Reflective Practice:
Skills for Supervisors

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Objectives

- Define reflective practice and reflective supervision and discuss evidence of effectiveness
- Identify roles of the reflective supervisor in early care settings
- Delineate the structure of a reflective supervision session
- Identify and practice reflective supervision strategies that support staff

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Agenda

- Defining and Connecting: Reflection, Reflective Practice and Reflective Supervision
- Why Reflection Matters
- Structure of RS Sessions: What We Do and When We Do It
- Break
- How to "BE" a Reflective Supervisor: Skills and Strategies to Try
- DVD Example and Discussion
- Self-Reflection: My Personal Strengths and Needs as a Reflective Supervisor

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Some terms we use	
Reflective Functioning	
Reflection	
•Reflective Practice	
Reflective Supervision	
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Reflective Functioning	
•A human mental capacity.	
 The ability to recognize mental states (feelings, 	
intentions, beliefs) in yourself and others and to link them to behaviors.	
 Has meaning making purpose: I/She/He did this 	
behavior/action because of this feeling, want, belief	
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Defication Franctioning	
Reflective Functioning	
Innate capacityGrown through social experiences	
 RF may underpin parent's ability to take a child's perspective, wonder about child's experience 	
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Reflection • "Stepping back from the immediate, intensive experience of hands-on work and taking the time to wonder what the experience really means." (Parlarkian, 2001)	
Reflection is most possible when we:	
 Have dedicated time 	
•Slow down	
Suspend certainty	
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Reflective Practice	
 "Able to examine one's thoughts and feelings related to professional and personal responses within the infant and family field." (MI-AIMH) 	
"A process of carefully considering the qualities and characteristics of	
one's ideas and /or actions that goes beyond the simple application of professional knowledge" (Schon in Summers & Chazan-Cohen, 2012).	

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M/by Poflostivo Prostico Matters	
Why Reflective Practice Matters	
Reflection	
• builds relationships	
 promotes self-regulation, problem-solving capacity 	
 promotes learning, self-awareness and personal growth builds skills—way of being, specific strategies 	
provides Self-Care-Reduce burn out and provider turn over; vicarious	
trauma	
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. Cl:	
In reflective practice we:	
Think differently so we can act differently	
Virink differently 50 We can dec differently	
❖Apply knowledge and skills	
v Appry Morreage and simile	
❖Integrate in a meaningful way new	
knowledge and strategies (Gatti & Watson, 2011)	
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Reflective Supervision/Consultation	
"A collaborative partnership for professional growth that improves	
program quality and practice by cherishing strengths and partnering	
around vulnerabilities to generate growth." (Shahmoon-Shanok, 1991).	
 Or more, simply, "a relationship for learning" 	
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The Reflective Supervisory Relationship is consistently structured, shown by:	
•Regularity	
•Collaborative Partnership	
•Reflection	
(Emily Fenichel)	
(E.m., E.m.)	
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The sum and is a size and a substitution of sum have	
The supervisor is safe and containing, shown by:	
Clear Communication/Honesty	
Dependability	
Respectful and Confidential with information	
• Commonsionato	
Compassionate	
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Relationship-based Practice	
"Values early developing relationships between parents and	
young children as the foundation for optimal growth and	
change; directs all services to nurture early developing relationships within families; values the working relationship	
between parents and professionals as the instrument for therapeutic change; values all relationship experiences, past	-
and present, as significant to one's capacity to nurture and support others." (MI-AIMH)	
Support Others. (Mil Alleri)	
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Relationships....

are the medium through which intervention is delivered — change occurs through the quality of interaction (Kadija Johnston)

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Parallel Process: Relationships in Early Childhood Work



Why is RS Needed?

Professional Development/Skill building/Ethical Practice

- Builds bridge from knowledge to applied skills
- Helps providers think more broadly; enhances practice
- Improves Service:
- Helps providers stay grounded; avoid being overwhelmed by the needs of the family, child
- Clarifies boundaries of work; scope of practice
- \bullet Lets us use emotion and cognition without overdoing either one
- Supports providers to reduce burn-out, turnover so they can support families

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Does RS Work? What evidence do we have?	
DOCS NS WORK: What evidence do we have:	
In general, good evidence that PRF is connected to child outcomes	
 Allows for self-exploration, insight (Forstadt, 2012; Virmani & Ontai, 2010Weatherston & Barron, 2009) 	
• Skill building, new ideas (Forstadt, 2012; Watson, et al. 2014)	
• Results in higher quality service (Heffron, 2005; Watson, et al., 2014)	
• Reduce stress, improve thinking (Watson, et al., 2014)	
• Increase in positive interactions with child (Virmani, et al. 2013)	
• Increase in job satisfaction (Forstadt, 2012)	
Reduction in expulsion of young children (Gilliam & Shahar, 2006)	
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What happens in RS Session?	
That happens in he descion.	
The supervisor and the supervisee work together in shared activities,	
including:	
Noticing: Observe, Listen, Focusing Attention	
 Wondering: Being Curious, Suspending Judgment and Certainty 	
Responding: Thinking and Feeling	
 Reflecting: Slowing Down, Attending to experience of oneself and 	
others	
(Weatherston)	
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Sample Formats

Example 1:

- Greeting and checking on immediate needs

- Observing the supervisee's general mood and tone
 Recapping discussion from last session
 Jointly set agenda
 Closing and Plan for next meeting (Heffron & Murch, 2011)

Example 2:

- Preparation

- Greeting/reconnecting
 Opening the dialogue/finding the agenda
 Telling the story/focusing on the details
 Understanding perspectives/generating hypotheses
- Considering next steps
- Closing and post supervision reflection (Gilkerson & Shamoon-Shanok, 2000)

Break!	
Coo you back	
See you back in 15 minutes	
III 15 IIIIIutes	
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Five KEY ROLES for Reflective Supervisors	
(Heffron & Murch, 2010)	
Support staff member's development.	
 Provide a "secure base" where staff can safely explore the meaning of their work. 	
Maintaining program ideals and standards, quality assurance, and safety.	
Facilitating open communication and effective team functioning.	
Providing program leadership.	
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Video Example and Discussion	
More skills to watch for:	
listen carefully demonstrate concern and empathy	
promote reflection observe and highlight the parent/child relationship	
respect role boundaries	
respond thoughtfully in emotionally intense interactions understand, regulate, and use one's own feelings	-
(Gilkerson & Taylor Ritzler, 2005)	
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Getting Started with a Supervisee	
(Heffron & Murch, 2010)	
Explore past experiences with supervision—what worked, what did	
not?	
 Talk about how feedback will be given 	
 Be clear about differences—invite discussion 	
Establish expectations—logistics about meetings, preparation for	
meetings, confidentiality	
Explain what supervision will be like!	
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Model collaboration	
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Thoughts about Supervisee Feelings	
(Heller and Gilkerson, 2010)	
 Supervisor supports to increase awareness of one's own internal 	-
states and triggers	
What's going on inside you?	
What's being stirred up as you hear this story, situation	
What was your "temperature" as this situation happened?	
Supervisor responses to modulate strong feelings of supervisee/group	-
I'd like to hear more about how being with this family is for you	
I can tell you feel deeply about this work. Where might these feelings come	
from?	
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Actions of Market	
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Fundamenting DC/DC	
Evaluating RS/RC	
Rating scales	
Superviser	
• Supervisee	
•	
Research Research	
• RIOS	

1	Next Steps: My Plan for Future Learning
•	What questions do you still have about reflection, reflective practice and supervision? $ \\$
	What specific strategies or concepts from this discussion about reflection, reflective practice, and reflective supervision were most helpful to you?

- Think about the skills discussed today that underlie reflective practice—which are strongest for you? Which skills do you feel you need to enhance?
- How will you apply what has been learned in your daily work?
 What do you need—knowledge, resources, other supports—to implement strategies discussed today?
- What kind of learning methods would you prefer---reading, DVD, additional face to face training, reflective supervision/mentoring experiences?

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Reading List/References

- Eggbeer, L., Shahmoon-Shanok, R., & Clark, R. (2010). Reaching toward an evidence base for reflective supervision. Zero to Three, 31(2), 39-50.
- Heffron, M. C. & Murch, T. (2010). Reflective supervision and leadership in early childhood programs. Washington, DC: Zero to Three Press.
- Heller, S. & Gilkerson, L. (Eds.). A practical guide to reflective supervision. Washington, D.C.: Zero to Three Press, 61-80.
- Neilsen Gatti, S., Watson, C. & Siegel, C. (2011). Step back and consider: Learning from reflective practice in infant mental health, Young Exceptional Children, 14 (2), 32-45.
- Shahmoon-Shanok, R. (2010). Reflective supervision and practice, Zero to Three, 31(2), 4-5.
- Tomlin, A. & Viehweg, S. (2016). Tackling the Tough Stuff. Baltimore: Brookes.
- Weatherston, C. & Osofsky, J. (2009). Working within the context of relationships: Multidisciplinary, relational, and reflective practice, training, and supervision. *Infant Mental Health Journal*, 25, 424-439.

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