Infusing Reflective Practice into Integrated Behavioral Health and Primary Care

By: Dr Brea Lauer and Dr Heather Unrue

Cincinnati Children's™
changing the outcome together

Abstract

As part of reflective practice (RP), clinicians are encouraged to reflect upon their emotional reaction to a patient interaction and any associated impact on clinical decision making. Although required as part of many training programs, RP does not receive the same emphasis as clinicians begin functioning independently. One notable exception is within the field of infant and early childhood mental health (IECMH) where reflective supervision/consultation is valued as a unique opportunity to learn from clinical experiences to improve clinical practice and become better clinicians in the process. Research within IECMH has suggested that reflective practice can have many benefits, including reductions in job stress and burnout, although these benefits may be dependent upon critical factors that should be present when implementing RP.

As part of our core team processes, our integrated behavioral health team engages in monthly structured group RP. Having dedicated space to discuss emotionally charged or challenging patient interactions has allowed our team to explore the professional and personal impact of these cases in a way that is both growth-oriented and psychologically safe. Given the significant presence of trauma in our patient population and surrounding communities, RP offers a professional lifeline at times as well as a readily available source of self-care. From a clinical perspective, enhancing our own reflective capacity can serve as a parallel process as we work to foster the reflective capacity and mindful parenting skills in our patient population- skills that have been associated with improved child-parent relationships.

This presentation will define the purpose and implementation of RP within a primary care setting. Specifically, we will present the 5-stage process we use to guide our RP as well as the factors that impact the feasibility and acceptability of RP among our team of clinicians with diverse professional backgrounds.

What is Reflective Practice?

Broad Definition: the capacity for self-awareness, curiosity, and critical thinking in practice.

Reflection: giving ongoing attention to thoughtfully and intentionally consider observations, emotions, values, biases, and perspectives of parties and situations.

Reflective Practice takes these broad definitions and puts them into action for mindful decision making and problem solving in clinical practice. It has been adopted in many professions [e.g. psychology, social work, medicine, nursing], and adopted as a core component of infant mental health by Zero to Three and the Michigan Association for Infant Mental Health.

When one encounters a difficult patient experience, many emotions in providers and patients are created that can drive beliefs, behaviors, verbal responses, and impact mental, physical, and developmental clinical outcomes. To avoid adverse outcomes, being thoughtful about what we as providers are feeling, thinking, assuming that is driving our behaviors is key to optimal care. But also, it is important to step back and consider what has the family gone through today, this week, this month, in their life that could be impacting their current thoughts, feelings, assumptions and responses in this moment.

This can occur in the moment, in clinical supervision for trainees, in peer consultation within clinic or in peer consultation later.

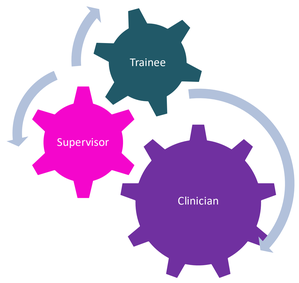
Supervision and IECMH

Infant and Early Childhood Mental Health [IECMH]: Working within this population exposes clinicians and trainees to more of the family dynamics and contextual adversity facing the families including systemic discrimination, marginalization, and health disparities. In turn, the risk for compassion fatigue, empathetic strain, and burnout increase. For this reason, integration of reflective supervision and consultation is considered integral to work in this field of psychology.

Several clinical components of reflective supervision/consultation include:

Supervision and Training: Increased reflective capacity generated in this practice resulted in increased engagement with youth, insightfulness into behaviors in the therapy room, and decreased negative responding with families and children. It also built confidence and sense of self-efficacy within clinicians and may mitigate vicarious trauma in trainees.

Things that can hinder these benefits: past professional experiences, unmet/unclear/unrealistic expectations, personality/temperament match between supervisee and supervisor, and supervisor factors [experience with/capacity for reflective practice, ability to contain emotion and engage in perspective taking].



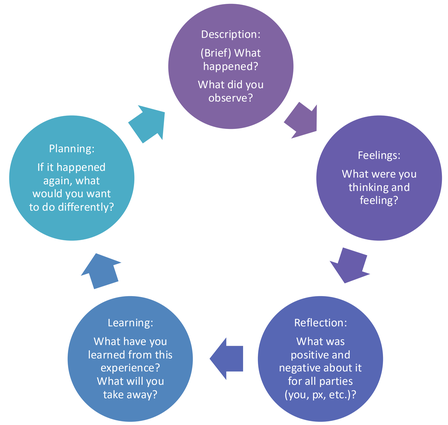
Transferring this from Training to Practice

Clinician: In Health Service (HSP) and Infant Mental Health areas, becoming more self-aware through reflection and social responsiveness is key to improving health outcomes for our families by better identifying addressing social determinants relevant to each patient and provider. From a clinical perspective, enhancing our own reflective capacity can serve as a parallel process as we work to foster the reflective capacity and mindful parenting skills in our patient population- skills that have been associated with improved child-parent relationships.

Application in Integrated Behavioral Health

Components of Structured Peer Consultation at CCHMC:

- Monthly meetings with team members across sites with attention given to protecting this time as part of professional development
- Team members are assigned to either present a case or facilitate reflective discussion for each month (flexible to meet needs of team)
- Use of reflective cycle to promote discussion
- Integration of key components of reflective practice



Reflective practice should be guided by:

- Knowledge
- Self-Assessment
- Respectful Curiosity
- Intentional Action using Increased Awareness
- Safe Colleaguial Relationships
- Ethical and Social Justice Examinations
- Humility
- Other over Self Orientation

Obstacles

- Limited professional experience with reflective practice beyond graduate training
- Need for additional empirical research on most effective components of RP
- Lack of Organizational Support (e.g., promotion of psychological safety, protected time for RP meetings)
- Scarcity of Resources for Independent Work Outside RP Meetings (e.g., books, podcasts, TEDtalks, Journal Articles, etc.)

Integrating Diversity

Although focus on diversity-related issues is not required in reflective practice, it provides an optimal framework for building socially responsive practice as a part of reflective work. In HSP literature, it is shown to support up-to-date knowledge, competent practice, social engagement, and better serve the underrepresented communities within our medical settings.

Diversity in our Structured Peer Consultation Model:

- Naturally present itself as part of our discussion about patient interactions.
- Encourages open exploration of any potential biases in our interactions
- Increases mindfulness about disparities between our predominantly white clinicians and families of color.

APA
- Awareness and knowledge of cultural differences
- Self-reflection for personal and professional function

HSP
- Increasing self-awareness by sharpening reasoning, thinking, reflective functioning, and judgment
- Improve application for the social context of Psychology

IMH
- Improves parental mindfulness and parental reflective functioning as our own self-reflection translates into practice
- This in turn increases positive parenting and parental warmth, and decreases parental stress and child internalizing and externalizing issues

References

Tobin, M., Carney, S., & Rogers, E. (2024). Reflective supervision and reflective practice in infant mental health: A scoping review of a diverse body of literature. Infant Mental Health Journal, 45(1), 79-117.

Barron, C. C., Dayton, C. J., & Goletz, J. L. (2022). From the voices of supervisees: What is reflective supervision and how does it support their work?(Part I). Infant Mental Health Journal, 43(2), 207-225.

D'Angelo, E. J., Botia, L. A., Hachiya, L. K., Hagstrom, S. L., Horn, J., & Tawfik, S. H. (2023). Socially responsive reflective practice: A cornerstone of professionalism for health service psychology. Professional Psychology: Research and Practice, 54(1), 39.

Huynh, T., Kerr, M. L., Kim, C. N., Fourianalistyawati, E., Chang, V. Y. R., & Duncan, L. G. (2024). Parental reflective capacities: a scoping review of mindful parenting and parental reflective functioning. Mindfulness, 15(7), 1531-1602.