

# Reflective Supervision in ECMH



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# Learning Objectives

1. Identify how Reflective Practice Supervision differs from other types of supervision.
2. Review types of questions that can be used by the therapist and supervisor to facilitate the Reflective Process in our clients and in ourselves as we do this important and sometimes arousing clinical work.
3. Demonstrate how Reflective Practice can be used to help us understand our own feelings and responses to our clinical work and how it can be used in a supervision process as a tool to reduce secondary traumatic stress.

"... a great transformation begins when we look at our minds with curiosity and respect rather than fear and avoidance. Inviting our thoughts and feelings into awareness allows us to learn from them rather than be driven by them." - Daniel Siegel

# What is Reflective Practice?

Reflective practice can be described as an ongoing process of deliberate observation and awareness of thoughts, feelings, and reactions that emerge in the experience of providing services to families.

This is about inner work. It is about pausing, and slowing things down to create a space to reflect on experience so that we can take a deeper look at what might be influencing our perception in our moment-to-moment interactions with others.

## Reflective awareness:

- supports the Participant-Observer stance
- enhances attunement & synchronization with clients
- increases insight into implicit, nonconscious processes
- supports holding automatic/implicit beliefs along side of conscious beliefs simultaneously for examination
- acknowledges the interplay of diversity issues including race, power, and privilege as these affect the provider and the families served

It is understood that reflective capacity:

- is a process of developing skill sets
- builds over time and continued practice
- deepens in complexity and usefulness
- involves experience-based learning
- first developed within ourselves
- more about awareness than knowledge



# Reflective vs Nonreflective Stance

- When reflective, we are aware that our perception (sense of reality) can be strongly influenced by feelings, thoughts, desires and beliefs
- When non-reflective, sensations, feelings, and thoughts that might provide information about reality are believed instead to be reality

# Gifts of Reflection

- Decreased reactivity; quiets body & mind
- Builds emotional & social literacy (IQ)
- Enhances ability to respond in flexible ways
- Cultivates presence & authentic voice
- Allows for a deeper experience in the moment
- Reduces vicarious trauma/STS

# Approaches to Supervision

# Administrative Supervision

- Hiring, evaluating and disciplining
- Training and educating, providing leadership
- Overseeing paperwork and other responsibilities
- Writing reports, contract compliance
- Monitoring productivity, QA
- Accountability for policies and procedures

# Clinical Supervision

- Discuss theoretical orientation, treatment models
- Explore potential diagnosis, actions and strategies
- Review and evaluate treatment plans, fidelity to model
- Provide guidance and coaching in clinical practices
- Advance skills and clinical competence
- Anticipate and respond to challenging situations
- Address transference / countertransference issues

# Reflective Supervision

- Individual or small group experience
- Promotes reflective capacity, awareness of activated implicit processes, and thoughtful action
- Involves maintaining a non-judgmental listening stance
- Promotes awareness of parallel process
- A relationship for learning about the self as an instrument of healing

What is the importance of reflective practice for disciplines that work with younger children and their families?

## Research: Reflective Capacity

- Strong links between maternal RC and maternal attachment status, and child attachment status (Slade, et al., 2005)
- Strong links between maternal RC and positive emotional communication (negatively correlated with withdrawn, intrusive, or frightening maternal behavior - Grienenberger, et al., 2005)



# Research: Reflective Capacity

- Intrinsic to emotional regulation (Slade, 2005)
- Meaningfully connects the internal and external world (Fonagy, 2006)
- Is a protective factor against the development of personality psychopathology (Fonagy & Target, 2002)
- Parents that demonstrate reflective are 3-4x more likely to have securely attached children (Fonagy, 2006)

# Parent's Reflective Capacity

- A parent's "capacity to hold complex mental states in mind allows her to hold her child's internal affective experience in mind, thereby enabling her to understand her child's behavior with respect to his or her feelings and intentions"
- By *imparting meaning* to the child's affective experiences and helping their child to experience affects in a regulated fashion, the mother fosters security and safety (Fonagy)

# Two Types of Memory/Learning

- Explicit learning and memory;
  - Develops in the second year of life
  - New knowledge readily replaces old
  - Internal sense of recall
  - Accessed more by left hemisphere activity
  - Conscious, symbolic, and declarative

# Two Types of Memory/Learning

- Implicit learning and memory
  - Capacity present at birth (last trimester)
  - Memory recalled without awareness
  - Context free/no source attribution
  - Sensory, emotional, procedural
  - Non-verbal; Associational
  - Accessed more by right hemisphere activity
  - Slow to change; enduring (circuits remain)

# Implicit Domain of Learning & Memory

- Implicit memory typically “manifests itself only when the individual engages in the skills and operations into which that knowledge is embedded” (Fonagy)
- Includes the family rituals/rules, values, customs, communication patterns and ways of relating that need not be spoken yet all family members understand
- Implicit relational knowing allows us to interact with others spontaneously, without thinking
- It supports the synchronization of two (or more) individuals communicating with each other

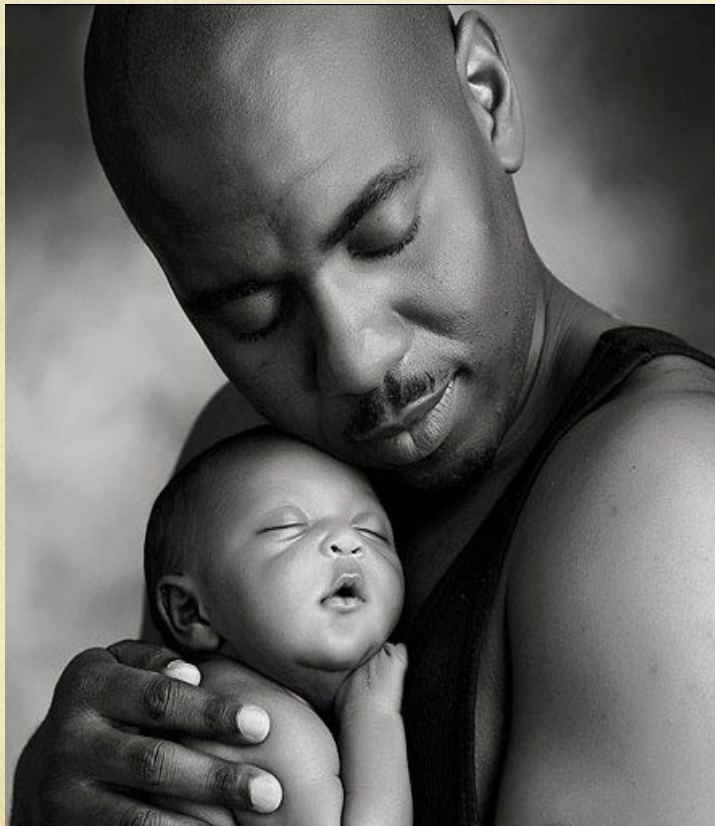
# Implicit/Unconscious

- “The discovery of the implicit memory has extended the concept of the unconscious and supports the hypothesis that this is where the emotional and affective – *sometimes traumatic* – presymbolic and preverbal experiences of the primary mother-infant relations are stored (Mancia, 2006, p. 83)

Beyond the provision of safety, protection and felt sense of security, the attachment relationship provides the *requisite social context* for the establishment of nascent (core) psychoneurobiological structures of the mind



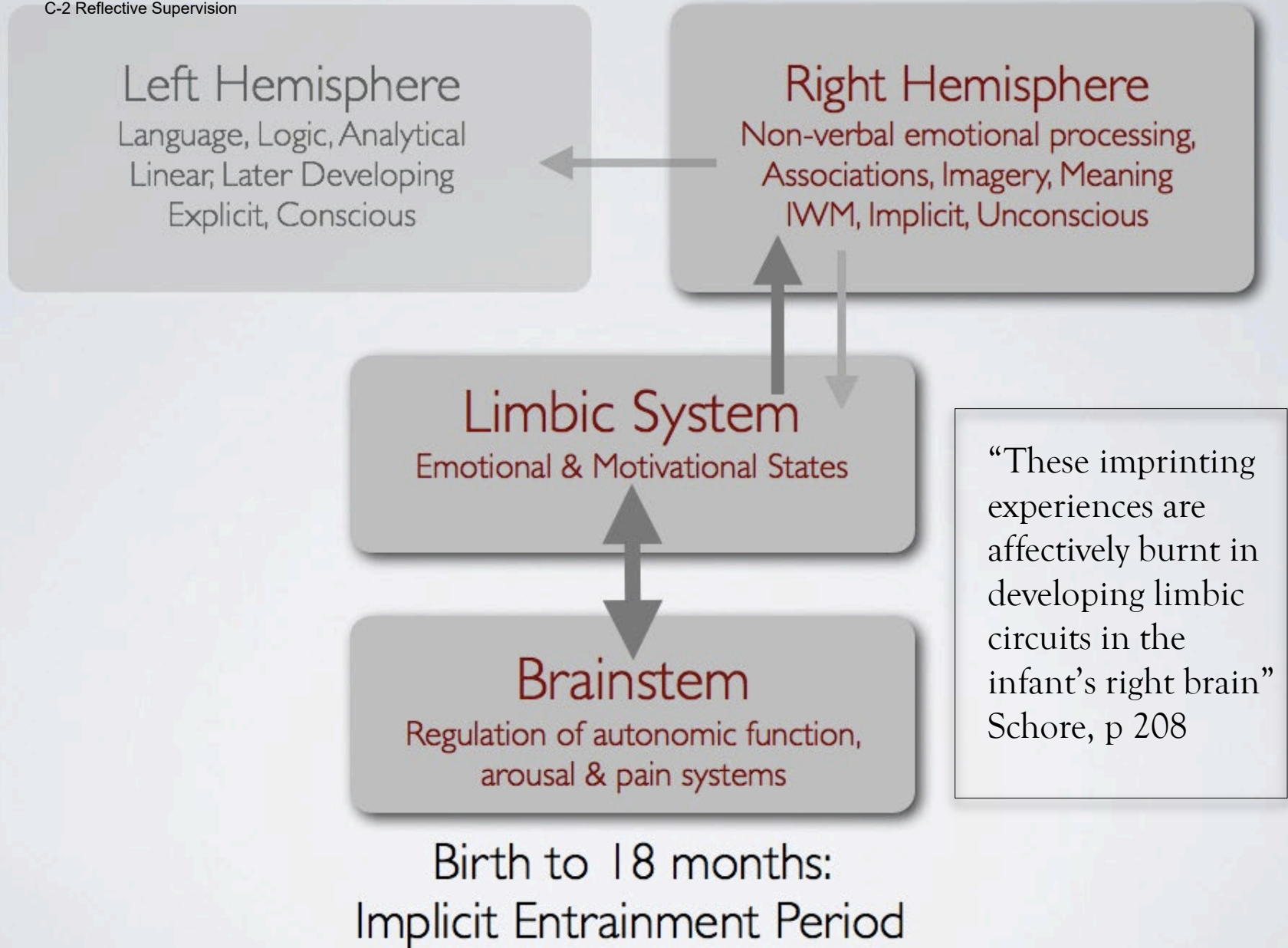
Growth in the brain from the last trimester of pregnancy to 18 months is lateralized to the right hemisphere, dominant for:



(Schoore, Siegel)

- Strategies to regulate emotion
- Stress response system (ANS)
- Non-conscious (implicit) processing and communication of social and emotional information
- Attachment patterns including the storage of the internal working model (IWM) of the attachment relationship





# Schore -Affect Regulation Theory

For the rest of the life span, the right hemisphere that has been imprinted and organized by early relational experiences is dominant for the nonconscious reception, expression, communication, and regulation of emotion, essential functions for creating and maintaining social relationships, especially intimate ones. (p 209)

# Internal Working Model (IWM)

- Serves as an internal guide that is automatically applied throughout life
- Recalled outside of awareness; resides in the background of the mind
- Organizes “*ways of being in relationships*”, especially under duress
- Can be made conscious through reflection

# Reflective Supervision Elements

- Remember – patterns feel natural to parent, i.e., the right way to be
- Pattern is outside of conscious awareness (implicitly entrained)
- Provides an automatic internal (intuitive) guide to interact with others
- We don't get to choose our style; does not represent capacity to attach
- Patterns can change – they are not destiny (earned secure)
- Internal drive toward security can aid treatment efforts
- Reflective capacity can aid treatment efforts

# Reflective Supervision Elements

“As interpreters of implicit social memory, psychotherapists attempt to reconstruct a past that is simultaneously *known and unremembered*.

*Attempting to uncover implicit memory and integrating it into conscious experience* is one of the central tenets of the therapeutic process.”

(Louis Cozolino)

# Reflective Supervision Elements

“Explicit mentalizing is relatively conscious, deliberative, and reflective. But explicit mentalizing is the tip of the iceberg; predominantly, in interpersonal interactions, we mentalize implicitly – automatically and unreflectively.”  
(Allen, Fonagy, Bateman)

# Understanding Emotions



# Understanding Emotions

- Emotions are generated rapidly out of conscious awareness
- Feelings inform - they are not based in logic, reason or fact
- Associational in nature - not constrained by time
- We can experience multiple, even contradictory feelings at the same time
- Emotions aren't a sign of weakness and there's nothing to 'fix' about them
- We can have feelings about our feelings
- Refractory period – immersed without awareness (non-reflective)



# Resonance Circuit: 'Limbic conversations'

# Social Circuitry of the Brain

- We are designed as social beings to connect to and be affected by each other's internal state.
- This happens because *the social circuitry* in our brains acts like a tuning fork, automatically picking-up or “reading” another person's internal state – our own system becomes activated in the connection in what is known as resonance

# Social Circuitry of the Brain

- It allows for fast, near spontaneous (automatic bodily based perception) communication
- Attunement occurs when there is a matching of emotional experience in terms of “intensity, timing, and shape/contour” (Stern)
- It creates an alignment or synchronizing of internal states between one person and another

# Resonance & Empathy

- Empathy allows us to experience the inner world of another while remaining grounded in our own (subjective) experience
- Empathy requires many levels of neural processing and integration beyond resonance
- Mirror and resonance circuits combine with visual-spatial, cognitive, and abstract (imaginative) networks
- It allows us to place others into context as we try to develop a hypothesis about their inner experience

# Basics of Reflective Supervision

- Reflect (non-judgmentally) on the experiences, thoughts and feelings involved in working with children and families
- Model an appreciation for the importance of relationships which are at the core of mental health work
- Understand the family's culture, experiences in the world and how it may have impacted the parent's and child's ways of being and;
- Explore possible approaches to working effectively with children and families

# Introducing Reflective Supervision

- Explain purpose, what it is and what it is not and when most useful
- Timing and Pacing of Reflective Supervision
- Administrative > Clinical > Reflective
- Explain: Staff to come prepared with details of a session. May involve a dilemma, troubling situation, and include their own experience as an 'instrument of healing'

# Reflective Supervision Process

- Bring Reflection into Supervision hour with deliberate intent
- Open reflective inquiry & create space to reflect by pausing, shifting focus, and slowing down to process
- Use tentative, nonjudgmental, and non-directive approach (wondering)
- Explore how clinician holds dyad in mind
- Broaden perception by using Circle of Reflection

# Reflective Supervision Process

- Support reflective inquiry around moments of tension, dysregulation, disconnection, and efforts to repair
- Bring awareness to supervisee's beliefs, attitudes and automatic responses
- Explore possible layers of experience including implicit organizing beliefs, nonconscious processes that reveal layers of meaning



# Reflective Supervision Process

- Explore residual resonance still being held by staff to differentiate client's feelings from their own
- Consider next steps, strategize, make a plan. Moving from reflection *on* action to reflection *in* action

# Supervision Challenges

- Low reflective capacity of staff
- Countertransference/enactments
- Intolerance for ambiguity/not knowing
- Emotional availability/range/intensity
- Resonance load (lack of differentiation)
- Secondary traumatic stress (STS)
- Staff's personal trauma history
- Lack of system support

# Questions?