



A Reflective Practice Model

Continuing Study Outline

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Goal

This continuing study outline provides information about how use of a reflective practice model can improve and enhance the individual family's as well as agency, supervisory and practitioner's experiences in working with young children and their families.

Preparation

In preparation for this continuing study activity please review the following resources:

Copa, A., Lucinski, L., Olsen, E., and Wollenburg, K. (1999). Promoting professional and organizational development: A reflective practice model. *Zero to Three* 20(1). Available at: http://www.portageproject.org/newslett/rp_model.htm

Objectives

The participant will:

- A. Identify three benefits to families and workers when a reflective practice model is used to support workers.
- B. Describe three characteristics of the role of the facilitator in the reflective practice model described.
- C. Identify the key elements of a reflective model that should not be compromised.
- D. Describe three benefits to agencies when a reflective practice model is used to promote ongoing education.
- E. Identify the goal of each phase of the presented reflective practice model.

Overview

"Reflection means continuing conceptualization of what one is observing and doing" (Fenichel, 1992). The capacity for reflection is critical in the development of all relationships, including parent-child and parent-professional relationships. Conversely, a relationship can be enhanced when reflective skills are present and utilized. Within the therapeutic relationship it is perhaps more necessary than in any other relationship to consider the impact of other relationships, both past and present, on current relationships and experiences. When addressing problems

	<p>brought by a family to the provider, or to the provider in supervision, it is tempting to offer solutions. Tangible help, guidance, plans for next steps or even a broader conceptualization of a situation is enhanced when the discussion encourages reflection. In the absence of reflection, the true benefits of the helping relationship may not be felt by the family or worse yet barriers to change may occur.</p> <p>In addition to considering the family's experience, the clinicians will often recognize their own feelings, reactions, and behaviors. In order to function well, clinicians must become aware of and process these experiences. Supervisors and peers groups can provide fellow clinicians with an environment that allows for safe and supportive processing of such experiences. The article used with this continued study outline will offer insights on how a reflective practice model can be implemented within a variety of agency settings.</p>
<p>Expanded Objectives</p>	<p>A: Workers that experience a reflective practice model receive a number of benefits that can in turn enhance the therapeutic experiences of the families that they serve. A reflective practice model allows workers to reflect on frustrations and challenges within the parameters of a supportive relationship. When this occurs, it encourages workers to see their reactions and experiences as “normal” and as part of the therapeutic process. This ownership allows a processing of experiences that otherwise could become obstacles to the therapeutic process. Additionally, the reflective practice model facilitates a strength based orientation regarding both the clinician as well as the family. This practice does not encourage ignoring needs, but identifies the utilization of strengths already present to mitigate needs and concerns. Lastly, this model supports learning in a manner that is most relevant to the adult learner, in the here and now and relevant to current experiences. This may create an opportunity to see how past practices may not be relevant or need modification based on current research.</p> <p>B: The facilitator promotes a positive atmosphere that will support the exploration of concerns or challenges in a case. The facilitator guides the discussion and keeps all members mindful of the values and principles of the process. This may occur by keeping a focus on all members’ experience and cues related to how they are feeling about the discussion and process. The facilitator moves the members through the process to ensure that at the end some strategies are offered to the presenter.</p> <p>C: It is important to find ways to implement the following key elements when utilizing a reflective model approach:</p> <ul style="list-style-type: none"> • Commitment to trust and security within the group • Regularly scheduled meetings • Support for activities that encourage and teach ways to reflect on the work at all levels of the agency. <p>D: When reflective practices are used the benefits include:</p> <ul style="list-style-type: none"> • An opportunity to compare and examine beliefs and program mission with

	<p>current research and thinking</p> <ul style="list-style-type: none"> • An opportunity to explore how program practices reflect the mission and beliefs • An opportunity to explore personal history, culture and experiences affect relationships with families and other professionals • A way to think about patterns and systems; not just one event • An opportunity for workers to experience observation, listening and inquiry as an approach to understanding relationships • The development of a common language and shared vision for the work • An opportunity to influence agency practices <p>E: The goal of the first phase of the presented model is to understand the presenter's story and questions that they would like answered. The second phase moves to exploring the presenter's and families strengths, as well as needs and determine what may be happening within the therapeutic relationship. The third and final phase summarizes the discussion and identifies possible next steps.</p>
<p style="text-align: center;">Discussion Points</p>	<ol style="list-style-type: none"> 1. Invite participants to discuss potential barriers to implementing reflective practice within their own settings. 2. Encourage participants to share their experiences related to past supervision experiences. 3. Brainstorm how a reflective practice model could be implemented. 4. IAITMH welcomes your feedback about this and all of our training materials. Please send any comments to info@iaitmh.org.
<p style="text-align: center;">References and Recommended Readings</p>	<p>Edelman, L. (2004). A relationship-based approach to early intervention. Retrieved on May 12, 2009 from http://olms.cte.jhu.edu/olms/data/resource/1144/A%20Relationship-based%20Approach%20to%20Early%20Intervention.pdf.</p> <p>Fenichel, E. (1992). <i>Learning through supervision and mentorship to support the development of infants, toddlers, and their families</i>. Washington, DC: Zero to Three.</p> <p>Heffron, M. (2005). Reflective supervision in infant, toddler, and preschool work. In K. Finello (Ed.) <i>The handbook of training and practice in infant, preschool mental health</i>, pp. 114-136. San Francisco: Jossey-Bass.</p> <p>Weston, D. R. (2005). Training in infant mental health: Educating the reflective practitioner. <i>Infants & Young Children</i>, 18(4), 337-348. http://depts.washington.edu/isei/iyc/weston_18.4_05.pdf</p>