ASSOCIATION OF CHILD LIFE PROFESSIONALS POSITION STATEMENT ON CLINICAL SUPERVISION AND REFLECTIVE PRACTICE

I. INTRODUCTION

Child life specialists are faced with professional challenges in their practice on a regular basis. Such challenges may be related to decision-making, end-of-life care, therapeutic relationships, and numerous other clinical concerns. Regular, ongoing clinical supervision is needed to provide opportunities to process clinical challenges, lessen compassion fatigue, promote the growth and development of child life specialists, and to ensure that competent care is provided to patients and families. In order to continue the development of the child life profession, and more importantly to ensure the quality of care provided by child life professionals, clinical supervision opportunities are essential. Both the practitioner and supervisor/facilitator have attributes, competencies, and skills to contribute to this dynamic clinical supervision relationship.

Clinical supervision is operationally defined as a formal process based upon a clinically focused professional relationship between the practitioner and supervisor/facilitator to support and enhance the quality of care for patients and families. Clinical supervision enables individual practitioners to develop knowledge and skill and assume responsibility for their own practice; it is central to the ongoing process of professional growth and learning. In child life practice, clinical supervision is seen as a means of encouraging therapeutic competence, critical thinking, and reflective skills.

As the child life profession expands and matures, it is our responsibility to set the standard of clinical supervision to develop a thoughtful, strong, and reflective practice. The Position Statement on Clinical Supervision and Reflective Practice in Child Life lays the groundwork for the standards related to this important dimension of our professional practice and development.

II. THE GOALS OF CLINICAL SUPERVISION IN CHILD LIFE

- To facilitate the development of a capacity for self-reflection and insight to deepen clinical work with children and families
- To enhance the professional growth of individual practitioners and the discipline of child life
- To encourage therapeutic competence, critical thinking, and reflective skills
- To effectively process complex clinical situations and the dynamics of healthcare systems
- To ensure that child life practitioners are not expected to manage clinical challenges or other problems alone
- To ensure that practitioners have the knowledge, skills, and personal attributes needed to provide quality care to children and families that adheres to ethical standards in the profession (Hawkins & Shohet, 2007)

III. ESSENTIAL COMPONENTS OF CLINICAL SUPERVISION

Reflection

Reflection involves stepping back from the direct, intense experience of clinical work and exploring the thoughts, feelings, and issues the child life specialist is managing. The practitioner shares their own

perspective on the experience in an atmosphere of active listening and thoughtful questioning. The supervisor/facilitator, or group participants, are able to offer another pair of eyes and a non-judgmental ear. From the dialogue between the practitioner and the supervisor/facilitator or among group participants, a clearer vision of the work can evolve. By attending in supervision to one's own affective experience, the child life specialist can learn more about what the children and families are experiencing and make decisions about goals and interventions.

Collaboration
The relationship between supervisor/facilitator, practitioner and group members can be nourishing and rewarding, and should be an established part of all work environments. The supervisor/facilitator relationship's foundation is built on trust and safety, shared power, mutual expectations, communication, and feedback.

Regularity
Supervision must occur regularly. Time must be allocated for the supervisor/facilitator relationship to evolve, and the time must be protected from interruptions. Without the necessary commitment of time – time to reflect, to collaborate, and, above all, to establish trust in the relationship itself – effective supervision is not possible. Clinical supervision is critical for entry-level child life professionals and essential at every level for ongoing professional development. Designated time for supervisor/facilitator processes demonstrates a commitment and an understanding of the value of clinical supervision in child life professional development.

Competency
The supervisor/facilitator possesses the essential knowledge and skills to be effective in the role. An effective clinical supervisor/facilitator needs to be proficient in the essential components of reflection, collaboration, and group process, and must also be able to utilize those components to understand and process their own affective experience (Fenichel, 2002).

IV. STANDARDS OF CLINICAL SUPERVISION PRACTICE

Supervisor/Facilitator Role
The child life supervisor/facilitator should have mastery of the relevant knowledge and skills of clinical supervision in the child life profession and will seek to excel in helping practitioners to develop clinical skills in their work with children and families in many settings and contexts. The supervisor/facilitator applies core child life principles to their work and helps the practitioner demonstrate an appreciation and acceptance of the dignity and well-being of all children and families and their right to self-determination, privacy, and confidentiality.

The supervisor/facilitator possesses the ability to:

- Effectively process with the practitioner or group members, the delivery of clinical child life services to children and families.
- Effectively process with the practitioner the components of team and group dynamics, communication, and collaboration.
- Recognize the impact of the supervisor/facilitator's own past experiences, values, and beliefs on the supervisor/facilitator process.
- Provide consistent, ongoing feedback and evaluation with the supervisee.
- Understand and apply professional codes of conduct and ethics.
- Distinguish and effectively manage the dual relationships when providing both clinical and administrative supervision.
- Apply knowledge of diversity and cultural competency and the impact of cultural differences in

reflective practice.
- Explore personal issues that relate to work with clients while avoiding the provision of counseling to the supervisee.

Supervisor/Facilitator Relationship
The relationship between the supervisor/facilitator and the practitioner is based on a shared commitment to providing the best possible psychosocial care to patients through increased self-awareness and self-reflection. This relationship includes:

- The effective recognition and processing of transference/counter transference when it occurs.
- The development of the practitioner's self-assessment/self-evaluation skills.
- The ability to collaboratively identify, agree upon, and adhere to the goals, structure, and parameters of the supervisor/facilitator relationship.
- The ability to develop trust through mutual respect and willingness to share openly and accept critical feedback about work with clients.
- The ability to identify, acknowledge, and process any emotional reactions or responses that arise.

Structure/Format
Although the structure and format of specific clinical supervision delivery may vary according to setting, several core components must be present to facilitate the mutual trust between participants and the effectiveness of the supervision itself.

Determinations or decisions about the following factors need to be made. Suggestions and options are presented for each component in recognition and consideration of the range of variables within individual programs that will guide decision-making, including the program size, staffing patterns, the presence of clinical ladders or supervisor/facilitator staff, among others.

Format
The format for supervision may vary from individual to group. The individual or group members may be responsible for setting part of the agenda along with the facilitator/supervisor. An issue or topic may be selected beforehand or chosen from several issues presented at the time.

Facilitator(s)
It is best practice for the supervisor/facilitator (for groups) to be an experienced child life professional. Others trained in supervision and reflective practice could be engaged to supplement and/or serve in absence of an experienced child life professional.

In many programs, it is likely that a director or supervisor/facilitator with administrative responsibilities, including performance evaluations, may provide clinical supervision. However, in programs with a clinical ladder or some method of identifying clinical leaders, these experienced child life specialists often serve as individual or group facilitators in a clinical supervision model. In group settings, peer supervision can also be effective, perhaps rotating the facilitator role.

Frequency
Clinical supervision needs to be consistent in both time and frequency. Programs typically decide upon a bi-monthly or monthly frequency for optimal value.

Length of session
Individual and group clinical supervision sessions should generally be held for 60 minutes of uninterrupted time, often including a ten-minute period at the end of the hour for debrief of the reflective practice experience.

Size of group
Group size can vary according to the specific department's needs or size. In large programs, a group with more than eight members generally requires more than one supervisor/facilitator with a recommended ratio of twelve members to two supervisors.

Environment
Supervision sessions should be conducted in a quiet, comfortable space that protects patient confidentiality. It is highly recommended that pagers and cell phones are turned off and that provisions are made for cross-coverage. If alternate coverage is not possible, unit/clinic staff should be made aware that time is set aside and protected for clinical supervision. In this case, the department can agree upon parameters to allow participants to be contacted in case of emergency.

Attendance
Ongoing clinical supervision is most effective when participation is expected and part of a child life professional's work responsibilities. Attendance records are helpful in creating documentation not only for departmental records, but also to document compliance with regulatory standards.

Membership/Participation
Group constellation should meet the needs of each specific program. Multidisciplinary child life departments (e.g., child life specialists, creative arts therapists, teachers, etc.) may feel clinical supervision is enriched when all staff participate together. Interdisciplinary team supervision is also valuable in one-person programs or when a child life specialist is assigned to a specific service, perhaps outside the purview of a child life department. Child life assistants or other paraprofessional staff may benefit from their own group. It is generally recommended that students and volunteers not participate in clinical supervision groups with professional staff.

Content
The content of clinical supervision sessions will be shaped by the nature and scope of the specific program. Some programs utilize the case conference format before moving into one issue with more depth. More general topics and issues of a clinical nature can also shape the content and be a springboard for individual child life specialists to explore their work with patients and families.

Guidelines and Ground Rules
Establishing guidelines and ground rules for individual and group clinical supervision is essential to defining the parameters of the work for both supervisor/facilitators and supervisees. Decisions are to be made in each case, based in part upon departmental and institutional requirements, regarding the signing of a formal contract versus mutual agreement upon a set of written guidelines.

V. Administration of Services

The department or organization as a whole must create a culture that facilitates, nurtures, and promotes clinical supervision as an integral part of the workplace. Supervision policies and practices should be developed through a collaborative process, guided and supported by leadership, which integrates the following oversight components:

- Clinical supervision/reflective practice program management.
- Integration with organization and department mission.
- Identification of goals and priorities.
- Team decision-making.
- Supervisor/facilitator/facilitator access to training.

- Access to identified resources.
- Evaluation of process.
- Institutional policies and procedures.
- Documentation.
- Clinical competence factors.

RESOURCES/BIBLIOGRAPHY

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Websites:

Several articles and books on reflective practice and reflective supervision are available from Zero to Three (www.zerotothree.org)

Clinical Supervision: A Practice Specialty of Clinical Social Work A Position Statement of the American Board of Examiners in Clinical Social Work. Available at https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbl4BuwI%3D&portalid=0.