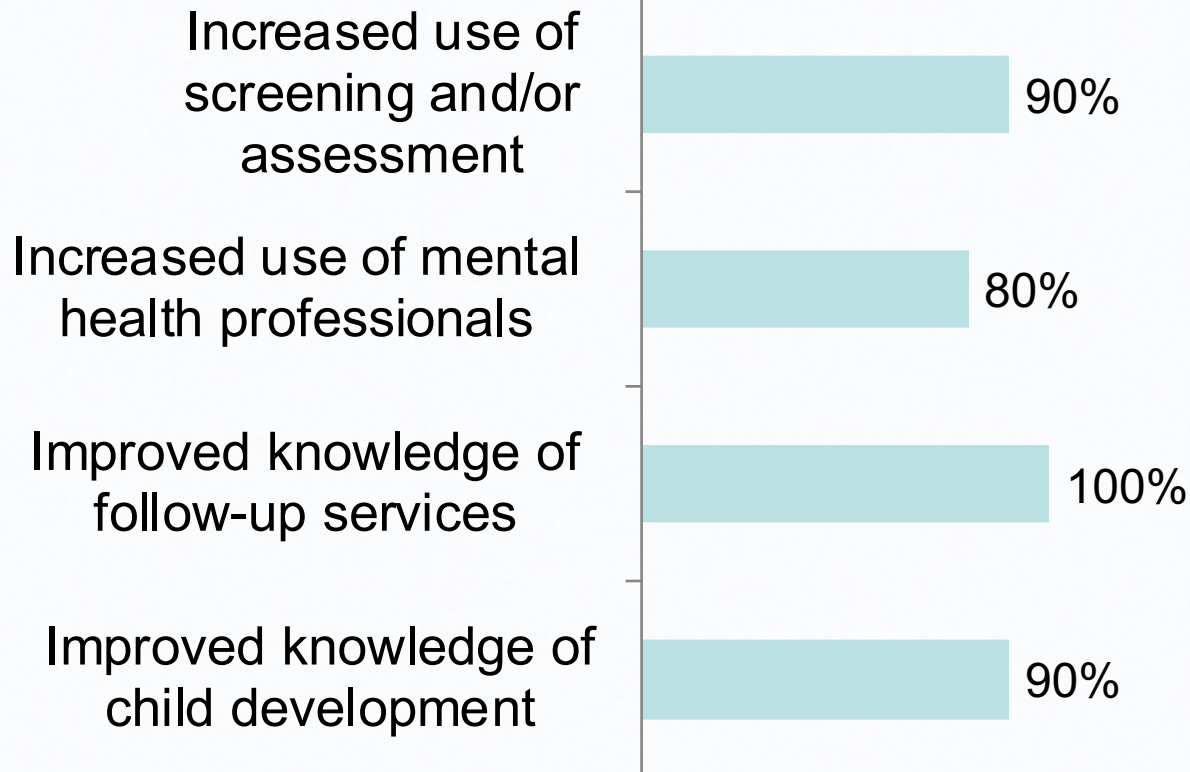
Fidelity Assessment

- Observation notes indicated that the tone of the sessions had changed based on yearly observations

- First observed sessions were similar to a lecture, in that the facilitator gave a presentation and nurses were invited to ask questions and share relevant experiences, the most recent sessions were more focused on peer-to-peer learning with support from the facilitator.

- In sessions over time, nurses seemed very confident in sharing their stories, feelings, self-reflections and offering each other suggestions for strategies, and the facilitator let them guide the session while giving occasional feedback and asking open-ended questions to help them generate ideas and feelings.

Vignette Measure

- Including the vignette study allowed for a comparison of self-reported changes to observed changes (reported in SAMHSA provider survey), overcoming a limitation.

- Brief vignettes were used to elicit responses from NFP nurses about how they would address a social-emotional scenario in which a mother does not respond much to her 9 month old infant who is fussy or crying much of the time.

The majority of NFP nurses reported significant improvements in their knowledge and practice related to children's social-emotional development/ behavioral health

Responses of NFP nurses

- Increased use of screening and/or assessment — 90%
- Increased use of mental health professionals — 80%
- Improved knowledge of follow-up services — 100%
- Improved knowledge of child development — 90%

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