

What's on Your Side of the Mirror? Reflective Practice for Clinical Supervisors in Speech-Language Pathology and Audiology

Judy Stone-Goldman

Working as a clinical supervisor requires speech-language pathologists and audiologists to sustain multiple relationships with students, clients, and clients' families. For these relationships to be effective and beneficial for all involved, supervisors must be able to maintain internal balance, which includes both emotional calm and mental clarity. Because the demands and emotions of teaching/helping relationships can easily disrupt balance, supervisors must be proactive in taking care of and responding to their internal states. Reflective practice is suggested as a way for supervisors to increase their self-awareness and explore the feelings and thoughts triggered in supervisory work. Through reflective practice, supervisors become able to recognize emotional and mental reactions signaling imbalance, understand and reduce the possible factors that contribute to these reactions, and work on improving the internal skills that help sustain well-balanced teaching/helping relationships.

The article author, Judy Stone-Goldman, employed by University of Washington, has no relevant financial or nonfinancial relationship to disclose.

Learning Objectives:

1. Describe the difference between emotional balance and emotional imbalance.
2. Define what a trigger is and give two examples in supervisory work.
3. Give three examples of how reflective practice may be applied to supervisory work.

If you are a clinical supervisor, you spend considerable time paying attention to others and standing apart from events. You watch students in their therapy sessions (often from a darkened room). You monitor clients' programs to make sure treatment is appropriate and progress is adequate. You refrain from providing students all the answers or rushing to show what you would do to solve a problem. Even when in the room with a student and client, you reduce or minimize your direct involvement so that the student can take charge. In moments of review and evaluation, you are often still thinking about people or concerns outside of yourself.

The supervisor's focus on others within clinical supervision is necessary, but what gets lost when the supervisor is cut from the equation? Is there another

rather than excludes supervisors' experiences? Could such a reframe add to supervisors' effectiveness as well as their satisfaction? In this article we shift from a conventional focus on the student to a reflective focus on the supervisor. This change in focus allows us to explore our experiences of and reactions to supervision, and to see all our experiences (including the less pleasant ones) as potential sources of learning and growth. Fundamental to the reflective focus is the belief that by examining feelings, beliefs, and reactions, we can gain greater self-awareness, which in turn increases our ability to solve problems, change response patterns, and work effectively with others (Mann, Gordon, & MacLeod, 2009).

Supervision and Relationships

Relationships are at the heart of our work in speech- language pathology and audiology (Geller & Foley, 2009; Luterman, 2008). They are the vehicles for instruction, support, and human connection, and the healthier they are, the more fruitful our contribution as supervisors becomes. When we enter into a teaching or helping relationship, as we do with students as well as with clients, we bring our *inner selves*—our emotional and mental states. Those states directly influence the direction and quality of the relationships. If we are not at our best emotionally or mentally, we risk bringing heightened emotional energy, distractions from personal worries, or unclear thinking into the relationship. These unhelpful emotions and thought patterns make us less able to fulfill our ethical responsibility to maximize the welfare of people we

serve (American Speech-Language-Hearing Association [ASHA] *Code of Ethics*, 2010).

Further complicating supervision is that for each student supervised, the supervisor is actually in multiple relationships—supervisor/student, supervisor/student/client, supervisor/client, supervisor/student/client/family. These relationship combinations are subsystems in the larger supervision relationship system (Bowen, 1978; Crouch & Roberts, 1987), and they all present their own challenges. Within each subsystem a supervisor may need to cope with variations in culture (Butler, 2003), crossgenerational communication (Durant-Jones & Kwiatkowski, 2013), personality/temperament (Baggs, 2012), and other sources of possible conflict (Victor, 2013). In addition, participants in these subsystems (including supervisors, students, and clients/families) shape the relationships with their varying strengths and limitations.

Given the interpersonal complexity in supervisory relationships and possible obstacles, we should not be surprised that relationships range from the powerful to the weak, and that some relationships end up draining supervisors' energy and spirit. In addition, supervisors face many personal and professional demands apart from supervision. Despite one's best efforts, the combination of external pressures and immediate challenges can lead to a sense of being thrown off balance. When that happens, a supervisor may experience a loss of patience and perspective and may find it difficult to be attentive, open-minded, and emotionally available in interactions. Losing balance, and suffering from the resultant emotional and mental reactions, is a hazard of helping relationships (Stone- Goldman, 2011a). The concept of balance and its importance to supervisors are discussed in more detail below.

What Is Emotional Balance?

Emotional balance is a state of emotional calm and mental organization, with a sense of being grounded and stable (Stone-Goldman, 2011a). When balanced, we are clear about our feelings and rational in our

thoughts, even in the face of challenging or painful interactions. Because emotional balance encompasses both psychological and cognitive features,

several different theoretical models can contribute to our understanding. We will consider two here, although there are others that could also provide insight. Those two theories are from psychodynamic and cognitive schools of thought.

Psychodynamic School of Thought

From a psychodynamic perspective, balance can be understood as the state of having good emotional regulation and clear psychological boundaries. In this balanced state, an individual is appropriately separate from others' feelings and thoughts, but is still able to engage interpersonally with well-managed emotions, empathy, and mental clarity (Adams, 2005). Another way to say this is that when balanced, one is free from emotional reactivity and countertransference.

Emotional reactivity is a state of responding too quickly and intensely to a stimulus (Carthy, Horesh, Apter, & Gross, 2010), and it is typically associated with feeling anxious and out of control. Emotional reactivity often accompanies countertransference. Countertransference refers most broadly to the many reactions and feelings a professional has in response to clients (Kennedy & Charles, 2001). In fact, countertransference has many possible definitions (Blum & Goodman, 1995), with some definitions emphasizing the professional's personal issues and others emphasizing the ways a client's and professionals psychological states interact (Gabbard, 2001). The differing definitions of countertransference reflect changing theoretical and clinical perspectives since Freud's work (Gelso & Hayes, 2007) and continue to be a source of discussion. The most important point for our purpose is that because of countertransference, a supervisor will have internal reactions to working with students, and these reactions will influence the relationship dynamic unless examined and managed.

Consider, for example, a supervisor who has strong responses evoked by working with a particular student. These responses, which may include feeling states (e.g., anger, dread), thoughts (e.g., distrust, expectation of disaster) and actions (e.g., criticizing, grading harshly), speak of the supervisor's life history and needs, although the supervisor may not be aware of the associations. The supervisor may believe he or she is focusing on the

student's performance but in fact is responding out of personal, internal, unconscious needs (Katz & Johnson, 2006; Trowell & Bower, 1995). Obviously such responses do not meet the needs of the student and will not further the student's education or capacity to help a client.

Cognitive School of Thought

From a cognitive perspective, balance can be understood as having rational, conscious thinking patterns. When balanced, one is free from cognitive distortions, which are thinking patterns that are extreme, based on false assumptions, or otherwise lacking in judgment or rationale (Beck, 1995). Distorted thinking patterns may emerge when one is stressed, anxious, or fearful, and they quickly give rise to negative emotions (Burns, 2008). Once these thinking patterns dominate, the individual sees him or herself and others through a distorted lens. Challenging or painful circumstances can evoke cognitive distortions in professionals, just as they can in clients.

Cognitive distortions interfere with the clear, unbiased thinking a supervisor needs to instruct, evaluate, and support students at different levels of experience (Kirschner, Sweller, & Clark, 2006). For example, a supervisor whose thinking is *polarized*, such that events are all good or all bad, will see only the extremes in a student's work and be unable to provide nuanced feedback appropriate to the student's level. A supervisor whose thinking involves *jumping to conclusions*, will make assumptions about a student's expectations, motivations, or plans and thus fail to engage in open discussion. Cognitive distortions may also affect a supervisor's perception of his or her own work, leading to emotions such as worry and guilt, which in turn may impact relationships with students. See Beck (1995) and Burns (2008) for examples of many other cognitive distortions.

The Emotionally Balanced Supervisor

The emotionally balanced supervisor is well regulated emotionally and suffers from neither countertransference nor distorted thinking. He or she is able to enter a relationship fully available to the student (and other members of the relationship), with a stable emotional presence and a clear mind. The

supervisor's attention is, appropriately, on the student and others in the relationship, and the supervisor's perspective

remains unclouded by internal reactions or confused thought patterns.

This description of balance is inviting—who wouldn't want to be in such an emotionally calm and mentally clear state? Unfortunately, as human beings we have emotional vulnerabilities that are likely to show themselves in teaching/helping relationships (Geller, Dwyer, Gerts, Sampelayo, & Tusa, 2010). Daily stressors, emotionally charged people and circumstances, and frustrations inherent in our work all present threats to our balance (Stone-Goldman, 2011a). As we shift toward imbalance, cognitive distortions and countertransference responses may take hold without our awareness, and our tendency towards emotional reactivity may increase. Expecting unbroken balance is unrealistic for most of us; thus learning more about balance and how to sustain it becomes an important area of professional development.

How Do We Manage Balance?

Managing balance requires us to understand ourselves—how we respond emotionally, how we think, and how we behave. Such understanding is neither selfish nor frivolous; rather, it is an essential ability that contributes to performing to our highest level as supervisors (Geller et al., 2010). Viewed this way, cultivating balance can be seen as part of our professional responsibility. To this end, we need to *develop self-awareness* and *become responsible for our psychological experience* (Geller, 2008; Klein, Bernard, & Schermer, 2011; Trowell & Bower, 1995).

To become self-aware, we must recognize and understand our internal states and how they relate to our behavior. We all have the capacity to deepen our skills for monitoring and interpreting our feelings and thoughts, but we must bring conscious effort to the process. In the course of daily life, we rely on many automatic and habitual ways of thinking and responding, and we may ignore certain inner cues. To develop self-awareness means a commitment to paying attention to ourselves and a willingness to be open to whatever we discover.

To assume responsibility for our psychological experience, we must work with what we learn about our internal states and response styles, trusting that understanding our thoughts and feelings will give insight into our relationships (Geller & Foley, 2009; Trowell & Bower, 1995). We must be willing to find ways to calm and refocus ourselves as well as improve and expand upon the ways we respond. Our goal is to have more and better options when we notice internal imbalance. In this way we commit to developing a “best self,” who will then be available to serve students and clients most effectively.

Of course, the question then becomes, what is our avenue for developing self-awareness and becoming responsible for our psychological experience? The answer offered here is *reflective practice*. Reflective practice is the approach that will allow us to build a conscious inner life, through which we build skills for balance.

Reflective Practice

Reflective practice is an on-going act of self-examination and exploration of one’s thoughts and feelings in response to life experiences (Boud, Keogh, & Walker, 1985). Its goal is to bring one to deeper levels of understanding, which can lead to better understanding of oneself, new perspectives on problems, and strategies for change. Mann et al. (2009) discuss the many definitions of reflective practice.

Reflective practice can be applied in many ways and for different purposes, but it always entails the examination of self. For a supervisor, who is more accustomed to paying attention to others, this attention may be unexpected. One can say that through reflective practice, a supervisor brings into focus a relationship dyad that often gets ignored: that of the supervisor and self. By exploring oneself, the supervisor is then able to bring a clearer, more balanced attitude into supervisory experiences.

Reflective practice is already part of professional practice in many fields. Psychologists and psychoanalysts have long viewed reflection as a means of understanding oneself and the client within psychotherapy (Isenberg, 2012), and on-going reflection has been described as a key to a counselor’s

maturation from novice to seasoned professional (Rønnestad & Skovholt, 2003). After Schön (1987) introduced the term *reflective practitioner* within education, an increasing number of applications emerged in healthcare, including nursing education and practice (Levett-Jones, 2007), physician training (Kohn, Bernardo, Huck, & Cable, 2011; Shapiro, Kasma, & Shafer, 2006), and interdisciplinary rehabilitation teamwork (Kember, 2001).

In speech-language pathology and audiology, reflective practice has been gaining in visibility. Conference presentations (Caty, Doyle, & Kinsella, 2011; Geller, 2008; Robke & McGinley, 2011; Stone-Goldman, 2012; Strube, Hilliard, & Gooch, 2012), publications (Geller & Foley, 2009; Stone-Goldman, 2011a), policy statements (American Speech-Language-Hearing Association [ASHA] 2006), and continuing education opportunities (Geller et al., 2010; Stone-Goldman, 2011b) all point to the role reflective practice is taking within the professions.

Reflective practice can be directed towards many aspects of professional growth and development (Caty et al., 2011; Strube et al., 2012) and student training (Louko, Bryant, & Zebrowski, 2011). Even within the topic of supervision, there are various ways to approach reflective practice (Geller & Foley, 2009; Hudson, 2010; Stone-Goldman, 2011b). Despite differences in focus and approach, all share the goals of self-examination for the purpose of improving awareness and professional effectiveness.

Where We Need Reflective Practice: Emotional Hotspots

Most of us have emotional hotspots, those places where we feel easily agitated or hurt and where impulses are heightened. At one time or another, these emotional hotspots get touched, and we find ourselves thrust into unexpected emotions and unplanned responses (Gelso & Hayes, 2007). When we respond in this unexpected and unplanned way, we have been *triggered* and thrown into imbalance. Being triggered is not just a psychological event; it entails neurologically based stress circuits that get aroused and activated (Mitrovic, Fish de Pena, Frassetto, & Mellen, 2011).

When we are triggered, our ideas about the “right things to say” or our intention to be patient and thoughtful can go by the wayside. Instead, we say something we regret or feel ourselves flailing about in a sea of emotions. We

usually respond more intensely than we wish, perhaps defensively or angrily (Orsillo & Roemer, 2011). Often we have side issues brought to the surface, whether personal problems that relate to the present conversation, a memory of another professional interaction, or a long-standing life issue (Katz & Johnson, 2006; Mitrovic et al., 2011).

In our work supervising students, potential triggers abound. Because triggers are both individual and contextual, something that triggers one person may not trigger you. At the same time, some scenarios are common potential triggers for supervisors. Consider whether any of the following situations would be a trigger for you (Stone-Goldman, 2013a):

A student fails to follow up on your suggestions or gives you many excuses and rationalizations for incomplete work

A student behaves in a way that reminds you of your sister/daughter/brother/son/mother, etc.

A student has habits you consider particularly unpleasant

A student's behavior strikes you as disrespectful

A student points out mistakes you've made

A student is more skilled and creative than you are

Triggers may seem to make sense at first glance. After all, isn't it frustrating to deal with a nonresponsive student? Isn't it normal to get angry when patient care is compromised by a student's inaction? Aren't some students just *hard*? In fact, triggers frequently do relate to situations that are problematic or disappointing. At the same time, they are often about our view of ourselves and our role: we feel inadequate, disrespected, or powerless. Such inner responses are characteristic of countertransference (Gelso & Hayes, 2007), and they may lead us to

defend or attempt to prove ourselves. Whether a trigger seems “legitimate” or merely startling, it throws us into imbalance, and we are then prone to reacting in less productive ways.

Triggers often connect with some part of our life story. We hold many values, beliefs, and response styles learned in childhood, which continue to operate on conscious and unconscious levels (Papero, 1990; Skinner & Cleese, 1995). Over time, we add to our expectations of how things “should be” and how people (especially students) “should behave.” All these experiences, memories, and expectations are ready to be brought to the fore with a triggering moment. In addition, we all have insecurities that get tapped into, as well as many memorable experiences (for better or worse) that, once evoked, color our current responses

(Katz & Johnson, 2006). Because our reactions typically reflect multiple psychological and experiential factors, we may not immediately understand a trigger’s meaning, and even a superficially innocuous statement could be a personal trigger.

Being triggered can be confusing, embarrassing, and disruptive. It is, without question, a human response that happens to even the most experienced and skilled supervisors. No matter the meaning assigned to a particular reaction, the imbalance from a triggered response signals a need for internal awareness and adjustment. Our maturation and skill are reflected not by a complete freedom from being triggered but by a willingness to explore our internal responses and change our attitudes and beliefs. We become able to see the trigger as an opportunity to learn about and improve ourselves.

Using Reflective Writing to Cope with Triggers

To understand our triggers, we must be able to think about them quietly and contemplatively, with an attitude of curiosity and open-mindedness (Orsillo & Roemer, 2011). For this we need time and privacy. You may already have activities that provide a way to turn inward, such as meditation, yoga, or walking in an area of natural beauty. Such activities can be times of

reflection, but they do not readily allow you to preserve your thoughts or review them at a later time. Being able to review your thoughts is key to deepening and advancing your reflections (Stone-Goldman, 2011a). For this reason, writing is an ideal method for reflective practice. Numerous authors have contributed to the theory and practice of reflective writing (Bolton, 2001; Boud, 2001; Kacwicz, Slatcher, & Pennebaker (2007); Stevens & Cooper, 2009).

Reflective writing is spontaneous, minimally structured, personal writing, a form described by both professionals and artists (Bolton, 2001; Cameron, 1992; Dowrick, 2009; Goldberg, 1986; Kacwicz et al., 2007). It is not academic or professional and thus does not have to conform to a specific format or meet rules for spelling or grammar. Its goal is to allow the writer free and uncensored self-expression on designated topics. The act of reflective writing bears a similarity to journal writing (Boud, 2001), although reflective writing for professional exploration brings in different elements than are typically used in journaling (Louko et al., 2011; Stone-Goldman, 2011a). You may write by hand or on keyboard, at a time of your choosing, for short or long stretches. By reading your writing afterwards, highlighting ideas that strike you as important, and writing more about these ideas, you can advance and deepen your reflection. See Stone-Goldman, 2011a, for detailed instructions on the writing procedure.

Reflective writing can serve multiple purposes. At its most basic it can be a tool for venting. Sometimes we need to release emotions or angry/irritated thoughts around an experience. Writing has been shown to be a valuable approach for people dealing with traumatic and stressful events (Pennebaker, 1997) or chronic health issues (Baikie & Wilhelm, 2005). Pennebaker developed a research paradigm that has been used over many years for studying the benefits of expressing emotions through writing. Simply getting words onto paper can provide us relief from internal pressure, as if we are “emptied” of some of the stress.

Beyond venting, however, reflective writing offers an opportunity for deepening our understanding, forging connections among apparently disparate topics, and discovering solutions to problems (Baikie & Wilhelm, 2005). This is where reflective writing becomes particularly powerful to us in

dealing with triggers. Through our writing we describe the experience of being triggered, seek to understand its larger meaning to us, and develop strategies to handle the situation better the next time.

Writing in Response to Triggers

Understanding our internal states requires us to communicate with ourselves. One of the ways to do this is to ask ourselves questions, which we then answer through our writing (Plack & Greenberg, 2005). There are many questions one can pose to learn more about triggers—about the event that triggered us, our reactions, and our associations and memories. Any question can be an entry point into the writing, and as we write, new questions are likely to present themselves. We do not need to worry about “the right question” any more than we worry about “the right place to start” or “the right reflection.” Our goal is to enter into the writing process without trying to control it; we let go of expectation and trust that whatever we write will take us a step closer to ourselves (Herring, 2007).

Reflecting After a Trigger. Reflecting after we’ve experienced a trigger, called “reflection-on-action” (Mann et al., 2009; Schön, 1983), gives us an opportunity to recover from and benefit from what might have been an unpleasant experience. We have the chance to vent our feelings, analyze the experience, release tension that might have accrued, and plan different ways of responding. The sooner after a trigger we write, the more we can deal with the feelings and thoughts surrounding the trigger.

Here are some questions you can ask yourself when reflecting after an event:

1. What am I feeling right now? What thoughts are going through my head?
2. What is the meaning to me of this situation/comment? Does it remind me of anything from my past? Why might I have responded so intensely?
3. If I step back from the situation, how could I see it differently or respond differently?
4. Is there anything I need to explore, something personal or professional that extends beyond this situation?

Once we have given ourselves time for such reflection, we are likely to find ourselves calmer and less prone to negative thinking. We may still have uncomfortable feelings—from anger to disappointment to sadness— but they are less likely to inspire our next words or actions. We arrive at clearer, more reasoned ideas about handling a situation effectively. In other words, we become more balanced.

Reflecting Before a Potential Trigger. Reflecting before a potential trigger, called “anticipatory reflection” (Pinsky, Monson, & Irby, 1998; Schön, 1983), is ideal because it gives us the chance to prepare ourselves for a difficult situation, making us less vulnerable to triggers. Examples of such situations might be meeting with a student with whom you’ve been struggling; joining a student in a session, when you want to avoid the tendency to take over too quickly; or meeting with a student to discuss unsatisfactory work. By reflecting ahead of time you can identify the challenges and potential triggers, clarify your intentions and goals for the conversation, rehearse possible ways of expressing yourself, and identify personal issues that might intrude. Taking a few minutes to reflect before such an event may also calm you and start you off on a more relaxed note.

Here are some questions you can ask yourself when reflecting before an event (Stone-Goldman, 2013b):

1. When I look ahead to this meeting/situation, what feelings and thoughts come to mind?
2. What associations (memories/related experiences) do I have to this event (including the people) that might confuse me or interfere with the present interaction?
3. What would I like to communicate/handle? What would it look like if I were successful?

4. What hazards do I see—potential triggers? ways I might respond that I don't like? defensive reactions?

Of course, just because we reflect before an event does not guarantee we will remain perfectly balanced. We may still find ourselves responding to triggers. As with any skill, we will become more capable and more confident with practice. That does not mean we necessarily get to a place where we are always balanced and free from triggers, but the frequency of triggering events should decrease, and reactions should diminish in intensity (Orsillo & Roemer, 2011). Perhaps you will even find yourself noting your triggered responses with a sense of humor, saying, “There I go again!” Understanding your fallibilities, keeping your sense of humor, and gaining in humility will go a long way to reducing the sting of being triggered.

Reflecting On-the-Spot. In reading about triggers, you may have wondered, “What can I do at the moment of the trigger? Isn't there a way I can handle it at the time?” These are good questions, and the answers are a combination of “yes” and “no.”

Making reflective practice part of your routine will increase your awareness. Over time, you will be more prepared for triggers and you will recognize your response patterns before they unfold fully. By tuning into the cues that indicate you are getting imbalanced, you can learn ways to “back off” from the intensity that signals a triggered response. In this way you will be able to monitor yourself during interactions, which will allow you to calm yourself and adjust potential responses before speaking or acting in a heightened manner. This is reflecting on-the-spot in real time, called “reflection-in-action” (Hewson, 1991; Schön, 1983), a skill related to mindfulness (Shapiro & Carlson, 2009).

Reflecting on-the-spot is a skill that takes time to develop. The more you improve your reflective skills, the more you will move towards successful on-the-spot reflection. Here are some tips to use in the short term to help you develop your awareness and self-monitoring (Orsillo & Roemer, 2011; Shapiro & Carlson, 2009; Stone-Goldman, 2011b):

1. At low-stress times, practice asking yourself, “What am I thinking? What am I feeling?” Practice awareness without attempting to think or feel something different. Don’t wait for a crisis to practice.
2. Remember to breathe. When anxious or upset, we are likely to become more tense. We might hold our breath or breathe more shallowly, which can increase anxiety.
3. Stay alert to moments when you are feeling triggered. Pay attention to the feeling of being triggered even if you cannot alter your response right then.
4. When you notice yourself responding too intensely or having an uncomfortable reaction, look for a way you can change some small part of your reaction. For example, relax your face or your body posture, give yourself more time to listen, or slow your speech rate.

Conclusion: Beyond Supervision

In this article we have focused on the importance and value of reflection for the clinical supervisor dealing with disruptions to balance. In reality, any supervisor who commits to reflective practice will discover how quickly the reflection extends beyond the immediate supervisory concerns—to other professional matters and then to general life issues. In daily life, the interplay between the personal and the professional is frequent and complex, sometimes subtle and sometimes obvious (Katz & Johnson, 2006; Stone-Goldman, 2011a). For example, we might find ourselves distressed when a client’s problems remind us of those of our own aging parent; we might have uncomfortable memories of being a novice when a graduate student struggles; we might experience anxiety and sadness when students’ or clients’ losses resonate with losses we anticipate or have suffered.

We may begin reflection with an eye towards supervisory issues, only to find ourselves turning toward a deeply personal matter. Even if we are surprised by what we stumble upon, we need not worry or block the path of reflection. Our professional life is rich with stories and emotions that inevitably connect to personal realms, and we must be open to following whatever winding road

our reflection takes. We can best understand the whole of ourselves by receiving and examining all the pieces that come to our awareness.

Our goal becomes to appreciate the importance of our internal lives, to understand our intersecting personal and professional experiences, and to parse out what is real and immediate versus what is an echo of our personal story. In the short term we restore as much balance as possible and tuck away our unfinished business until we have more time for exploration. In the long-term we practice moving towards balance as often as possible and leaving ourselves open to new levels of insight. We continually strive to bring our most balanced self to our professional interactions, and to approach challenges with dignity, compassion, and acceptance.

Correspondence concerning this article should be addressed to:

Judy Stone-Goldman

jstonegoldman@mac.com

<http://JudyStoneGoldman.com>

References

Adams, J. (2005). *Boundary issues*. Hoboken, NJ: John Wiley & Sons, Inc.

American Speech-Language-Hearing Association. (2006). Professional performance review process for the school-based speech-language pathologist [Guidelines]. Retrieved from <http://www.asha.org/policy/GL2006-00275.htm>

American Speech-Language-Hearing Association (2010). *Code of Ethics* [Ethics]. Retrieved from <http://www.asha.org/Code-of-Ethics/>

Baggs, T. (2012). Understanding personality: A key to supervisory success. *Perspectives on Administration and Supervision*, 22 (March), 4- 11. doi: 10.1044/aas22.1.4

Baikie, K. A., & Wilhelm, K. (2005). Emotional and physical health benefits of expressive writing. *Advances in Psychiatric Treatment*, 11, 338-346. Retrieved from <http://apt.rcpsych.org/content/11/5/338.full> .

- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: The Guilford Press.
- Blum, H. P., & Goodman, W. H. (1995). Countertransference. In B. E. Moore & B. D. Fine (Eds.), *Psychoanalysis: The major concepts* (pp. 121-129). New Haven, CT: Yale University.
- Bolton, G. (2001). *Reflective practice: Writing and professional development*. London: Paul Chapman Publishing, and Thousand Oaks, CA: Sage Publications.
- Boud, D. (2001). Using journal writing to enhance reflective practice. *New Directions for Adult and Continuing Education*, 90, 9-18.
- Boud, D., Keogh, R., & Walker, D. (1985). *Reflection: Turning experience into learning*. London: Kogan Page.
- Bowen, M. (1978). *Family therapy in clinical practice*. Northvale, NJ: Jason Aronson Inc.
- Burns, D. (2008). *Feeling good: The new mood therapy*. New York: Harper. (Original work published 1980.)
- Butler, S. K. (2003). Multicultural sensitivity and competence in clinical supervision of school counselors and school psychologists: A context for providing competent services in a multicultural society. *The Clinical Supervisor*, 22 (1), 125-141. doi:10.1300/J001v22n01_09
- Cameron, J. (1992). *The artist's way: A spiritual path to higher creativity*. New York: Putnam.
- Carthy, T., Horesh, N., Apter, A., & Gross, J. J. (2010). Patterns of emotional reactivity and regulation in children with anxiety disorders. *Journal of Psychopathological Behavior Assessment*, 32, 23-36. doi:10.1007/s10862-009-9167-8.
- Caty, M. E., Doyle, P. C., & Kinsella, E. A. (2011). Integrating and advancing reflective practice in speech-language pathologists' professional

development. Paper presented at the Annual Convention of the American Speech-language- Hearing Association, San Diego, CA, November 17.

Crouch, M. A., & Roberts, L. (1987). *The family in medical practice: A family systems primer*. New York: Springer-Verlag.

Dowrick, S. (2009). *Creative journal writing: The art and heart of reflection*. New York: Penguin.

Durant-Jones, L., & Kwiatkowski, S.M. (2013). We can work it out: Student-initiated strategies to facilitator cross-generational supervisory interactions. *Perspectives on Administration and Supervision*, 23 (August), 70-77. doi 10.1044/aas23.2.70

Gabbard, G. (2001). A contemporary model of countertransference. *Journal of Clinical Psychology*, 58, 861-867.

Geller, E. (2008). Broadening the ‘Ports of Entry’ for Speech-Language Pathologists: A Relational and Reflective Model for Supervision. Short Course, Annual Convention of the American Speech- Language-Hearing Association, Chicago, November 21.

Geller, E., Dwyer, B., Gerts, L., Sampelayo, R., & Tusa, M. (2010). What’s the big deal about reflective supervision? Short Course, Annual Convention of the American Speech-Language-Hearing Association, Philadelphia, November 20.

Geller, E., & Foley, G. M. (2009). Expanding the ports of entry for speech-language pathologists: A relational and reflective model for clinical supervision. *American Journal of Speech- Language Pathology*, 18(1), 22-41. doi:10.1044/1058-0360(2008/07-0053)

Gelso, C.J. & Hayes, J.A. (2007) *Countertransference and the therapist’s inner experience: Perils and possibilities*. Mahwah, NJ: Lawrence Erlbaum Associates.

Goldberg, N. (1986). *Writing down the bones: Freeing the writer within*. Boston, MA: Shambhala Publications.

Herring, L. (2007). *Writing begins with the breath: Embodying your authentic voice*. Boston: Shambhala Publications.

Hewson, M.G. (1991). Reflection in clinical teaching: An analysis of reflection-on-action and its implications for staffing residents. *Med Teach.*, 13(3), 227-231.

Hudson, M. W. (2010). Supervision: Supervision to mentoring: Practical considerations. *Perspectives on Administration and Supervision*, 20 (June), 71-75. doi:10.1044/aas20.2.71

Isenberg, D. (2012). Formalized therapist self-reflect: Validity and reliability of the therapist learning scale. *Theses and dissertations*. Paper 1200. Accessed at <http://preserve.lehigh.edu/cgi/viewcontent.cgi?article=2200&context=etd> .

Kacewicz, E., Slatcher, R.B., & Pennebaker, J.W. (2007). Expressing writing: An alternative to traditional methods. In L. L'Abate (ed.), *Handbook of interventions to promote physical and mental health: Theory, research and practice* (pp. 271- 284). Mahwah, NJ: Lawrence Erlbaum.

Katz, R.S., & Johnson, T. A. (2006). *When professionals weep: Emotional and countertransference responses in end-of-life care*. New York: Rutledge.

Kember, D. (with Jones, A., Loke, A. Y., McKay, J., Sinclair, K., Tse, H., Webb, C., Wong, F. K. Y., Wong, M., W. L., & Yeung, E.) (2001). *Reflective teaching and learning in the health professions: Action research in professional education*. Oxford, UK and Maiden, MA: Blackwell Science.

Kennedy, E., & Charles, S.C. (2001). *On becoming a counselor: A basic guide for nonprofessional counselors and other helpers*. New York: The Crossroad Publishing Co.

Kirschner, P., Sweller, J., Clark, R. E. (2006). Why minimal guidance during instruction does not work: An analysis of the failure of constructivist, discovery, problem-based, experiential, and inquiry-based teaching. *Educational Psychologist*, 41(2), 75– 86. Accessed at: http://www.tandfonline.com/doi/citedby/10.1207/s15326985ep4102_1#tabModule

Klein, R.H., Bernard, H.S., & Schermer, V.L. (2011). *On becoming a psychotherapist: The personal and professional journey*. New York: Oxford University Press.

Kohn, M., Bernardo, J., Huck, D., & Cable, E. (July 2011). Multiple exposures—Reflective writing in the first year of medical school. *Virtual Mentor*, 13(7), 471-474. Retrieved from <http://virtualmentor.ama-assn.org/2011/07/medu2-1107.html>

Levett-Jones, T. L. (2007). Facilitating reflective practice and self-assessment of competence through the use of narrative. *Nurse Education in Practice*, 7(2), 112-119.

Louko, L., Bryant, K., & Zebrowski, P. (2011). Reflective writing in graduate clinician training. Paper presented at the Annual Convention of the American Speech-language-Hearing Association, San Diego, CA, November 17.

Luterman, D. M. (2008). *Counseling persons with communication disorders and their families* (5th ed.). Austin, TX: Pro-Ed.

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflective and reflective practice in health professions education: A systematic review. *Advances in Health Science Education*, 14, 595-621. doi:10.1007/s10459-007-9090-2

Mitrovic, I., Fish de Pena, L., Frassetto, L., & Mellen, L. (2011). Rewiring the stress response: A new paradigm for health care. *Hypothesis* 9(1):e4. Retrieved from <http://www.hypothesisjournal.com/?p=955>

Orsillo, S.M., & Roemer, L. (2011). *The mindful way through anxiety*. New York: Guilford Press.

Papero D.V. (1990). *Bowen family systems theory*. New York: Pearson.

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8, 162-166. Retrieved from http://gruberpeplab.com/teaching/psych131_summer2013/documents/Lecture19_Pennebaker1997_Writingemotional experiences.pdf

Pinsky, L.E., Monson, D., & Irby, D.M. (1998). How excellent teachers are made: Reflecting on success to improve teaching. *Advances in Health Science Education: Theory and Practice*, 14(3), 207-215.

Plack, M.M., & Greenberg, L. (2005). The reflective practitioner: Reaching for excellence in practice. *Pediatrics* 116(6), 1546 -1552. doi: 10.1542/peds.2005-0209)

Robke, D., & McGinley, K. (2011). Supervision in early intervention: An inside-out perspective. Paper presented at the Annual Convention of the American Speech-Language-Hearing Association, San Diego, CA, November 17.

Rønnestad, M.H. & Skovholt, T.M. (2003). *Journal of Career Development*, 30(1), 5-44.

Schön, D. A. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. San Francisco, CA: Jossey-Bass.

Shapiro, S.L., & Carlson, L.E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.

Shapiro, J., Kasma, D., & Shafer, A. (2006). Words and wards: A model of reflective writing and its uses in medical education [Abstract]. *Journal of Medical Humanities*, 27, 231–244. Retrieved from <http://link.springer.com/article/10.1007%2Fs10912-006-9020-y>

Skygger, R., & Cleese, J. (1995). *Families and how to survive them*. London, UK: Random House.

Stevens, D.D., & Cooper, J.E. (2009). *Journal keeping: How to use reflective writing for learning, teaching, professional insight, and positive change*. Sterling, VA: Stylus Publishing.

Stone-Goldman, J. (2011a) Reflective writing for personal-professional balance. *Perspectives on Administration and Supervision*. 21 (March), 23- 29. doi:21:23-29; doi:10.1044/aas21.1.23

Stone-Goldman, J. (2011b). Beyond venting, rescuing, or giving up: Reflective process for self-awareness and balance in clinical supervision. Presentation at 5th Annual Summer Institute on Supervision, University of Washington Speech & Hearing Sciences, Seattle, WA, July 30.

Stone-Goldman, J. (2012). Reflective practice for self-awareness and emotional balance in professional relationships. Paper presented at the Annual Convention of the American Speech-Language Hearing Association, Atlanta, GA, November 16.

Stone-Goldman, J. (2013a). A speech-language pathologist's guide to the inner world of helping. Manuscript in preparation.

Stone-Goldman, J. (2013b, June 1). Make it work: Handling hard conversations. *The ASHA Leader*. Retrieved from <http://www.asha.org/Publications/leader/2013/130601/Make-It-Work--Handling-a-Hard-Conversation.htm>

Strube, G., Hilliard, M., & Gooch, J.L. (2012). Get Out of that Rut: Developing Through Reflective Practice. Paper presented at the Annual Convention of the American Speech-Language Hearing Association, Atlanta, GA, November 16.

Trowell, J., & Bower, M. (Eds.) (1995). The emotional needs of young children and their families: Using psychoanalytic ideas in the community. London: Routledge.

Victor, S. (2013). Conflict management and supervision. *Perspectives on Administration and Supervision*, 23 (August), 78-81. doi:10.1044/aas23.2.78