

Reflection on and in practice

Belinda Seymour-Wright



Reflective Practice Sheet

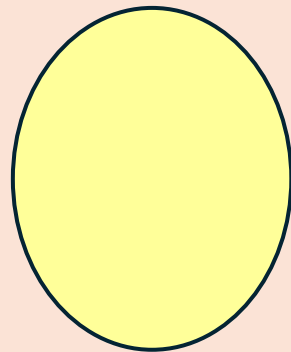
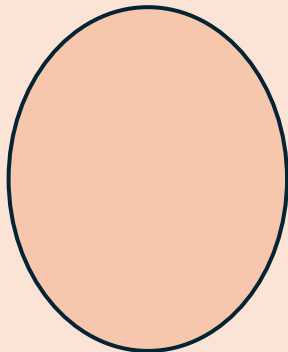
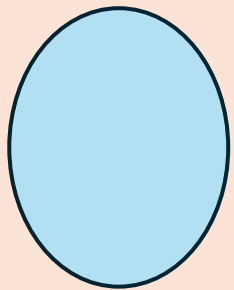
Dr Daphne Hewson

<https://reflectivesupervision.com/>

Resources section for Reflective Practice sheet

What did you find most interesting or helpful?

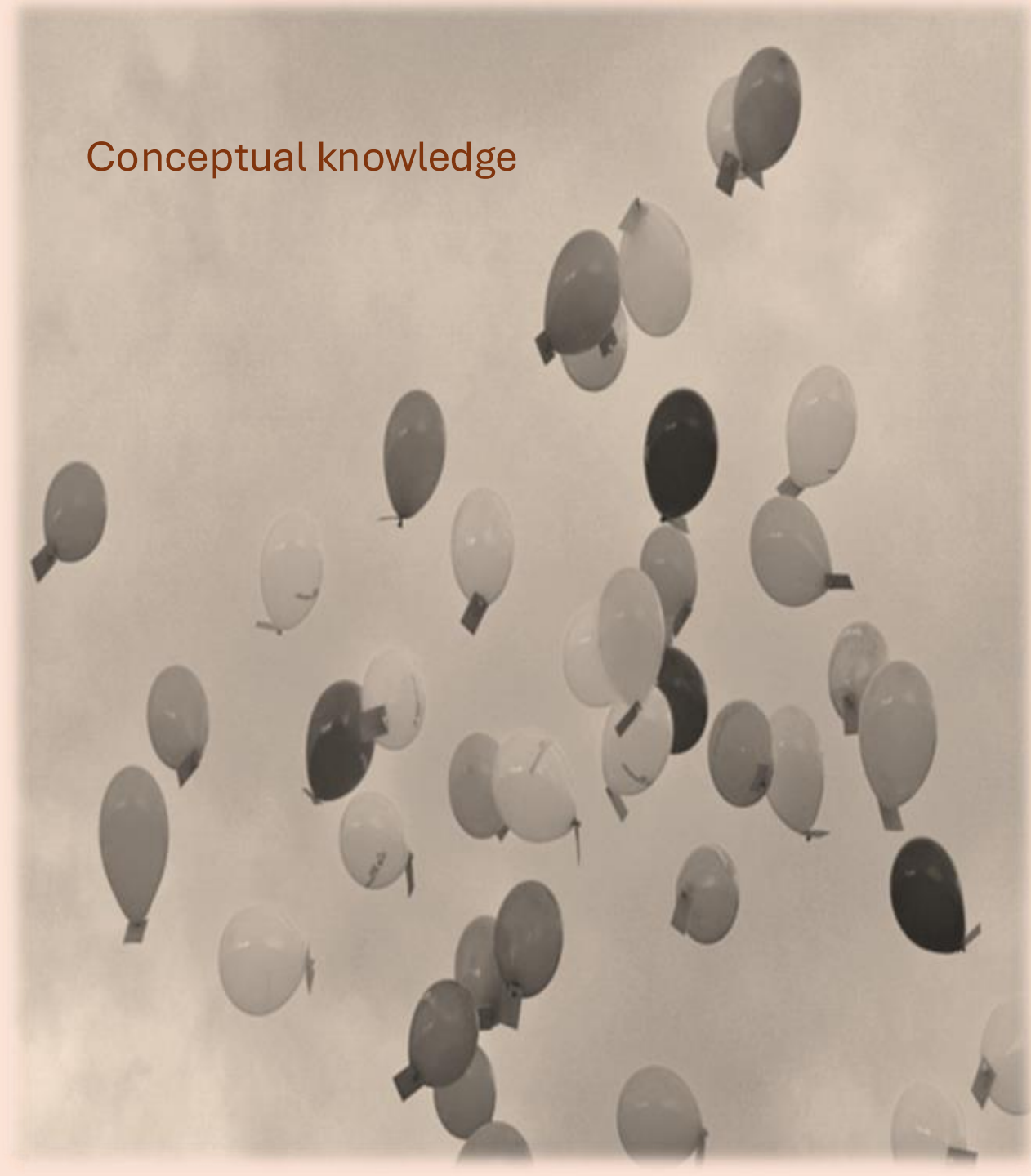
What are the implications for Practice ?



ACTION STEPS

Procedural learning

Conceptual knowledge

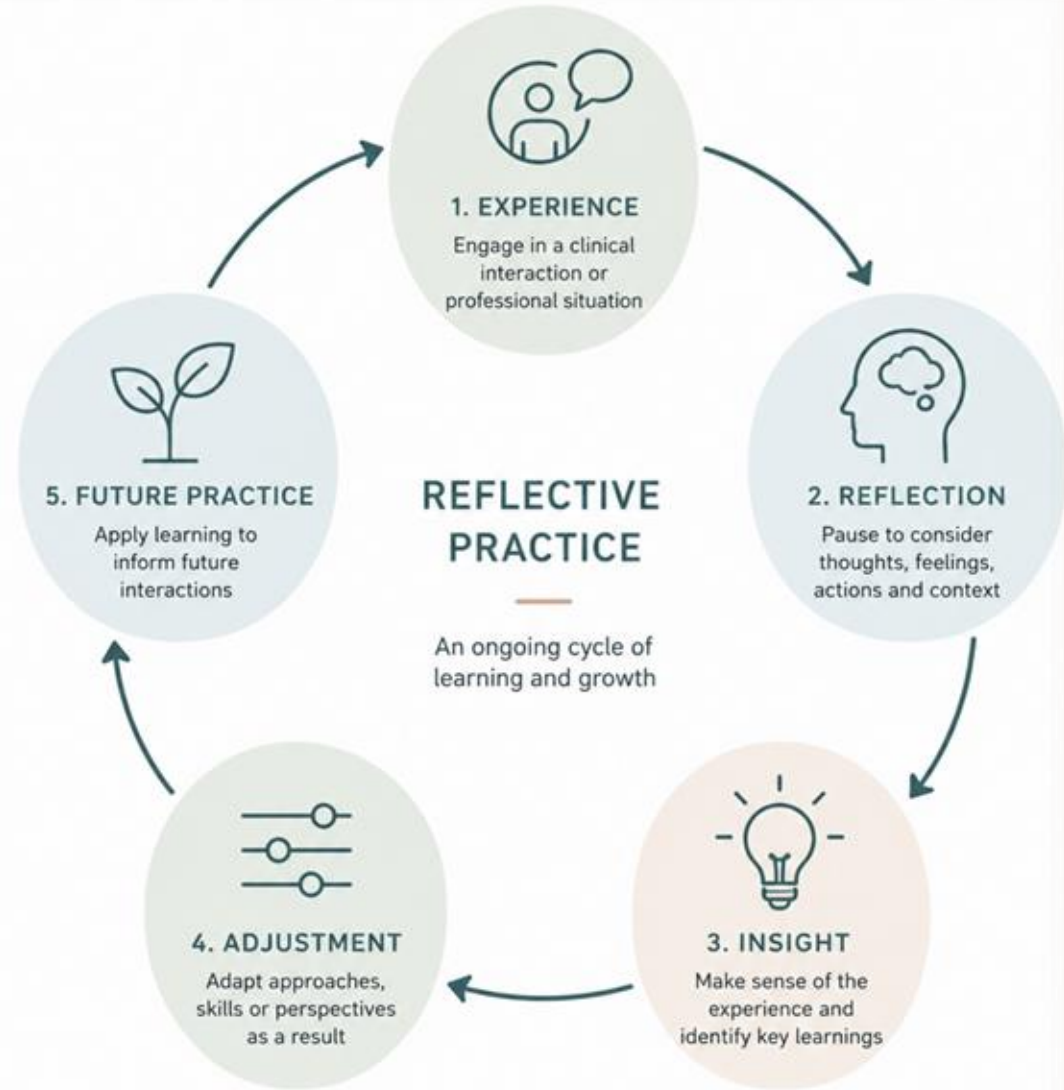


CPD as Reflective Practice

- Reflective practice involves **actively examining**

thoughts, actions, decisions, emotional responses, and interpersonal processes in professional situations

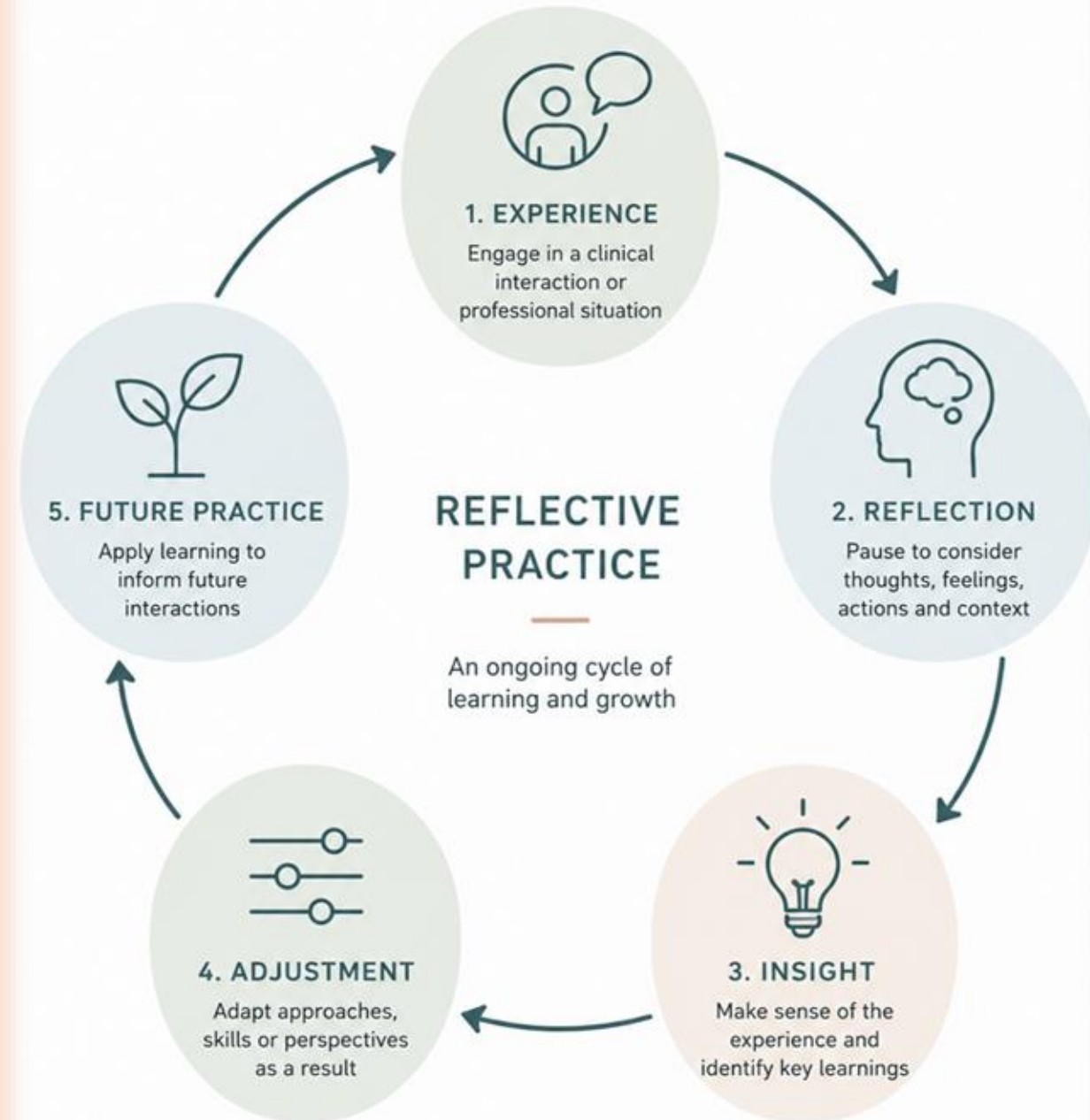
to learn, adapt, and improve future practice.



Reflection “on” to reflection “in” practice

Strategies:

1. **Finding and maximising opportunities for reflection on practice**
2. **Capture key insights THEN implement = ACTION STEPS**
3. Improve your capacity to reflect IN session
4. Increasing your decision options by improving the quality and quantity of useful concepts and skills in your repertoire
5. Updating your working models



Clinicians as *applied* scientists & artists

We are going to examine the evidence – this is **research** and our **evidence base models**

On that basis we are going to conduct **our own experiments** - try things and see if they work in our situation – generating practice-based evidence

Psychology as a Science



“Common Factors”

Similar outcomes across models in general.

Some therapists more effective than others

Not related to model or experience alone

Therapist confidence



Flexibility,
Improvisation
Individualisation



Relationship factors are key

Client perceptions matter

ALLIANCE

is critical to outcomes



The art of therapy

Your reflective
capacity as player
and your nervous
system as
instrument



Nervous systems work
best when
safe enough
or regulated – in tune

Recognise and restore

Restorative or tuning
function of reflection
in and between sessions



Tuning our instrument

Reflective Practice Questionnaire (RPQ)

Professional Self-Doubt Scale (PSDS)

Imposter Syndrome Among Mental Health Clinicians.

How to Handle (and Harness) Professional Self

Doubt
Novopsych <https://novopsych.com/news/imposter-syndrome-among-mental-health-clinicians-how-to-handle-and-harness-professional-self-doubt/>

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction, Burnout, Secondary Traumatic Stress)

Valuing Questionnaire (VQ) ACT based assessment

General psychometric self-administration wellbeing tracking.



Noticing where you are

Rumination/Activation

Criticism, Blame & Fear


“Did I do it right?”

Self-doubt and anxiety

Frozen or stuck

Defensiveness

Noticing with compassion



Reflection and insight

Curiosity and creativity

“What do I notice?”

“What can I learn?”

“Can I do this better?”

“What do I need to practice?”

Humble Open Confidence

Safety happens
and is learnt
in relationship



Therapy happens
and is learnt
in relationship



Reflection happens and is learnt in relationship

How reflection happens
is important

Reflective practice works better
when done with others

We internalise the
presence of a reflective
helpful other



Getting supervision right

- Shared ways of working and models of practice
- Supervisors – get feedback
- Supervisees – give feedback

Supervisory Styles Inventory SSI for structured feedback on supervision quality, alliance, and supervisee preferences



Reflection “on” to reflection “in” practice

Strategies:

1. Finding and maximising opportunities for reflection
2. Capture key insights then implement = ACTION STEPS and assess how they go
- 3. Improve your capacity to reflect IN session**
4. Increasing your decision options by improving the quality and quantity of useful concepts and skills in your repertoire
5. Updating your working models



Notice what's going well

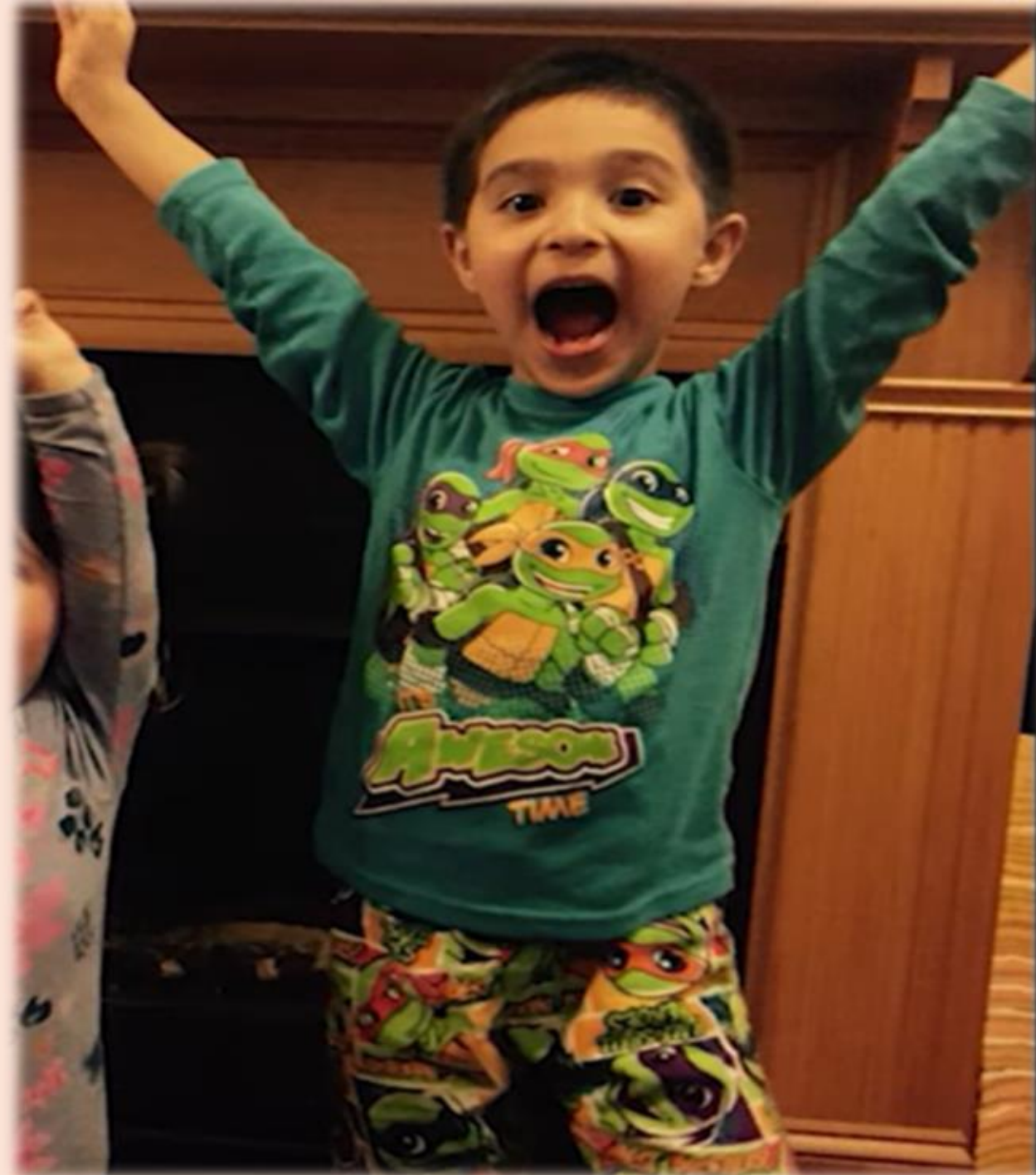
- Good teams have managers who give five positive inputs to every corrective one
- Many of our best models come from looking at what works (Like the Gottman studies of masters of relationship), a narrative of what's wrong is all very well, but doesn't always tell you how to succeed.
- Take time to notice three things that went well in a session.
- Let your supervisor know when something you planned worked out and notice together what you learnt



Curiosity and compassion in the face of mistakes:

*I actively train my students
when they make a mistake
they are to put their hands in
the air and say “How
fascinating”*

Dr Hewson



Opportunities for reflection:

- CPD activities
- Supervision
- Peer supervision
- Growing ability to reflect in session
- Note taking
- Formulation: “What is the change?”
“What are the leavers for change?”
- Stepping away and allowing creativity – the sewing machine phenomena



Two amazing reflective learning opportunities



What were the common factors

- **Reflection on actual practice**
- **Supervisors** experience in the work, who'd also seen our actual work, sharing accumulated knowledge and experience
- A clear **shared understanding/theory/model** of working/
rationale for change and healing
- “Common factor” skills/reflective capacity **modelled** by supervisors and **internalised**
- **Micro skills taught and practiced** in the context of reflection on the work
- Learning **implemented with follow up**
- **Supportive learning community**

How to make it happen

- Commit to improving
- Reflect on Actual practice
 - transcripts, audio and video, role play play skills practice
- Build/join learning communities with a shared model of working
- Practice together
- Capture your helium balloons and action them then reflect

Learn from those we are working with

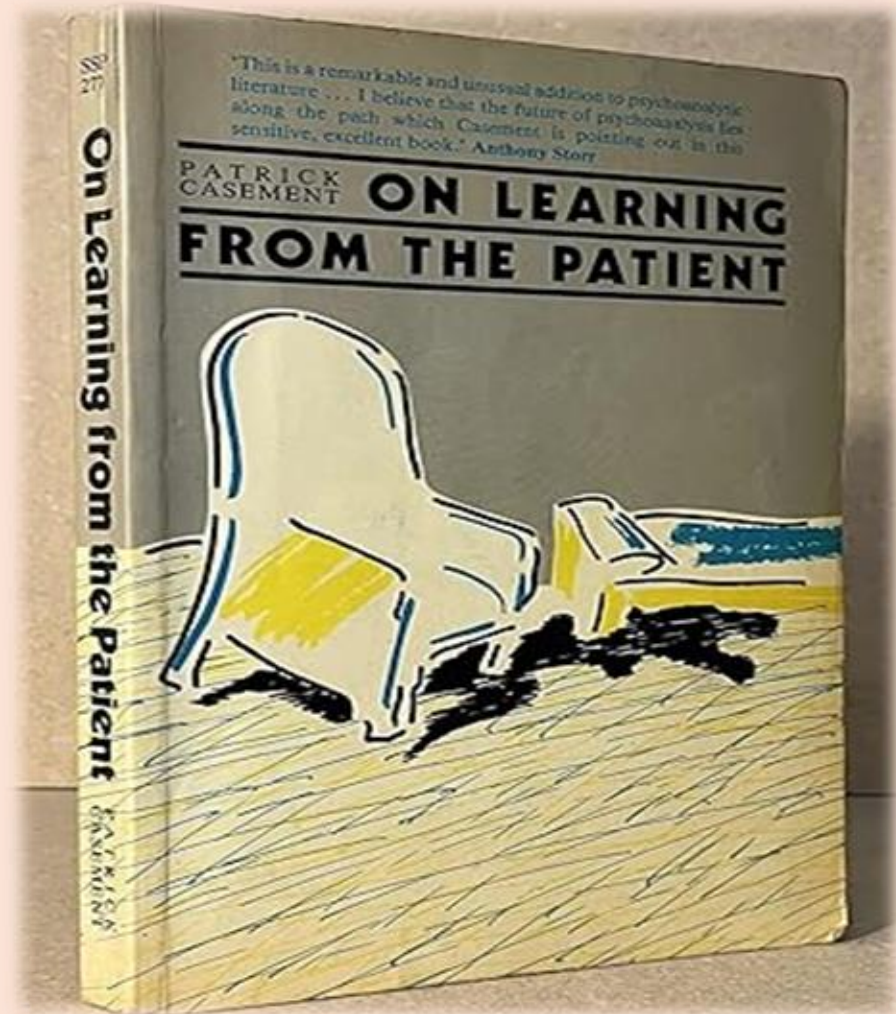
Noticing

Asking

Encouraging

“a climate of feedback”

Dr Nathan Castle “Feedback Informed
Treatment in Private Practice”
Novonote-About- News



Who knew –
measurement could
improve timing and
rhythm



Implications for Reflective Practice

International Figures & Organisations

Australian Links

Measurement-Based Care (MBC) Is the client improving?

Routine use of validated measures (track symptoms, functioning, risk, and progress) Use the data to guide treatment decisions.

Compare clinical impressions with actual outcome data,
Identify lack of progress earlier,
Reduce overreliance on intuition,

Cara Lewis, David Mohr, Jason Washburn; [SAMHSA](#), [Institute for Healthcare Improvement](#).
Implementation science research groups

[NovoPsych](#),
[Australian Commission on Safety and Quality in Health Care](#).

Feedback-Informed Treatment (FIT) How is the client experiencing therapy

Routine collection of client feedback regarding progress and the therapeutic relationship, used to adapt therapy.

Identify and address alliance ruptures, client dissatisfaction, engagement, and therapist blind spots.

Scott Miller, Barry Duncan, Mark Hubble, Daryl Chow; [International Center for Clinical Excellence \(ICCE\)](#).

David Mearns

Reflective practice and supervision: What am I bringing to this work and what might I be missing?

Systematic examination of clinical experiences, emotional responses, assumptions, biases, ethics, and professional development.

Focuses on self-awareness, reflexivity, countertransference/parallel process, professional identity, burnout prevention, and ethical decision-making.

Donald Schön, Michael Balint, Edward Watkins; [The Balint Society](#).

APS, Victorian reflective supervision initiatives.

Deliberate Practice (DP) What specific skill should I improve next, and how will I train it? “scales”

Identification of skill gaps, targeted practice, ongoing coaching, immediate feedback, repetition.

Move beyond reflection alone and actively train specific micro-skills (e.g., alliance repair, emotional attunement, immediacy, case formulation, motivational interviewing). Reflection becomes linked to behavioural change and skill acquisition.

K. Anders Ericsson, Tony Rousmaniere, Daryl Chow, Scott D. Miller; organisations include [International Center for Clinical Excellence \(ICCE\)](#).
Sentio and APA, developing key microskills and ways to practice them

[NovoPsych](#),

Measure

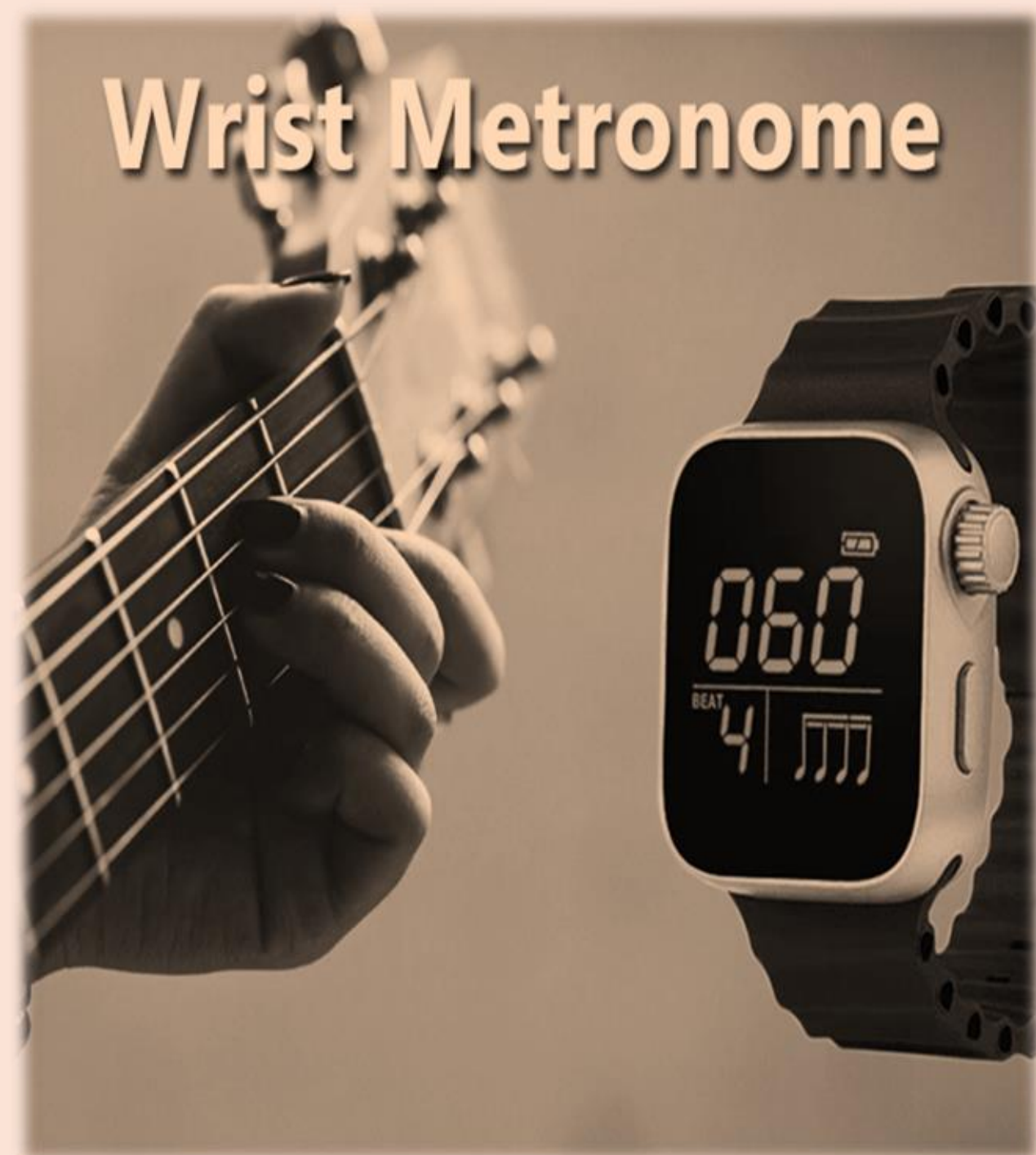
Check on our instruments

To measure and improve our alliance

And to assess whether what we are doing working – results of our experiment

Know and learn from what's working,

Bring reflection in where things are stuck



Novopsych measures by category

“FIT” type session measures

Agnew Relationship Measure – 5 (ARM-5) *measures therapeutic alliance “similar to Scott Miller’s Session Rating Scale (SRS), but with better psychometric properties.” - designed for repeated session-by-session administration.*

Session Reactions Scale – 3 Brief (SRS-3-B) *more detailed, measures: Helpful session reactions, Hindering session reactions (feeling understood, empowerment, clarity, feeling stuck, discomfort with therapy direction, lack of guidance)*

Feedback measures

Client Satisfaction Survey (CSS)

Your Experience of Service (YES)

Outcome measures

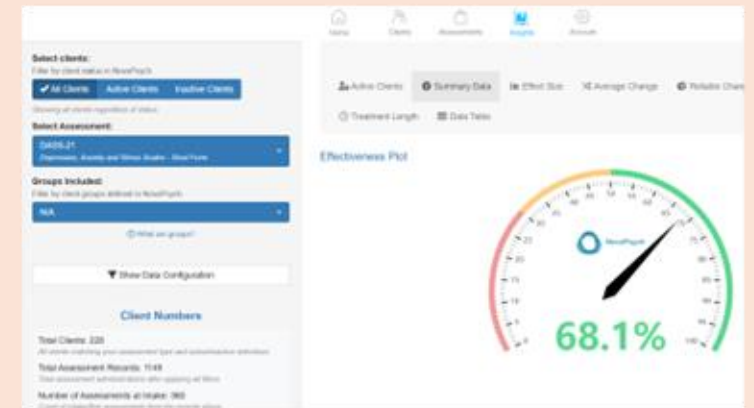
Comprehensive and growing collection

DASS-21

RCADS Child and parent

Insight section

Tracking aggregated outcomes



Reflection in and on Practice

Tunes our instrument restoring
Our ability to keep playing
– impacting clinician wellbeing
and retention

Helps us play better – in the
moment and over time

Practice! ACTIONS?



Webinars and on line resources

Reflective practice and supervision

Dr Daphne Hewson “Reflective Practice and Feedback in Supervision”

<https://www.youtube.com/watch?v=LAYbEhltkHM&t=1733s> 45 minutes from Australian based practitioner and expert in supervision, very accessible with good visual metaphors

<https://reflectivesupervision.com/> Resources section for Reflective Practice Sheet and other resources

Graham Wilson Ph D Counselling Educator “A brief History of reflectice practice 16 minutes, clearly traces the history of reflective practice and briefly and clearly outlines different models 16 minutes

https://www.youtube.com/watch?v=W_r1EVzecNI

Dr Tina Rae REFLECTIVE PRACTICE 41 Minute webinar, covers helpful definitions and models of reflective practice, accessible and clear

https://www.youtube.com/watch?v=3Mpf_r-J8pA

AHPRA: Fact sheet: Professional competencies for psychologists

“Understanding Competency 3: Exercises professional reflexivity, purposeful and deliberate practice, and self-care”

APS Embedding Cultural Reflexivity into Psychology Practice (Free source)

<https://psychology.org.au/insights/embed-cultural-reflexivity-in-psychology-practice> links to other resources

Extensive Member only resources on the new competencies

AAPI “Reflective Practice and Supervision” member accessible fact sheet regarding new competencies

Feedback Informed Treatment

<https://centerforclinicaexcellence.com/>

www.scottdmiller.com

Law, Duncan. (2012). A Practical Guide to Using Service User Feedback & Outcome Tools to Inform Clinical Practice in Child & Adolescent Mental Health Some initial guidance from the Children and Young Peoples' Improving Access to Psychological Therapies Outcomes-Oriented Practice.

www.researchgate.net/publication/272824486

Include adult, child and adolescent versions of

The Outcome Rating Scales (ORS) & Session

Rating Scales (SRS): Four item each feedback scales

With explanation

Deliberate practice:

Sentio Therapist Training www.sentio.org www.youtube.com/@sentiochannel Worked with APD to create deliberate practice and micro skills training exercises for therapy in general and specific models including EFT, Brief Psychodynamic Psychotherapy, CBT, DBT and Motivational Interviewing

Dr. Rousmaniere “How Deliberate Practice Transforms Therapist Training & Client Outcome”, critique of reliance on reflective discussion without feedback on actual practice, emphasizes the importance of accountability in therapy and introduces the concept of deliberate practice as a means to improve therapeutic skills

https://www.youtube.com/watch?v=D9LUN_VHx8Q&t=1447s 52 Minute podcast, very watchable

Implementation science

Dollar, K. M., & Bahraini, N. H. (2025). Bridging the research-to-practice gap: Implementation science approaches to transform health care delivery. *Psychological Services*, 22(3), 403–408.

<https://doi.org/10.1037/ser0000979> <https://psycnet.apa.org/fulltext/2026-47815-001.html>

www.kiapuawai.nz NGO delivering evidence based programmes for New Zealand families and young people

Novopsych webinars (Novopsych.com>About- News)

Dr Nathan Castle “Feedback Informed Treatment in Private Practice”

Dr Aaron Frost “Routine Outcome Monitoring made simple with the DASS-10”

Dr Nathan Castle and Dr Ben Buchanan “Data Enhanced Supervision for Mental Health Clinicians”
and “Imposter Syndrome Among Mental Health Clinicians. How to Handle (and Harness)
Professional Self”

Jason Washburn and Dr Hilah Kaufman “Improve Mental Health Outcomes with Measurement-Based
Care”

Power threat meaning framework

Dr Ray Middleton A quick 2 min explanation of The Power Threat Meaning Framework

<https://www.youtube.com/watch?v=kVgUJz0vi0U>

<https://www.bps.org.uk/power-threat-meaning-framework/resources-training>

Access to free source documentation

Also free source lectures by Dr Lucy Johnstone on Weekend University and other platforms

Additional References

Goldberg SB, Rousmaniere T, Miller SD, Whipple J, Nielsen SL, Hoyt WT, Wampold BE. Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *J Couns Psychol.* 2016 Jan;63(1):1-11. doi: 10.1037/cou0000131. Erratum in: *J Couns Psychol.* 2023 Jul;70(4):340. doi: 10.1037/cou0000666. PMID: 26751152.

Wampold, B.E. (2015), How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14: 270-277. <https://doi.org/10.1002/wps.20238>