Practical Guidelines for Integrating Reflective Practice in Clinical Supervision for Psychologists


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Abstract
Clinical supervision is widely regarded as an important and necessary part of developing and maintaining good clinical practice. Supervision involves learning and refinement of knowledge and skills through modelling, teaching and the application of reflective practice. Reflective practice has long been considered a useful process to refine clinical practice through thoughtful consideration of one's experience and applying sound theoretical knowledge when working with clients. Reflective practice supervision encourages independent learning, enhances clinical skills and helps the psychologist to develop self-awareness, insight and ethical awareness. The purpose of this paper is to provide a framework for applying reflective practice for the supervision of psychologists. It includes how to explain reflective practice when negotiating the contracted working alliance, the application of reflectivity in supervision, and the identification of specific problematic issues where reflection and action is warranted (for example, managing triggers and countertransference). For the purpose of this paper the terms psychologist, supervisee, therapist and clinician are used interchangeably.

Introduction
Supervision provides a context for education and training where psychologists learn skills and develop independent and critical thinking to be in a position to work as an autonomous, competent and ethical practitioner. Psychologists learn from experience through observing and practicing therapeutic interventions, and by applying this knowledge and learning in their everyday practice. Supervisors are in the position to help the supervisee move from being a novice practitioner to being able to work skillfully, independently and with confidence. It is acknowledged in the literature that good supervision relies on the interplay of a number of factors including a facilitative supervisory relationship, and an educational component with a focus on developing technical skills and critical inquiry (Bernard & Goodyear, 2004; Falender & Shafranske, 2007).

In order for learning to take place, a strong working alliance needs to be established that allows for reflective practice to be applied 'within' and 'outside' the supervisory context (Carroll, 2010). The ideas of reflectivity have been around for many decades with Dewey (1938; as cited in Ward, 1998) initially describing reflective practice as “an active, persistent and careful consideration of belief … or knowledge” guiding thoughtful experimentation (p. 43). Kolb (1984) subsequently described reflection as an experiential learning cycle (doing, reflecting, learning and applying learning) as a way to learn from experience. Gibb (1988) labelled the process of ‘reflection on action’ as a way to develop new understanding by critically analysing practice. Schön (1994) made a clear distinction between two types of reflection: ‘reflection-in-action’ versus ‘reflection-on-action’ suggesting that the clinician needs to have critical awareness when engaged in an intervention and also when engaged in analysis after the session to plan for future work.

Psychologists who systematically and critically reflect on their work-practice develop personal awareness, clinical insight and resilience. Supervision should result in a supervisee being able to notice what s/he is doing differently now compared to before supervision and be able to apply what was learnt in the supervision room to their work. Supervision results in positive changes in action and behaviour over time (Falender & Shafranske, 2004; Hawkins & Shohet, 2006). Good supervision facilitates supervisees to be introspective by systemically reviewing their work considering emotional, cognitive and behavioural processes that ultimately leads to ‘mindful’ practice (Carroll, 2009).

This paper is divided into three sections: firstly it describes how to introduce the notion of reflective practice in the early stages of supervision so that the supervisee is cognisant of its importance in their learning process. Secondly it provides some examples of how to use reflective questions in supervision allowing the supervisee to take responsibility for their learning in combination with skills training, instruction and feedback in supervision. Thirdly, it extends the way reflective practice can be applied in supervision by exploring supervisee reactions to their clinical work, as well as recognition and management of emotions in supervision.

Setting up ‘Good’ Supervision
The goals of supervision are many, but overall there are three core aims. First, it is to develop competency and to enhance the clinical care of clients (Barnett, Cornish, Goodyear & Lichtenberg, 2007; Carroll & Gilbert, 2008). Second, supervision encourages independence and refinement of skills and knowledge and a commitment to best practice and lifelong learning (Carroll, 2010; Falender & Shafranske, 2007; Senediak, 2014). Third, supervision seeks to ensure that clinicians develop wisdom and clinical confidence across diverse areas of mental health assessment and practice (Aten, Stran, & Gillespie, 2008; Senediak & Bowden, 2007).

Good supervision is based on establishing a solid foundation to work collaboratively with the supervisee,
considering wider system requirements (e.g. placement and organisational goals) and in accordance with their assessed learning needs and goals. The supervisor needs to have knowledge of supervision models (Bernard & Goodyear, 2009), be able to assess the developmental needs of the supervisee and provide effective and unbiased feedback. Central to good supervision is a supervisor who can provide a supportive and facilitative relationship which allows the supervisee to critically analyse and respond to what is happening in the therapy room. It needs to be developmentally appropriate and provide a balance of education, formative and evaluative feedback, and reflection (Chur-Hansen & McLean, 2006; Hunt & Sharpe, 2008; Lehrman-Waterman & Ladany, 2001; Noelle, 2002).

Figure 1 provides a supervision framework incorporating a reflective practice stance within supervision. This diagram shows the flow of supervision from initial contact, assessment of learning goals and contract setting to establishing a collaborative working relationship based on the supervisee employing active critical reflection. An explanation of the practice of reflection needs to be introduced in the early stages of the supervisory alliance. Psychologists at all developmental levels can apply reflection; their skills in critical reflection are likely to parallel technical skills (Martin, Garske & Davis, 2000; Milne, Aylott, Fitzpatrick & Ellis, 2008). As such, the supervisor needs to model reflection by asking questions that help the supervisee critically review their practice when reviewing cases or when using observational methods, such as recordings and role play. Targeting questions that invite discussion and reflection promotes independent learning and confidence as the psychologist gains new insight of their clinical practice (Carroll, 2010; Regan, 2008).

1. Establishing the working alliance

It is well documented that supervision works best when there are clear goals and a contract for supervision has been established (Baker, Exum & Tyler, 2002; Bambling & King, 2000; Bernard & Goodyear, 2009). First and foremost the supervisee needs to be a ‘customer’ (an active participant) and remain a customer of supervision in taking responsibility to participate and learn from feedback provided in supervision; come prepared and work on issues that arise in supervision (including possible ‘self-issues’ identified in investigations of transference and countertransference); is organised and is ‘retrospectively introspective’. The supervisee needs to integrate and apply new learning in current and future practice (Ladany, Friedlander & Nelson, 2005).

It is important at the early stage of the development of the relationship to make explicit learning goals as to how feedback and evaluation will be used to facilitate psychological competence. Evidence suggests that a solid working alliance reduces supervisee anxiety and improves therapy outcome which encourages openness, feedback and critical review (Haynes, Corey & Moulton, 2003).

The first meeting is where supervisor and supervisee meet to discuss the supervisory process and determine if a good fit exists to work together. At this meeting the learning contract is negotiated, expectations are discussed and supervisory processes are reviewed. It is important to discuss expectations of supervision, from the perspective of both supervisor and supervisee and considering the developmental stage and systemic context that supervision will take place. It is also the time where the supervisor and supervisee have an explicit discussion about goals and preferred ways of working. The supervisor as mentor should assess supervisee developmental competencies and discuss how education, instruction and reflection will co-exist in the supervision room. The supervisor as model demonstrates appropriate reflective questioning and at all times relates this to targeted psychological competency skills (AHPRA; 2013).

The use of observational methods should be discussed and actively applied for new and experienced clinicians. The supervisee ‘does not know what they do not know’, so the reflective supervisor needs to both teach skills and model critical reflection. Evidence shows that without review of observational methods, clinicians under-report or misreport information (Ellis, Krenge & Beck, 2002; Hill, Crowe & Gonsalvez, 2015; Noelle, 2002). The supervisor introduces how reflective practice can be integrated into supervision which provides a balance between supervisor-led teaching, evaluation and experiential learning and supervisee led self-exploration. Table 1 is a summary of some questions that can be used to introduce a reflective dialogue at the initial stages of establishing a supervisory alliance.

2. Integrating reflective practice in supervision

Reflective practice has the advantage of stimulating the clinician’s curiosity and creativity about the work that is carried out in a clinical context. It brings to the attention awareness of feelings and thoughts about self and the client (Flaskas, 2004). It allows the clinician to think about transference and countertransference (Rober, 2011) and to examine inner dialogue (Anderson, King & Lalande, 2010; Vandenbergh & da Silveira, 2013). Overall, reflection can provide diverse perspectives of the therapist’s thoughts, feelings and behaviours, increasing empathic understanding for the therapist about client experience within the relational systemic context (Regan, 2008; Senediak, 2014).

‘Reflection-in-action’ occurs while events are happening. Here the supervisee needs to focus on observing, recognising, and where necessary, make adjustments to practice whilst in the session. This might take the form of a behavioural change (responding differently to the client), emotional change (managing emotions), or cognitive change (thinking differently about the therapist-client interaction). The supervisee has, in this instance, developed the capacity to think about and act within the practice context as it occurs, quickly drawing on these emotional, behavioural and cognitive interpretations. To be able to reflect in the session, the psychologist needs to be able to respond in the moment, drawing on existing theoretical and clinical knowledge. In this instance the clinician becomes both observer and facilitator in the practice setting. This form of reflective practice is often used in live supervision (or review of recordings) contexts where the supervisor models reflective questions and guides self-exploration (Carroll, 2009; Hunt & Sharpe, 2008; Lowe, Hunt & Simmons, 2008).

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Figure 1. Preparation for the Working Alliance.
Table 1. Working Alliance Template (For Supervisors).

In this the early stage of ‘getting to know each other’, there is a focus on engagement of the supervisory relationship covering a discussion on orientation, experience and background. Both supervisor and supervisee share their clinical and supervisory experiences and expectations to determine if there a match between orientation, expectations and style. Questions should be open-ended and enquiring, modelling collaborative and reflective exploration.

1. Discuss expectations for supervision:
   - What is your preferred learning style?
   - How might we encourage critical discussion and reflection in sessions?
   - If directive feedback/instruction and/or experiential learning are required how do you think this could be introduced in the session? (It is important to encourage open discussion with the use of a 360 degree procedure for observation of clinical work, open feedback, and acceptance of possible discomfort in formative and evaluative feedback).

2. What have been your experiences of supervision?
   - What you have learnt from your experiences that might influence how we might work together?
   - How do these experiences inform the way you use supervision? If initial supervisory experience, consider ‘hypothetical experience’ or your ‘ideal’ supervision.

3. Reflect on goals:
   - What do you want to get out of supervision? For a placement, what specific tasks are required (e.g. psychometric assessments, counselling, organisational site visits, group skills practice, report writing)?
   - How are your goals linked to core psychological competencies?
   - How will you know you are working towards or have achieved these goals?
   - How can we integrate specific evaluation strategies which will measure attainment of goals?

4. Perceived supervisee strengths (competence) and needs (areas for further skills development and/or theoretical knowledge) are reviewed through guided discussion, unpacked and explored.
   - What do you see as your personal and professional strengths (and needs)?
   - How do you utilise these strengths in practice?

5. What evaluation processes will be used?
   - How have you incorporated (supervision) feedback in the past?
   - What qualitative and quantitative measures have you used in the past? How have these aided your learning?
   - When being evaluated how do you best incorporate feedback? If feedback is negative and change is needed how do you best learn from these experiences? (Be hypothetical if needed.)
   - How can you integrate self-reflection in your learning?

6. Introduce discussion on how to implement and consistently employ a reflective practice framework (discussion on the role of critical reflection, how and when it is used, responsibilities ‘in and outside’ the supervisory session) – provide descriptors of reflective questions that can be used (Table 2).

7. Discuss how you will balance supervisor-led feedback, teaching, experiential learning with supervisee-led reflective exploration.

Note: The supervisor models reflective questioning, articulates the strengths and restraints of being reflective and when instruction, education and experiential learning takes precedence. In beginning with reflective practice questioning at an early stage in the working alliance, the supervisee knows s/he has to do some work prior to, during and after the session. They cannot simply come to the session and say ‘help with this client’ – they must at least think about, and begin to articulate where they are stuck, what they want help with, and how the supervisor might help them. If the supervisee is ‘on the wrong track’ it is the supervisor’s responsibility to model appropriate reflective questions that will help further unpack the clinical presentation and offer instruction and formative feedback.

Reflection-on-practice’ occurs after the session and is retrospective. This is traditionally the more common approach to supervision where case discussion and review of clinical process takes place with the guidance of a skilled supervisor. Both approaches take a ‘looking glass’ stance and promote self-awareness and improved knowledge about the clinical context with the psychologist gaining a deeper understanding about ways to respond to a situation (Orchowski, Evangelist & Probst, 2010; Senediak, 2014). This is similar to Kagan’s Interpersonal Process Recall (IPR) method (Kagan, 1980).

Questions can be applied in supervision that foster reflective practice and a number of creative reflective practices have been generated in more contemporary theories, such as systemic, dialogical and narrative approaches (Flaskas, 2012). Creating space in the supervisory context to examine the therapist’s inner dialogue promotes a sense of mindfulness and introspection (Carroll, 2009; Lichtenstein & Lustig, 2006), and with further exploration on the ‘self of the therapist’, one can identify and reflect if unresolved issues exist (e.g. family-of-origin, countertransference) which may hinder therapeutic processes (Brown, 2007; Framo, 1992). By using ‘reflection-on-practice’ in this way, differing influencing factors can be identified, and then managed, to further the supervisee’s personal and professional development. In this case, the supervisor needs to be particularly mindful of the developmental stage, the supervisee’s capacity for introspective reflection, and how to use this material sensitively for the benefit of professional practice.
The focus of reflective enquiry depends much on the therapeutic orientation of supervisor and supervisee and the goals of supervisory enquiry. A common aim, however, is that it allows new openings for different thinking outside of what is already known and practiced, so the psychologist can step back, take a look at what is happening, examine the impact of self in the therapeutic context and consider alternatives in therapy. In a sense the psychologist deconstructs, and then reconstructs, new meaning to the situation.

Reflectivity pays attention to feedback, ecology, circularity and language, and it is the supervisor who guides this discussion through careful open-ended questioning, contemplation and review by the supervisee (Flaskas, 2012). Table 2 provides a summary of some of the questions that a supervisor can use in the supervisory context that encourages reflection. These questions can be used as a guide for enquiry to examine:

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<tr>
<th>Reflective Questions for Supervision (For Supervisees)</th>
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<tr>
<td>1. What is my question for supervision?</td>
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<td>2. What do I need help with?</td>
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<td>3. What informs my practice in this context now? (Theory, past experience, emotional well-being, systemic context of practice).</td>
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<td>4. What am I feeling? Where is this coming from?</td>
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<td>5. How do I make sense of this interaction and my reaction to this interaction?</td>
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<td>6. What concerns me most about this situation? Why?</td>
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<td>7. What, if any, attempts have I made to change the way I respond to this situation? Why do I think that it is not working in this instance?</td>
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<td>8. What theories do I use to understand what is influencing the current situation, and my current ways of responding?</td>
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<td>9. What past professional and personal experiences affect my understanding of the situation?</td>
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<td>10. What is the interaction/interrelationship between the psychologist, the client and the wider system/s?</td>
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<td>11. Do I need to consider transference and countertransference issues? If so, how might this impact on my feelings, thinking and on the actions present and future focussed?</td>
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<td>12. Are there other ways that I might interpret this event and interactions in the session? Should I consider a different lens (theory and/or practice modality)?</td>
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<td>13. How might I use my personal and professional strengths to better manage this situation?</td>
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<td>14. Who can I recruit for support in managing this situation?</td>
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<td>15. What are my personal and professional strengths that I can draw on to help me better manage this situation?</td>
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<td>16. How might I be able to test out different ways of responding safely? Can these be tried in the supervisory context before applying to the therapy room?</td>
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<td>17. What ideas do I have about the way the client/s might react to new ways of working?</td>
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<td>18. How can I bring all this information together that I have examined in the supervision room to the therapy room?</td>
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<td>19. Is there anything or anybody that is getting in the way of change? What can I do about this?</td>
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<tr>
<td>20. How can I continue to use personal reflection to further improve my way of working therapeutically? How might my supervisor help me in this journey?</td>
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Identifying ‘red lights’: Enhanced reflection

When adopting an active reflective position, in combination with mentoring by the supervisor, it is not uncommon for the psychologist to identify how professional impasses resonate with personal themes (Haber & Hawley, 2004). Further examination of such sensitive areas in practice can reveal triggers or ‘red lights’ (Table 3) which can adversely impact on professional practice and when left unexamined can be destabilising and possibly lead to burnout, poor boundaries and inappropriate use of self-disclosure in therapy (Mason, Gibney & Crago, 2002; Rhodes, Nge, Wallis, & Hunt, 2001).

By encouraging the psychologist to identify potential triggers in supervision, the supervisor guides the supervisee to recognise and manage underlying emotions, beliefs, stereotypes and biases that can act as restraints in practice. Reflective questioning incorporating exploration of self in this way opens up a dialogue to further explore and manage personal triggers. Once potential triggers are identified, reflective supervision can help unpack and manage contributing factors, ultimately turning a restraint into strength.

3. Self-supervision

Lastly, the psychologist should be encouraged to practice reflective thinking outside the supervision session. Once a week, fortnight or monthly reflection on practice is insufficient. Critical reflection and self-supervision needs to become second nature and a preventative intervention rather than a reactive intervention only to be utilised in the supervision session, or when something has gone wrong (Fook, White & Gardner, 2006; Lowe, 2002). The supervisor can encourage the psychologist from an early stage of training to take more responsibility for their own learning and self-care by employing self-supervision (Dennin & Ellis, 2003; Heson, 2002; Morrissette, 2013; Senediak 2013). This can take the form of diary or journal writing - or using similar questions like those in Table 2 - that draw on reflective consideration of self, client and context. By engaging in a silent conversation with self, the
### Application of Reflective Practice in Supervision: Some Examples

#### Example 1: Individual Session

Megan (pseudonym) is a young clinical psychology registrar contracted to meet weekly. Each session she presents a list of questions eager to have them answered so they can be applied strategically in case management. She is eager to learn and achieve her learning goals. Megan is encouraged to reflect on patterns that exist in her practice with difficult, complex clients who present with dual diagnosis and a long list of social and family issues. She is initially resistant to ‘observe’ relationship issues and the wider systemic factors that contribute to the client’s problems, as this does not fit the CBT lens applied in practice. Court reports, strict probation and parole restrictions and family-at-risk matters all need to be managed and she wants to tick them off one by one. Once best practice therapeutic interventions are reviewed, supervision is able to focus on the therapeutic relationship and how she relates to the client and system/s.

Supervision questioning maps out where Megan sits in the eco-system (multidisciplinary team, court, and client) and she is encouraged to reflect on relationships within these systems. Megan is able to become more attuned to self-issues and her personal reactions to the client, which she then uses to manage transference and countertransference responses in the sessions. The focus changes to reflect on systemic issues rather than specific treatment issues. Over the course of the registrar program Megan moves from being technique and solely CBT focused to being more reflective of self, in relation to the client and the wider systems. Her presentations become more mature in that she attends sessions already having thought about personal responses to the clinical material and the interplay of relational factors. This results in a more collaborative discussion on process issues alongside a review of specific interventions.

#### Example 2: Group supervision

Similar to an individual context, reflective practice is explicitly modelled in a group context and the parameters of clinical discussion clearly articulated, including the balance between skill acquisition, experiential learning and reflective questioning. In addition, group leadership skills are needed to manage difference and balance skills acquisition and facilitative reflection by group members.

In this example, a group of psychologists specialising in cross-cultural practice meet monthly. The presenting clinician leads the discussion by presenting an intergenerational genogram incorporating a ‘culture-gram’ (migration history) and socio-gram (services and wider systems issues). Presentations usually take 20 - 30 minutes followed by group peers reflecting on personal reactions to the material presented and/or asking reflective questions to the presenter e.g. ‘I have a sense that the client….’; ‘What strengths do you think the client has in managing…?’; ‘How do you interpret the client’s actions?’; ‘I wonder how being of the same CALD background to the client influences your relationship?’ Such questions focus on relationship and examination of emotions, rather than gathering further information or detail of the case.

In this context, reflective practice is used as a way to open up a relational dialogue about therapist and client, unpack systemic issues at play within the wider context, and to engage supervisees to reflect on the therapeutic process. Themes are drawn from the presentation and discussion, and the supervisor invites group members to consider what they might take from the session and apply in their own practice contexts. Where necessary, the supervisor offers direction and

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<tr>
<th>Reflection – Self Assessment</th>
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<td><strong>RED:</strong> Triggers strong reaction (may be emotional, cognitive or behavioural). (These may be ‘self-issues’ related to countertransference.)</td>
<td>Don’t delay – something is triggering a strong response and identifying the issue/s will help to improve your clinical awareness and practice. Use self-reflection to help identify and manage emotions. Take to supervision for reflective analysis.</td>
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<tr>
<td><strong>AMBER:</strong> Triggers an emotional response but less extreme. (Supervisee may be left with uncomfortable feeling and uncertainty.)</td>
<td>Needs attention: Self-reflection or at supervision using reflective analysis with supervisor guidance. Left unresolved, these issues will reappear and impact on clinical practice and self-care.</td>
</tr>
<tr>
<td><strong>GREEN:</strong> No particular strong emotional reactions are experienced.</td>
<td>Nil required. Awareness of personal and professional strengths help manage amber and red triggers.</td>
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</table>
links theory to practice, ensuring a best practice framework is employed. Less experienced group members learn from their peers in considering multiple lenses and alternative therapeutic ways of working.

Example 3: Family therapy supervision

Those that come for family therapy supervision typically have a keen interest in wider systems issues. Many supervisees have been exposed to personal therapy as part of their training using a family-of-origin framework which engages the therapist to recognise personal restraints and to use their reactions to session material as a therapeutic tool (e.g., see Figure 1). Reflective practice within a family therapy framework uses an intergenerational genogram, eco-gram and socio-gram and also places the therapist in the picture e.g. ‘Who are you aligned to most,’ ‘How do you make sense of your reactions to ‘X’ in the family?’ Whilst drawing on strengths within the family genogram and how family members have managed adversity across and within generations (Andolfi & Haber, 1994; Andolfi & Mascellani, 2013), the supervisor helps to create a new lens and new meaning to the presenting dilemma. The supervisor can encourage the therapist to ask questions that opens up further exploration of family issues thus creating a reflective stance for the family. For example, ‘If your father were here now how would he…?’ ‘What would need to happen to allow your family to…?’ ‘When else have you been able to talk openly with your sister about…?’ ‘Hypothetically if you were able to talk to your mother about … what do you think might be different?’ Family therapy reflective supervision creates new meaning by asking the supervisee to think systematically, developmentally (intergenerationally), and reflectively about change and invites the family to do the same (Senediaq, 2014).

These three examples show that taking a reflective stance within the supervisory context invites the supervisee to consider new ways of working with the client. Reflective questioning generates a sense of curiosity which in turn, generates different ways of deciphering and managing problems as they are presented in the clinical context.

Conclusion

This paper has provided a framework for applying reflective practice in supervision. Clinical supervision is widely considered a necessary part of every psychologist’s practice in promoting critical analysis of client and relational factors and systemic issues in the therapeutic context. Preparation is the backbone to supervision, and allows for the development of a solid supervisory relationship. Introducing a reflective framework and modelling reflectivity in supervision invites the supervisee to also apply reflective practice in their everyday work, combining personal and professional learning and improved self-awareness, new insights and new behaviours. Identifying potential triggers, and working through these in supervision, can further facilitate growth and maturity of the psychologist. Supervision that embraces a stance of reflectivity fosters independent learning and critical thinking. Teaching the supervisee to ‘fish’ rather than always ‘being fed’ promotes a safe and sustainable supervisory relationship. Being a supervisor that models reflectivity in collaboration with skills based learning fosters competency in skills development and learning.

References


