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

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Disclosure Statement

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Getting Started: Questions for Self-Reflection

• How did you become a clinical supervisor?
• What kind of training did you receive for this position?
• Do you follow a particular model of supervision?
• Do you supervise in the same way in which you were supervised as a graduate student?
• What is your role(s) as a supervisor?
• Do you receive any supervision on your supervision?
Objectives

• To briefly review the established parameters of clinical supervision training common to speech-language pathology

• To explore what aspects of supervision training have been minimized in our discipline

• To step back and think about our work as supervisors

• To explore how particular mental health constructs can be embedded within discipline-specific training
Objectives

• To become more psychologically-minded and relationally-informed
• To illustrate how reflective supervision supports best clinical practice
• To explore core competencies necessary for engaging in reflective supervision
• To highlight the benefits, possibilities and challenges in using a broader integrative model of supervision
Traditional Supervision

• Emphasis on discipline-specific knowledge which is highly valued in clinical education
• Acquisition of a vast amount of theoretical, analytical and technical information about normal and disordered communication processes
• A focus on linguistic, cognitive and behavioral knowledge and learning theories which are used as a foundation for generating goals and procedures for clients (Klein & Moses, 1999)
Traditional Supervision

- A focus on one person in the supervision relationship; that is, the supervisee or the client
- Lack of preparation to become a supervisor
- Clinical supervision across many allied health disciplines usually involves:
  “Some presentation of work examples by the supervisee followed by review, discussion, clarification and feedback from the supervisor”
  (Spence et al., 2001, p. 138)
Anderson’s Stages (1988)

**Stages**
- Evaluation-Feedback
- Transitional
- Self-Supervision

**Styles**
- Direct/Active
- Collaborative
- Consultative

**FIGURE 4-6.** COMPOSITE OF STAGES OF SUPERVISION AND THE APPROPRIATE STYLES FOR EACH STAGE
Traditional Supervision

Top-Down Approach

• Do as I say – teaching/telling/directing
• A focus on the linguistic, cognitive and behavioral patterns of the supervisee
• Focus on goals, theories and techniques (for client)
• Supervisor trained to maintain neutrality and objectivity in relationships
• All participants are encouraged to ignore reactions, feelings, values, biases, etc.
• Commonly used across many allied health disciplines!
For Example:
Scenes from Traditional Supervision

Supervisor:
I have some notes of the lesson you did. It was really nice. Good support of his narrative, phenomenal interaction! It’s okay to do the activity more than once. It’s nice you are letting him lead. If you control the situation too much, he breaks down. This session went well and the goals were appropriate for him. He needed prompting and modeling since his narratives are so disjointed. His behaviors were really off and you dealt with them - you ignored his behaviors. Do you have any questions?

Entry Level Supervisee:
Where do we find the materials you suggested?
Traditional Interactions Between Supervisor - Supervisee

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

**Supervisee:**
- Passively receives information
- May be reactive
- Is responsive
- May be defensive
- Less likely to initiate
- Anxious
- More likely to agree
- May be comfortable in this role

http://www.youtube.com/watch?v=euiiooe-T10 (ASHA, 2:00)
What Training Did you Receive to Become a Supervisor?

• Very little preparation to become a supervisor
• Qualifications for becoming a clinical supervisor are usually based solely on years of clinical experience
• Supervisors often use their own personal experiences as graduate students as their model of how to supervise
• Without training, supervisors tend to dominate talk time, control supervision meetings, engage in problem-solving and decision-making without the supervisee’s input (Dowling, 2001)
• Currently there is interest to improve training of clinical supervisors through courses and workshops
What Has been Neglected in our Clinical Training and Supervision?

• Lack of attention as to how to form alliances with supervisees (and others) often leads to ignoring the social-emotional aspects of our work
• More often than not–allied health professionals say–"that is not my area!" or --"I am not a mental health person!"
• Minimal attention to how relationships can support or hinder our individual work with supervisees, clients, families etc.
What Has been Neglected Our Clinical Training and Supervision?

• Lack of attention to our own reactions to the supervisee, client, family, (etc.)
• Focus on maintaining objectivity and neutrality in all relationships
• Minimal attention to the supervisory relationship itself as a context for change and growth
• Lack of ongoing supervision – or models of supervision beyond graduate school!
Summary

• Involvement in the supervisory relationship evokes a range of powerful emotions and feelings which we try to ignore
• Allied health professionals frequently lack training in understanding the underlying dynamics of relationships that influence supervision
• The struggles that may surface in the supervisory relationship may parallel something that is going on in the clinical intervention itself
• Each person’s unique life story and past history influence current relationships
# Summary: Models of Supervision

<table>
<thead>
<tr>
<th>MODEL</th>
<th>Goals</th>
<th>Roles and Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative (Parallel to Educational/Medical models)</td>
<td>Commonly used model. Kind of oversight – one person reviews/assesses the performance of the other.</td>
<td>About quality control. Clear cut roles. Locus of power is clear. Communication is explicit and direct. Relationship not really important to the work.</td>
</tr>
<tr>
<td>Traditional Mental Health</td>
<td>Evolved from psychoanalytic traditions. To reach a deeper understanding of what is going internally.</td>
<td>Two way communication. Explore inter-and intra-psychic conflicts and resistance. Dynamic &amp; relational interactions.</td>
</tr>
</tbody>
</table>
## Summary: Models of Supervision

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<td><strong>Relationship-Based and Reflective</strong></td>
<td>Evolved in field of infant mental health. Study of infancy produced new and deeper understanding of the importance of relationships for all aspects of development.</td>
<td>All learning takes place within relationships. Heightened importance of client – practitioner (or supervisor – supervisee) relationship. Behavioral change comes about from internal change and intersubjective experience with another person. Supervisor more experienced but not seen as the expert.</td>
</tr>
<tr>
<td><strong>Mindfulness Practice</strong></td>
<td>Maintaining presence in face of discomfort and pain.</td>
<td>Tolerating states of ‘not knowing’ and bringing compassion to self &amp; other. Being present itself is healing.</td>
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Integrating Concepts Across Disciplines
Reflective Supervision

SUPERVISION

- Education
- Psychology
- Social Work
- Speech-Language Pathology
What is Reflective Supervision?

• The process of examining with someone else, the thoughts, feelings, actions and reactions evoked in the course of working closely with infants, young children, clients and their families

• The essential features of this supervisory relationship are reflection, collaboration, and regularity of occurrence

(Eggbear, Mann & Siegel, 2007)
What is Reflective Supervision?

• An attitude of mind cultivated in relational exchange that enables people to see several levels of interchange from many angles (Shahmoon-Shanok, 2005)

• Core reflective tasks:
  – Relating and re-experiencing emotionally significant events
  – Examining and evaluating the meaning of the feelings, thoughts, intentions, actions evoked by these events, &
  – Considering how to use this understanding for professional growth
What is Reflective Supervision?

• A shared process in which supervisor provides a safe and compassionate kind of mirroring
• Involves shared attention about the clinical process where misgivings, emotions, possibilities, and actualities can emerge and be explored
• A non-defensive willingness to engage emotionally and make meaning of feelings and internal experiences of self and of others
• The goal is to *infuse relationship-based principles and psychodynamic theory* into the discipline-specific expertise of the non-mental health practitioner
Reflective Supervision Involves...

- Regularity
- Uninterrupted and protected time
- Collaborating with a more experienced practitioner or mentor
- Creating an environment without fear of criticism and repercussions of exposing self
- Exploring cognitive and affective material
- Paying attention to the relationship itself and how it supports developmental growth and change for all participants
Goal of Reflective Supervision:
To See from Varied Perspectives

“All practitioners are taught how to observe – but what to look for is either “trained into – or out of – each discipline.” In this way, each specific discipline is taught to neglect seeing other things.

The goal of integrative practice is to develop the ability to “see” from many vantage points - that is, to broaden our particular lens.

(Shahmoon-Shanok, Henderson, Grellong & Foley, 2006)
An Integrative Model

Reflective Supervision

Discipline-Specific Knowledge

Mental Health Constructs
GOAL: Integrate Traditional and Reflective Supervision Practices

Traditional Supervision
• 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

Reflective Supervision
+ Focus on internal and affective processes
+ Two person psychology
+ Supervisor and supervisee as collaborative partners
+ Expand content to include key mental health constructs
+ Paying attention to the process
Some Misconceptions!

• “Just” listening
• Like psychotherapy
• Experienced professionals (like me) don’t need it
• Requires a mental health background
• Professionals should just “get over” any feelings or reactions they have to others
• No time for this endeavor
• Not important! (Heffron & Murch, 2010)
Our Professional Selves

Our Professional Strengths
• Assessing communication deficits
• Generating goals, procedures and techniques
• Telling, advising, & prescribing
• Focusing on observable behaviors
• Problem-solving & decision-making
• Defending our actions
• Focusing on end-products
• Anxious to move the work forward

Our Professional Challenges
• Forming alliances
• Taking the time to ‘step back’
• Entertaining other perspectives
• Entering the realm of feelings
• Understanding hidden dynamics of relationships
• Knowing what to do with our own reactions/triggers
• Hearing others ‘pain without offering a solution.
• Taking things too personally
• Focusing on process
• Figuring out boundaries (Geller, 2009)
Key Mental Health Concepts as a Foundation for Engaging in Reflective Supervision

Core Concepts

- Centrality of Relationships
- Forming Alliances
- Managing One’s Feelings and Reactions
- Being Aware of Invisible or Latent Forces
- Containing and Holding
- Respecting Boundaries
- Mindsight & Empathy
- A Strengths Perspective
- The Professional Use of Self
Relationships Have 2 Components

1. **Interactive component**
   - Is observable and behavioral.
   - Involves patterns of actions, interactions and signals that are understood between partners.

2. **Intersubjective component**
   - Is non-observable.
   - Involves internal affective states, intents and feelings shared between partners.

(Fivaz-Depeursinge, Corboz-Warnery, & Keren, 2004)
The Centrality of Relationships

• The invisible *but powerful* thread is the relationship
• Developing relationships is at the core of what supervisors do
• Have the power to nurture, or inhibit, change and growth
• Involve an investment in the other person - earning their confidence and trust, using empathy to understand their emotional reality
• All learning is embedded within a relational context
Relationship-Based Supervision

- Going beyond the literal meaning of messages to explore the hidden dimensions of material
- Addressing emotional material without fear of judgment, criticism, or evaluation
- Working without a pre-conceived agenda or plan
- Being open to exploring cognitive, subjective and/or affective material as it emerges during supervision
The Use of Stories

Bettelheim (1977) wrote that "the fairy tale is therapeutic because the patient finds his own solutions, through contemplating what the story seems to imply about him and his inner conflicts at this moment in his life" (p. 25).

Similarly, storied supervision embraces and values each supervisee's unique way of knowing. In essence, supervisees will interpret and connect to the myth, story, or fairy tale in different ways, depending on their personal experiences and frames of reference.
“I have a child who is quite sickly and has seizures. The mother inconsistently brings her to therapy. Sometimes, the mother comes early and I can’t see the child. At other times, she arrives late and I have ten minutes to work with the child and at other times, she does not show up! It seems like the mother understands the importance of therapy; however, I just can’t get through to her!! I feel like the family is wasting my time. During my sessions, I do not show my anger towards the child. My supervisee probably sees and feels my anger – I am trying to control myself. One more interesting thing, the child comes to therapy dressed in a clean and well-ironed uniform (no uniform is required at the child’s preschool).”
Forming A Working Alliance

The power for change and growth relates to *two factors*:

“... the **strength** of the alliance between the person seeking change and the change agent - and the power of **mutual understanding** of goals and tasks that are incorporated into the alliance.”

and

“... the emotional bond (liking, caring, & trusting) that gets sustained between the supervisor and supervisee.”  (Bordin, 1983)
Managing One’s Feelings

- Powerful emotions get evoked in relationships with supervisors, clients, families, agencies, etc.
- In the presence of emotionally painful or highly volatile situations, professionals often have a strong impulse to act, react, or minimize the strong feelings being evoked.
- Our reactions to emotional material are often reflexive (rather than reflective)

(You are so Cold!; The Shy Student)
What is Negative Capability?
(French, 2000)

• The capacity to experience emotion, one’s own and others’, but also to contain it for the sake of the work

• Involves holding uncomfortable states of mind (such as anger, ambiguity, ambivalence, conflict, impulses to react, doubt, not knowing, etc.,) until they are better understood

• This enables us to learn from - and use emotions - to inform our understanding of the work
Managing One’s Feelings: Developing a Negative Capacity

• Our goal is to develop a more reflective stance
• Being able to process our reactions and feelings allows us to space in which we can approach another person with an open and non-judgmental mind
• Developing a negative capacity, prevents the supervisor from dispersing negative feelings or attitudes which take the form of explanations, being impulsive or reactive, or engaging in some physical action or activity
Watch Out for Reflexive Reactions!

- **The need for rapid change** – The impulse to find a solution immediately (a rush to act)

- **Hydroplaning** - Skimming over the surface of an issue with a tendency for rapid action

- **Keeping the lid on Pandora’s box** – An impulse to avoid, downplay, or cover up serious issues, troublesome feelings, or potential problems
Watch Out for Reflexive Reactions!

• **Cheerleader stance** – Act as if everything will be better if the individual forgets about the past, or current issue, and just moves on. Maintain a cheerful attitude in the presence of other emotions (e.g., feelings of depression of a parent)

• **The need to please and the ‘we’re pals’** – The wish to be admired and liked, or fear of offending the other person
Watch Out for Reflexive Reactions!

- **Control and Omnipotence** – Although the goal is to empower others – we may wish to help more and take ‘control over’ obstacles that face others. For example,
  - ‘Fortune teller’ fantasy – predict the future
  - ‘Make over’ fantasy – wish other to be in your own image
  - ‘Magic wand’ fantasy – believe that a single perfect intervention or referral will resolve all problems (Heffron, 1999) (THE LIST)
KEEP CALM AND REMEMBER TO PAUSE
Paying Attention to Invisible Forces

• “To address forces not visible to the naked eye, both in ourselves and in others, is indeed the essence of responsibility.” (Martyn, 2007)

• “Few SLPs, OTs, PTs, early interventionists, or special educators have had training in issues related to transference and countertransference in relationships and are often quite unaware of how powerful these forces can be.” (Norman-Murch, 1996) (Universals of Supervision)
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 and maintaining an optimal distance (Foley & Hochman, 2006)
Identifying Themes in Messages

• Increased awareness of multiple meanings of the supervisee’s message and sorting out factual from affective material
• *Transferential* material may relate to wishes, desires, or disappointments that the supervisee is feeling about the supervisor
• *Countertransferential* material may relate to the supervisor adopting a positive or negative attitude towards the supervisee
• Issues of optimal distance and boundaries may reflect countertransferential material
Creating a Holding Environment

• The supervisor creates a safe and protected space where feelings can be shared and accepted
• The supervisor holds the supervisee’s anxiety, fear, uncertainty, confusion, etc., so that internal states are explored
• The supervisor contains his/her own reactions that may get triggered during any supervision interaction
• This process enables each person to better understand their reactions before acting or responding (A Cup of Tea)
KEEP CALM AND QTIP

(QUIT TAKING IT PERSONALLY)
Creating Optimal Boundaries

• Supervisors need to look at issues of being too close or too distant when working with supervisees
• “Optimal distance may be thought of as an ongoing self-regulating relational range, not a specific point on a spectrum” neither too close so as to compromise objectivity nor so far as to confound empathy
• Optimal distance requires the capacity to observe, listen, and reflect (Foley & Hochman, 2006)
Practicing Mindsight

• The ability to perceive the internal experience of another person and make sense of that ‘imagined’ experience
• Enables us to offer compassionate responses that reflect our understanding and concern
• Reflective dialogue builds on and expands our capacity for mindsight
• The capacity for mindsight enables us to create a culture of compassion (Siegel & Hartzell, 2003)
  (A Reflection of Myself)
Practicing Mindsight

• **Affective or Emotional attunement** - Aligning one’s internal state to the internal state(s) of another person. Involves some kind of action or acknowledgement

• **Contingent Responding** - Responding to the actual message of the other person without predetermined or rote models of what is expected. Involves recognizing the underlying emotional content of a message

• **Repairing Communication Breakdowns**

  [YouTube Video](http://www.youtube.com/watch?v=v2pdN7dQ1gM)
A Strengths-Perspective

• Supporting capacities in others
• Professionals are trained to focus on the inherent strengths of individuals who seek our help in addition to seeing their struggles
• Parallel notion for supervision
• Every individual can make contributions to the ongoing process or endeavor

This perspective involves a profound shift away from deficit-oriented thinking to balancing another person's assets and liabilities.
A Strengths-Perspective

• Involves the ability to emphasize the capacities and strengths of the supervisee and to partner with his/her vulnerabilities

• An understanding of developmental patterns leads to rethinking whether behaviors often perceived as “weak” or “deficient” may simply await further development

• Supporting capacities while over time creating incentives for the other person to try and practice new, and more adaptive ways of engaging and communicating
KEEP CALM AND LOOK FOR THE GIFT
The Professional Use of Self

• To recognize how “the interventionists’ own life and subjective experiences can play a role in influencing all aspects of the clinical relationship from engagement to interpretation, to process of the work, and even to termination” (Costa, 2006, pg. 134)

• The unexamined role that our internal feelings and reactions can play in informing the work

• Learning to pay attention to our own internal states, others’ internal states and the interactions between them

• Parallel Process
An Observation

• Teaching a new skill (with SLP, new setting)

• Supervision (15:12)
• Supervisee (3:38)
• Supervisor (5:02)

(Heffron & Murch, 2012)
The Chosen One

• Why me?

• Why not me?

• Issues of boundaries

• Embracing complexity
A PT was the one member of the team to recognize that a child under 2 years might be on the autism spectrum. The PT felt that the child’s parents were in denial. In supervision, he wondered what to do, and then the supervisor suggested that he ready himself for a “therapeutic moment” when there might be an opening.

A few weeks later, both parents approached the PT at the end of the session and shared their worries. The PT responded by making an appointment to meet with them the following evening. In a late-night supervision
The Chosen One

over the phone, the supervisor was able to contain and hold the PT’s anxiety about what might come up in discussion with the parents, and about the possibility of having to manage their feelings. The day after the meeting with the family, the PT reported that although both parents cried a great deal, he was able to hear and tolerate the strong feelings expressed and was then able to guide them toward the next steps of further evaluation.

(Shahmoon-Shanok, Henderson, Greelong & Foley, 2006)
The Use of Stories

• Involves a uniquely different way of looking at knowledge
• Provides varied opportunities for discussion
• There is universality in the stories that we tell
• We can relate stories to varied cultural beliefs and values
• May be helpful in processing multicultural issues with supervisees who have had limited exposure to diverse cultures
The Use of Stories

- Often reflect the complexity in family systems which are often universals
- Can be used to broaden one’s cultural lens
- Provides an opportunity for exposure to different cultural values and customs when physical interaction is geographically limited
- Can be used when practitioners have limited opportunities to interact with individuals from other cultures (Nafi’s Stories – You are My Sister, A Constant Visitor)
What does it Mean to be Helpful?
When things go awry

On trying to be helpful...

• Perhaps the best way to be helpful is to demonstrate a very high level of openness to the whole range of experience, feelings and thoughts of self and other, to be willing to explore whatever comes up, to lean into the experience together and to learn together

• Thus, we are not doing things to the other – but asking ourselves questions about experience as it turns up – in real time (Smyth & Cherry, 2005) (The Competent Beginning Supervisees)
The Language of Reflection
Questions that Encourage Reflection & Problem-Solving

• **Raise alternatives** (What are the possibilities?, What if you do .... and what if you don’t?, What are the possible solutions?)

• **Encourage additional perspective taking** (How do you feel about it? What would be best for ....?, How do you think the other person sees this?)

• **Encourage clarification** (In what way does this make sense to you?, What is confusing about this?, When does this usually happen?)
The Language of Reflection
Questions that Encourage Reflection & Problem-Solving

• **Encourage description** (What does that look like?, What does this remind you of?)
• **Encourage exploration** (Why do you suppose people do things like that?, If you had a choice, what would you prefer to do?)
• **Identify issues** (What seems to be the trouble?, In what ways does this bother you?)
The Language of Reflection
Questions that Encourage Reflection & Problem-Solving

• **Encourage use of information** (What information do you need before you decide?, How can you find out what you need to know?)

• **Encourage planning** (What do you see as first thing to be done?, Where do you go from here?, What are the next steps?, What other options might be available?)

(Heffron, M., Consultation & Training Team, Children’s Hospital, Oakland, CA)
What are the Core Competencies for Becoming a Reflective Supervisor?

• Be well versed in discipline-specific knowledge
• Be well versed in knowledge of key mental health constructs
• Use relationships as the organizing feature of your work
• Appreciate the power of relationships on supporting (or inhibiting) developmental growth and change
What are the Core Competencies For Becoming a Reflective Supervisor?

• Recognize the importance of understanding feelings and how they impact on our work
• Learn how to manage feelings and use this knowledge to inform the work
• Be open to understanding differences in cultural patterns, beliefs and values
Some of the Benefits of Using Relational and Reflective Constructs

• Paying attention to the invisible processes as clues to meaning
• Recognizing that each individual’s past history and personal, cultural and subjective experiences influence current relationships and realities
• Developing a reflective stance
• Nurturing therapeutic alliances
• Co-constructing knowledge, problem-solving and decision-making with another person
Some of the Benefits of Using Relational and Reflective Constructs

• Clarifying the meaning of behaviors before acting, reacting, or making judgments
• Wondering about others
• Holding others so others can hold others (parallel process)
• Deepening one’s capacity for mindsight and empathy
• Slowing down the process
Some of the Challenges of Using Relational and Reflective Constructs

- Going against traditional ways of working
- Being willing to explore both cognitive and affective dimensions of relationships
- Being willing to be open, honest, and authentic
- Being willing to expose vulnerabilities
- Working without a supervisor or mentor
Some of the Challenges of Using Relational and Reflective Constructs

• Knowing when to refer to a mental health practitioner
• Finding an optimal distance
• Differentiating processing feelings as opposed to exploring them from an historical perspective
“When I work with my supervisees, I try my best to listen with awareness, with my whole heart and mind. Much like the split-screen film technology that allows us to observe both a parent and a baby exactly at the same moment as they interact, I try to maintain wide open interest from several simultaneous vantage points – my own, the supervisee’s, and the client whom we are discussing.” (Shahmoon- Shanok, 2007)
We Keep Forgetting Remember ...

• The gift of reflective practice is time
• There are multiple opportunities to return to an idea, a question, something you want to reframe, change, clarify, etc.
• We don’t always have to know what to say – or do – and we don’t always have to have “the answer!”
• An inherent belief is that the other person also has ideas, thoughts, solutions, etc.
• The capacity for self-reflection is not reserved for those in mental health disciplines
Start a Group!

• Find some ‘willing’ professionals
• Commit to a regular time
• Create a safe space to share feelings, reactions and thoughts
• Find a coordinator or leader
• Select some interesting readings to explore
KEEP CALM AND REFLECT
Thank You!

Reflections, thoughts, questions ...
Selected References


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