Why bother with reflective supervision? Barry M. Wright, PhD.

Introduction

The purpose of reflective supervision is to create a safe place for the expression and understanding of the home visitor’s experiences with infants and families. Through sharing and reflecting on these experiences, the home visitor renews her effectiveness, as she responds more accurately and creatively to the infant-parent relationship. In addition, reflective supervision in a group can create a synergism of response and insight that amplifies the benefits for all participants.

Review

Reflective supervision has emerged from a number of strands of thought; supervision is relationship based, a reflective dialogue is more useful than a didactic fix, and the home visitor’s “use of self” is essential (Schafer, 2007; Siegel, 2001; Weatherston, 2007). It is not accidental that each of these elements of reflective supervision echoes key elements of infant-parent work itself. We help parents understand the centrality of their relationship with their infant, support them in reflecting on their experiences as a child and with their children, and support a healthy self to be the parent they want to be. There is also a parallelism of process: problems between family and home visitor are reproduced, in parallel, between the home visitor and the supervisor (Bertacchi & Coplon, 1992). This parallelism provides opportunities as well. As the home visitor feels heard and understood, she is better able to listen and respond effectively to the families with whom she works (Heffron, Ivins, & Weston, 2005).

As in any good supervision, reflective supervision provides a “safe holding environment” in which accomplishments are recognized and shortcomings accepted (Eggbeer, Mann & Seiber, 2007; Gilkerson & Ritzler, 2005, Shahmoon-Shanok, 2000; Heffron, Ivins, & Weston, 2005). Effectiveness of the home visitor is supported and burnout reduced.

General discussion

It is a basic fact that the home visitor experiences such a barrage of cognitive, affective, and interpersonal stimuli in the session that she can consciously process only a small fraction of the information perceived in real time. While the home visitor does her best to keep her head above water, responding in the moment with as much wisdom and intuition as possible, the most confusing, troubling, or unclear data are necessarily set aside for later processing.
Sometimes they can be processed moments later with new information, more often they become clear after the session, the moment the home visitor leaves, starts her car, and is off to the next home visit. This is the vital information that deserves further processing in reflective supervision.

But it is much more than the sheer quantity and ambiguity of information that can overwhelm the home visitor. Such a description would fundamentally oversimplify the experience of home visiting. The challenge comes from sorting out information that is not simply overwhelming in volume, it is also intrinsically “unpredictable and chaotic” (Schafer, 2007). Disorganization, contradiction, and incoherence, are often central to the data, the experience of the home visitor, and the attachments of the parents and infants.

Why is the baby arching his back when the mom is acting loving? Does the baby looked depressed, or just tired? Or is the baby shut down and vacant for some more troubling reason? Has something happened that has not been spoken? What are the sounds in the back bedroom if the father of the baby is gone? Sometimes these questions crystallize in consciousness. Other times they form as vague, partially formed, troublesome feelings that may- or may not- be translated into verbal awareness. Over time, the accumulation of these feelings will bog down the therapist, unless there is the opportunity to reflect constructively on their meaning.

Reflective supervision provides a setting in which multiple layers of essential information can be successfully accessed and then processed. Processing in turn stimulates the home visitor to reflect on other feelings, thoughts, and perceptions that can then be brought into the discussion. This sequence of remembering, reflecting, and remembering again often provides a very different understanding of the problem than that which was initially presented.

The supervisee’s sense of safety in the supervisory relationship, which should never be simply presumed, is essential if she is to non-defensively recall and put words on her experience in a home visit. This is a particularly delicate process when the emerging feelings are not particularly pleasant ones, such as feeling judgmental, irritated, sucked dry, or helpless. And yet these feelings are precisely what must be examined openly if the home visitor is to better understand what is being communicated by the infants and parents.

Without establishing trust in reflective supervision, the problems impeding the treatment are unlikely to be accurately identified. It may be easy to see that something is impeding the treatment, but there are usually dozens of good candidates for that position. The real issue is what is getting in the way of the supervisee thinking and feeling creatively in response to the dilemmas the family presents.

Unless the problem is terribly superficial, simply telling the supervisee to do
something different is rarely effective. Such advice is usually off the mark, missing what is creating the difficulty for this particular supervisee with this particular family at this point in the process. Even if the content of the advice seems useful to the supervisor, it is unlikely to be useful unless it is responsive to the feelings that are troubling the supervisee. Advice is then rarely adopted or implemented in the way it was suggested. What is troublesome to the home visitor remains an impediment in the work, even if the supervisor is under the illusion that things have been fixed.

Understanding and Utilizing Reenactment

Reflective supervision is especially helpful to the home visitor in getting unstuck from painful reenactments from a client’s childhood. The process of shared reflection helps the home visitor identify reenactments, rebalance emotionally, and respond creatively.

Reenactments pervade infant mental health work: parents reenact their childhood experiences with their infants. These reenactments can been understood as “ghosts in the nursery” (Fraiberg, 1975), “angels in the nursery” (Lieberman, et al, 2005), transference, or projective identification. The particularly conceptual framework used is less important than recognizing their presence.

With infants, parents reenact their childhood experiences more often through actions rather than words, and the infant naturally learns to respond. The baby who experiences a parent’s love is loving in return. The baby who is seen as bad and is rejected learns to reject the parent and become bad in return. This basic process is elementary infant mental health, but becomes more complex when it also includes the home visitor and eventually the supervisor.

Home visitors are exposed to the same reenactments as the infants. In entering a home, one is entering a stage full of enactments, as fathers, mothers, and grandparents reenact powerful relationships with each other, the baby, and the home visitor. As with the infant, the script is often nonverbal. The parent may slap a toddler’s hands as he reaches up to be held, or the parent may yell and walk out of the room, slamming a door behind her. These kinds of actions are powerfully evocative for the infant and as well as the home visitor. Only a home visitor with the sensitivity of a stone could avoid having strong emotional reactions to such highly provocative behaviors. Having the feelings is not a problem; maintaining an awareness of the feelings and understanding their meaning, however, is a continual challenge.

Being drawn into a negative reenactment is, by definition, a painful experience. It is unsettling to be experienced as dangerous when trying to be helpful, as mean when trying to be kind, or uncaring when trying to be compassionate. While it is easy to understand this process intellectually as transference or projective
identification, the experience is often troubling enough to remain somewhat out of
the home visitor’s awareness. This is particularly true when the home visitor not
only experiences being seen in a negative light but also begins to have negative
feelings in response. If the home visitor has been taught that there is something
wrong with these experiences, the feelings are easily translated into a diffuse
sense of discouragement or not being good enough.

An essential part of reflective supervision is a compassionate acceptance of the
fact that the home visitor will experience reenactments. These reenactments
invariably communicate critical information about the parent. The goal, however,
is to understand, rather than reenact, the painful scripts. Sometimes the home
visitor is drawn into her part all too completely, acting out the critical, abandoning,
or cold figure than the parent expects. These are mistakes that must be
examined closely. More often, the home visitor is vaguely aware of the negative
feelings being evoked within her, the feelings are set aside because they are
dissonant and troubling, and then the home visitor is left feeling discouraged,
helpless, and stuck.

In many cases the home visitor is, in fact, stuck; she is stuck in a reenactment.
This stuck point can happen in two ways. The home visitor may be drawn into
participating in the reenactment, becoming the critical, abandoning, or distant
parent. Not surprisingly, the treatment ceases to move forward, as the parent and
home visit are caught in a loop of reenactment. This can lead to an early
termination or to long, unproductive treatment.

The other form of getting caught in the reenactment occurs when the home
visitor has some awareness of the negative feelings being evoked by the
reenactment (“I can’t believe she is so mean to her baby”) and squelches the
evoked desire to respond to the script (“I’d really wish I could swat her the way
she swatted her child just now, but I can’t”). For the home visitor, caught between
feeling the negative feelings and not wanting to enact them, the simplest solution
is to try to forget the whole thing and move on with what happens next in the
session. But in essential ways, the home visitor can’t really move forward; she’s
stuck. The parent is stuck as well, reenacting the past, unheard and unchanging.

In reflective supervision, the home visitor has the opportunity to experience her
feelings consciously, understand them in light of the parents’ history and
struggles, and the current challenges with the infant. Maybe the parent was
recreating her childhood with the hope of a different outcome, perhaps that her
pain would be heard, perhaps that home visitor would understand how badly she
feels as a mom to be doing this, perhaps so the home visitor would help her
protect her child. There are many, many possible responses, depending on the
home visitor’s uniquely nuanced experience of the parent-infant relationship.
With reflection, the home visitor is freed up emotionally to respond in a healing
way to the parents’ negative expectations. This, in turn, is critical to healing the
parents’ experience and opening up new opportunities with their infant.
The home visitor may bring her most difficult dilemmas, her most personal “stuckness”, to supervision in the form of a reenactment. She may evoke feelings and experiences from the reflective supervision group that parallel what is being evoked in her by the family. This can be as troublesome as it is useful. For example, a reenactment that is brought to the group is likely to reflect both the personal experiences and sensitivities of the home visitor as well as the unspoken experiences of the parents. When a holding environment has truly been created by the supervisor and the group, it becomes possible for the home visitor to tease these strands apart, to become free from the stuck position. She can then once again respond to the infant and family, instead of trapped by reenactments.

Accomplishing this, not unlike infant-parent work, is easier said than done. While process of reflective supervision is challenging, the benefits of hearing and understanding the home visitor’s experiences can be enormous for the group, the parents, and the infants.