

Getting started: some co-reflection possibilities

This resource is designed to explore what co-reflection is and to offer some options that people have found useful for co-reflection. It is part of a series of four resources – the other resources include: ‘Co-reflection with a team’; ‘Making the most of informal co-reflection’; and ‘Navigating challenges and deepening co-reflection practices.’ These resources have been produced by Intentional Peer Support (IPS) and were made possible through funding from the Victorian Department of Health and Human Services’ Expanding Post-discharge Support Initiative.

What is Intentional Peer Support (IPS) co-reflection?

Co-reflection is a process that we can use to help each other reflect on our practice (how we’re doing what we say we want to be doing). It is about us creating expertise together through a process of learn, practice, reflection. It is designed to model the peer support relationship so that we are practicing the principles at all levels of our relationships. If done well, it should lead to increased levels of personal development and to deepening relationships. Becoming an IPS supervisor or mentor means not only practicing these skills yourself, but using them in communication with others as they are learning. (*Intentional Peer Support Co-Reflection Guide*, 2015:2)

Just as Intentional Peer Support offers a particular way of thinking about peer support, co-reflection can be understood as a way of thinking about supervision (in the past, IPS co-reflection was sometimes called ‘co-supervision’), using the three principles and four tasks of Intentional Peer Support as the framework. IPS co-reflection is about creating *mutual learning relationships*, focusing on *hope and possibility*, and exploring together the four tasks – *connection, worldview, mutuality* and *moving towards*.

Another way of understanding co-reflection is through the metaphor of a martial art or similar physical practice. Completing the IPS Core Training is like completing a course in aikido or yoga – practice is then sustained by returning to the dojo or yoga studio regularly to “tune up” skills. While it’s possible to practice without these tune-ups, this can lead to “bad habits” becoming entrenched.

Who engages in co-reflection?

Ideally, participants in co-reflection have completed the IPS Core Training, and are grounded in the principles and tasks of IPS. The four-day Advanced IPS training also includes skills in leading co-reflection. However, completing the IPS Core Training is not a pre-requisite for participation in co-reflection, especially if there is someone in the co-reflection relationship, or some people in a co-reflection group, who can endeavour to keep the IPS principles and tasks in mind as a framework for co-reflecting. It is also possible to engage in co-reflection with current service-users, regardless of whether they have attended IPS training or not.

Co-reflection can be thought of as a form of supervision, using Intentional Peer Support principles and tasks. Many therapeutic traditions offer an approach to supervision that is based on their particular philosophies and practices (e.g. Narrative Therapists may offer/seek clinical supervision using Narrative Therapy principles, likewise for Art Therapists or Dialectical Behavior Therapists). Just as a psychiatric nurse may choose to engage a supervisor with a narrative therapy approach, co-reflection is not necessarily just for peer support workers and consumer-led co-reflection has been offered as a model of supervision to practitioners from other disciplines. However, co-reflection has its roots in peer work, so we strongly encourage that co-reflection be led by peer workers who have completed the IPS Core



Training and, where possible, Advanced IPS Training (it's not really possible to provide IPS co-reflection without having had some IPS training and practice).

What is the relationship between co-reflection and supervision?

It may be tempting to simply change the name from “supervision” to “co-reflection,” without adapting practices to really explore together the principles and tasks of IPS. Remember Intentional Peer Support is about creating mutual learning relationships, and ultimately is about social change!

It's worth pausing to explore what *supervision* is first, since not everyone is familiar with (or has the same understanding and experiences of) supervision. There are many different ways of understanding supervision, different ways in which supervision is practiced, and different models. Each clinical discipline tends to have its own supervision style or range of options (the different disciplines also vary in how much emphasis they place on supervision). Some common distinctions include:

Line-management v clinical supervision:

Line-management supervision (also known as ‘operational supervision’) involves an administrative hierarchy, within which a more senior worker supervises less senior workers. The supervisor usually has responsibilities for things like performance management, being a go-to for information, and signing off on time-sheets. Other terms for this role include “manager” and having “oversight.”

Clinical supervision is a different role, supporting the supervisee to grow as a practitioner. Proctor's (1986) model argues that clinical supervision tends to serve three functions – (i) a *normative function*, promoting standards of practice, so the supervisee is (or becomes) “good enough” as a practitioner within their particular discipline; (ii) a *restorative function*, to support the personal wellbeing of the supervisee, and (iii) a *formative function*, to support the supervisee to develop knowledge and clinical skills.

In many organisations, the same person is expected to offer both line-management and clinical supervision. While this can be useful from an organisational point of view, offering the supervisor a broader understanding of how the supervisee is going, this arrangement can discourage supervisees from sharing their struggles, fears and uncertainties honestly, for fear of being disciplined or offered less autonomy (e.g. being micro-managed). It can also discourage the supervisor from being vulnerable and honest as a co-learner. It is more challenging to offer co-reflective spaces when there are also line-management relationships, since there will necessarily be issues of power and trust that need to be navigated and negotiated. ***Ideally, space for co-reflection is offered separate to line-management relationships.***

Internal v external supervision:

Many services provide supervision structures within their own organisation. However it can also be useful to have a space that is outside our workplace, in which we can speak more freely about tensions, challenges and fears, knowing that we will not “get in trouble” with our workplace.

Where someone has both an internal (line-manager) and an external (clinical) supervisor, this relationship may involve some negotiation. Often the external supervisor is completely independent of the organisation employing the supervisee, and what is said in supervision is confidential; this confidentiality can only be breached if there are safety or ethical concerns in regards to the supervisee's practice (e.g. if the supervisee shares that they are doing something that is outside the ethical standards of the discipline). If this arises, the external supervisor would negotiate with the

supervisee how these concerns are conveyed back to the organisation. ***Ideally, peer workers have access to some form of (confidential) external co-reflection space.***

Formal / informal supervision:

Supervision may be offered formally, at a set time each month (or each fortnight or week), with a set structure, and/or with a supervisor who is paid to perform this role. Alternatively, supervision may also be offered or sought on an “as needed” basis – this is often called informal supervision.

Many practitioners have informal arrangements with peers – often someone (or a group) they trust who will offer both support and challenge, as needed. Sometimes this informal arrangement is out of necessity, in the absence of more (effective) formal arrangements. Sometimes, peers simply want more options for reflecting on their practice. ***Ideally, peer workers have access to both formal and informal co-reflection opportunities.***

Individual v group supervision:

Individual supervision involves a dyad (i.e. one supervisor and one supervisee), while group supervision involves a group of people coming together, with one (or more) or no supervisor. There are various options in Victoria for peer support workers to engage in (formal or informal) group supervision, and it is common for experienced peer workers to organise their own informal group supervision, with just their peers (and often with no money being exchanged), just as it is common for experienced clinicians to meet with a group of trusted colleagues. ***Ideally, peer workers have access to both individual and group co-reflection opportunities, according to their own needs and preferences.***

While other supervision practices may share similar values to Intentional Peer Support, the focus tends to be on a more senior practitioner *helping an individual* (i.e. the supervisee/s) develop as a practitioner. By contrast, in IPS co-reflection, we are seeking to redress power differences and stay curious about our relationships and the learnings for everyone. There is often a tension here – the supervisor/co-reflection practitioner may be in a structural position of power, be more experienced, and know things that could be useful for less-experienced supervisees. ***IPS co-reflection challenges us to move beyond expert/inexperienced dynamics, encouraging us all to be co-learners together.***

Some possible arrangements for co-reflective spaces:

These distinctions – between the various types of supervision, and between supervision and co-reflection – are not *either/or* options, but *both/and*. That is, ideally, each service and each individual peer worker will create and negotiate co-reflection and supervision spaces (and relationships) that work best for everyone involved. Many different combinations are possible.

Below are some real-life examples of co-reflection/supervision arrangements:

- a peer worker has an internal line-manager, who supports and challenges them in their practice on a weekly and an as-needed basis; the peer worker also attends an external, peer-facilitated group co-reflection, for two hours, once a month. The line-manager also has informal co-reflection with a colleague who has a similar role in a different service;
- a senior peer worker has a regular external supervisor they see monthly (and that their organisation pays for), where they practice co-reflection together. This peer worker also facilitates co-reflective space for the other peer workers in the service (both consumer and carer). The peer worker also seeks out informal co-reflection with other colleagues they trust;



- a peer worker is engaged part-time in two different services. One service pays an external supervisor and they practice co-reflection together once per month. At the other service, a group of peer workers co-reflect together each week.
- a peer worker who is relatively isolated geographically (and works part-time) accesses a monthly, on-line co-reflection group, and is considering being trained to lead co-reflections and starting a group locally;
- a team within a service is working towards creating a more co-reflective space together, including plans to have some members of the group trained in co-reflective practices;
- over many years, a service has endeavoured to develop an organisational culture of co-reflection. All staff meet weekly together for co-reflection and informal supervision is encouraged with current service-users. They are still struggling with some power dynamics and tensions between different worldviews, but these are being intentionally explored together and there has been much learning.

Resources:

The Australian Clinical Supervision Association offers a resource for understanding clinical supervision (and professional reflective spaces): <http://clinicalsupervision.org.au/>.

The Intentional Peer Support Co-Reflection Guide (2015) is available at:
www.intentionalpeersupport.org/wp-content/uploads/2015/07/IPS-CoReflection-Guide-2015.pdf.

Proctor, B. (1986). *Supervision: a co-operative exercise in accountability*. In: Enabling and ensuring. M. Marken and M. Payne (eds). Leicester National Youth Bureau and Council for Education and Training in Youth and Community Work, Leicester. pp.21-23. – *This is a popular framework for supervision*.