Broadening the ‘Ports of Entry’ for Speech-Language Pathologists: A Relational and Reflective Model for Supervision

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Objectives:
- Understand key mental health constructs used in a relational and reflective model;
- Compare and contrast traditional and relational—reflective models of supervision;
- Describe the general stages of supervisee development from novice to advanced practice;
- Consider ways to apply relational and reflective approaches to your supervision practices;

Getting Started: Questions for Self-Reflection
- How did you become a clinical supervisor?
- Do you have a specific theoretical perspective?
- Do you supervise in the same way in which you were supervised as a student? If yes, why? If no, why?
- What are your goals for your own (and your supervisee’s) personal and professional development?
- Do you share your expectations with your students?
- What do you do with your reactions and feelings about your supervisee? Or your clients? Or their families?

What is a ‘Port of Entry’?

“Each discipline has a particular approach, or port of entry, to gain access into the client’s system or life;”

“Practitioners can therapeutically enter any of the main elements of a system working with the child’s challenges, the parent’s representations of the child, the interactions between parent and child, etc."

“Once the system is entered using techniques best adapted to each discipline (or port of entry), changing one element will result in changing all of them because of the interdependence across elements.”

(Stern, 2004)

Traditionally, the port of entry for speech-language pathologists is working with clients in isolation from their family.
Expanding the Potential ‘Port(s) of Entry’ for SLPs

- Working from the ‘outside in’
  A focus on changing an individual’s observable behaviors such as patterns of actions, signals and interactions;

  Integrated with

- Working from the ‘inside out’
  A focus on understanding the intersubjective side of relationships such as intentions, feelings and meanings shared between people;

Insights from Mental Health

- Each discipline is guided towards looking for and observing certain things. In doing so, each of us is taught to neglect seeing other things (Shahmoon-Shanok et al., 2006);

- Speech-Language Pathologists have not been trained to pay attention to the non-observable aspects of an individual’s internal and affective state;

The goal is to explore:
What insights can we glean from the mental health field that might enable us to deepen our supervision and clinical work?

Integrate and Expand Knowledge Base

- Analytical, theoretical and technical knowledge with

- Knowledge of relationally based constructs and becoming more ‘psychologically minded’

  (Tremmel, 1993)

Knowledge of Relationally Based Constructs

“In the terrain of professional practice, applied science and research-based techniques occupy an important but limited territory. The desire to concretize clinical practice with a focus on theory has minimized other aspects of ‘knowing’ that need to be cultivated, respected and developed."

  (Tremmel, 1993, p. 437).
Clinical Education and Supervision:

Integrative Model

Discipline-Specific Knowledge

Mental Health Constructs

Key Constructs

- Centrality of relationships in all aspects of learning
- Forming therapeutic alliances
- Creating a ‘holding’ environment
- Engaging in reflective practice
- Understanding principles of transference and countertransference
- Mindsight
- Parallel process
- Adult cognitive developmental theory

Some Characteristics of Traditional Supervision Encounters

**Supervisor often:**
- Sets the agenda and structure of meeting,
- Dominates interactions,
- Is highly directive and controlling,
- Talks more frequently,
- Gives lots of information,
- Solves the problems,
- Makes decisions,
- Focuses on client.

**Supervisee often:**
- Passively receives information,
- Is reactive,
- Is responsive,
- May be defensive,
- Is less likely to initiate,
- Is anxious,
- Is more likely to agree,
- Is comfortable with role.

Historical Perspective on Supervision

- Involves a one person psychology – modifying or transforming behavior of the supervisee;
- Supervision focuses on the content of the specific – discipline (theories, goals, procedures, techniques, etc.);
- Inherent resistance to attending to emotional material or intersubjective states;
- Often there is incongruence between the supervisor’s belief system and actual supervision practice.
What is Generally Not Addressed?

- All relationships evoke powerful positive and negative feelings;
- Going beyond discipline-specific expertise to explore internal feeling states and emotions as they impact on all relationships;
- Identifying present feelings without looking at (or interpreting) an individual’s past history;
- Being emotionally attuned and aligned to the other person’s subjective state rather than overt behaviors;

Why Change?
The Importance of an Integrative Model

“All practitioners influence the mental health of those they serve.”

“The promotion of mental health and the amelioration of emotional concerns is the province of all disciplines.”

“Those helpers who have the most impact on supporting capacities and reducing risks in families . . . . are often not mental health practitioners.”

(Costa, 2006)

Focus on Both:

Cognitive Areas
- Client
- Learning Theory (theories)
- Goals
- Procedures

Affective Areas
- Feelings of Supervisor, supervisee, Client, Family, etc.
- A Relationship-based Theory
- Interpersonal
- Psychodynamic

Goal of an Integrative Model

- Master discipline – specific knowledge
- Process oriented knowledge – How to think How to observe How to do How to be
Integrate: Traditional and Relational – Reflective Supervision Practices

**Traditional Work**
- Focus on external and observable behaviors
- One person psychology
- Supervisor as expert, teacher, instructor
- Focus on specific-discipline content
- Paying attention to specific events or end products

**Relational – Reflective**
- Focus on internal or affective processes
- Two person psychology
- Supervisor and supervisee collaborate
- Expand content to include key mental health constructs
- Paying attention to process

Relationship – Based Learning

- All learning is embedded within a relational context;
- The quality of relationships can support, or impede, change and growth;
- Involves an investment in the other person, earned confidence and trust and use of empathy to understand the other’s emotional reality;
- Involves shared goals for change and growth;
- Create a working alliance with supervisee in which there is a safe place to explore emotions and feelings without fear of exposure or negative judgments;
- Involves working from a strength – based perspective (that is, supporting capacities and partnering vulnerabilities).

Create a ‘Holding’ Environment

- A safe place in which all feelings and reactions to clinical or supervisory relationships can be explored;
- Supervisors contain supervisees anxiety, fears, uncertainty, confusions, etc.;
- Supervisees learn how to hold reactions that get triggered during any relational encounter;
- Attention to emotional and affective material;
- Mirroring – Supervisor models reflection on internal feeling states of supervisee rather than on overt behaviors;

Reflective Practice: Collaboration and Shared Power

- Power can be held mutually without being shared equally
- Co-construction of knowledge
- Articulation of mutual expectations
- No hidden agendas
- Open communication
- Authenticity
- Trust
Reflective Practice

- **Stepping back** from the immediate situation to explore all aspects of an ongoing event and/or interaction;

- A non-defensive willingness to engage emotionally and make meaning of feelings and internal experiences;

- Integration of cognitive and affective knowledge;

Reflective Practice Involves:

- Regularity;
- Uninterrupted and protected time;
- Slowing down process to explore details;
- Collaborating with a more experienced practitioner or mentor;
- Creating an environment without fear of criticisms and repercussions of exposing self;

Reflective Practice is a Two-Fold Process:

- **Reflection-ON-action**
  Thinking back on what we have done in order to discover how our knowing in action may have contributed to expected or unexpected outcomes;
  Always constructive and dynamic;

- **Reflection-IN-action**
  Paying simultaneous attention to multiple events at any given moment during ongoing interactions;
  (that is, focusing on what is happening to the supervisee, to self and to the ongoing interpersonal process);

(Schon,1983)

Transference and Countertransference

- Non mental health practitioners need to understand the powerful emotions that get evoked in all relationships;
- Processing reactions, feelings and other internal states allows you to approach the client with an open and nonjudgmental perspective;
- Move from reactions, reflexive or ‘knee jerk’ responses to reflection;
Transference

- Important figures from an individual's past get activated in the present supervision relationship;
- The supervisee filters interactions with the supervisor through the lenses of mental models created from patterns of experience in the past;
- It is always happening;
- Often experienced as objective reality rather than as a subjective feeling;

Countertransference

- All feelings that arise in the supervisor in the course of the supervision relationship;
- The supervisor’s responses to the supervisee that are inappropriate projections or (transferences) of other prior relationships;
- Parallel Process
  - The supervisor’s reactions to the supervisee can be treated as data that provides valuable insights about the supervisee, client or relationship itself;

Demystifying Principles of Transference and Countertransference

- Paying attention to the reactions that get evoked by supervisees, clients, families, etc. (Seligman, 1993);
- Realizing that the past (our past) is always influencing current experiences;
- Supervisees will transfer their unconscious feelings onto their supervisors;
- Supervisors may react to the supervisee’s transference;
- Learning how to manage feelings and reactions by use of Reflective consciousness
  - Maintaining an optimal distance
  - (Foley & Hochman, 2006)

Failure to Understand and Apply Transferenceal Principles May Lead To:

- Misinterpretations of another person’s reactions, or actions;
- Negative judgments of the other person’s behaviors;
- Minimization of the feelings of another person;

(Norman-Murch, 2005)
Parallel Process

- Relates to a series of interlocking relationships.
- What transpires between the supervisor and supervisee is the same as what transpires between the client and practitioner which is the same as what transpires between the client and parent;
- The experience the supervisee has in supervision will affect how she/he is with parents, families, and clients;
- Ripple effect – of one relationship on another relationship;
- Feelings about what occurs in one relationship may mirror another relationship and thus, offer insights about other relationships.

(Norman-Murch, 1996)

Adult-Cognitive Developmental Theory

The Supervisor:

- Needs to understand supervisee’s behaviors as to underlying beliefs and attitudes and how they change overtime with experience;
- Monitors expectations placed on supervisee;
- Checks that behaviors perceived as ‘weak’ or ‘deficient’ may just await further development;
- Holds or contains naturally expected anxiety, tension and confusion.

Selected References


**Selected References**


