Recovery-Oriented Practice Supervision: Reflection Form


[insert organisation name/logo]

Please use this form as a prompt to reflection before each supervision meeting. Where possible discuss it in supervision with your supervisor.

1. Personal reflection on self-awareness

1.1 Reflect on your own awareness of:

1.1.1 your beliefs and how your family of origin, cultural and religious background impact on your judgment

1.1.2 your capabilities

1.1.3 your skills and knowledge

1.1.4 your thoughts and emotions

1.2 What are your blind spots? Are you aware of them? How challenging is it to engage with these blind spots

2. The Johari Window

One well known framework that encompasses the notion of becoming self-aware in practice is the Johari window.

In the diagram self-awareness is expanded as we take the risk of self-disclosing some ‘hidden areas’ and by being receptive to feedback from others about our ‘blind spots’.

[For this level of self-disclosure to occur, certain boundaries need to be in place to ensure the safety and trust of the supervisee. It is essential that these boundaries are discussed in the first session of supervision as part of the supervision agreement].
3. Think about the people you provide services for. How much do you know their values, treatment preferences, strengths and goals?

*Be concrete – think about specific people:*

3.1 When do you ask, and when do you not ask, questions about values, treatment preferences, strengths and goals?

3.2 Think about the people for whom you do know these things, and those you don’t. How do these two groups of people differ?

3.3 You might consider characteristics like gender, ethnicity, working alliance, or the time you have known the person.

3.4 How do your own characteristics impact on the working alliance with a particular person?
4. How much is your work with people orientated around supporting their goals and using approaches of their choosing? Think about the support you provide a person you are working with:

4.1 How many of the goals came from the person themselves?

4.2 Is your work focused on approach goals (making positive things happen) or avoidance goals (avoiding negative things from happening)?

4.3 How do you impact on the goals?

4.4 Are there ways in which you could support the person to do more for themselves?

4.5 How do the person’s values and treatment preferences inform their support plan?

4.6 How do your values, beliefs impact on your interaction?

4.7 What is your reaction to goals in complete opposition to your own values?

4.8 How is the support plan amplifying their strengths?
4.9  What would you say are your strengths?

4.10  How much does the relationship influence the recovery of the person you work with?

4.11  How difficult do you find it to discuss, in supervision, negative/positive outcomes with the people you support?

References
