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Oklahoma Association for
Infant Mental Health

[BEST PRACTICE GUIDELINES FOR REFLECTIVE SUPERVISION/CONSULTATION]

The intent of this document is to emphasize the importance of reflective supervision and consultation for best practice and to better assure that those providing reflective supervision and consultation are appropriately trained.

Distinguishing Between Administrative, Clinical and Reflective Supervision/Consultation

Many supervisors of infant and family programs are required to provide administrative and/or clinical supervision, while reflective supervision may be optional. Put another way, reflective supervision/consultation often includes administrative elements and is always clinical, while administrative and clinical supervision are not always reflective.

Administrative supervision relates to the oversight of federal, state and agency regulations, program policies, rules and procedures. Supervision that is primarily administrative will be driven to achieve the following objectives:

- hire
- train/educate
- oversee paperwork
- write reports
- explain rules and policies
- coordinate
- monitor productivity
- evaluate

Clinical supervision/consultation, while case-focused, does not necessarily consider what the practitioner brings to the intervention nor does it necessarily encourage the exploration of emotion as it relates to work with an infant/toddler and family. Supervision or consultation that is primarily clinical will most likely include many or all of the administrative objectives that are listed above as well as the following objectives:

- review casework
- discuss the diagnostic impressions and diagnosis
- discuss intervention strategies related to the intervention
- review the intervention or treatment plan
- review and evaluate clinical progress
- give guidance/advice
- teach

Reflective supervision/consultation is distinct due to the shared exploration of the parallel process. That is, attention to all of the relationships is important, including the ones between practitioner and supervisor, between practitioner and parent, and between parent and infant/toddler. It is critical to understand how each of these relationships affects the others. Of additional importance, reflective supervision/consultation relates to professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work. Finally, there is often greater emphasis on the supervisor/consultant's ability to listen and wait, allowing the supervisee to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor/consultant.

The primary objectives of reflective supervision/consultation include the following:
• form a trusting relationship between supervisor and practitioner
• establish consistent and predictable meetings and times
• ask questions that encourage details about the infant, parent and emerging relationship
• listen
• remain emotionally present
• teach/guide
• nurture/support
• apply the integration of emotion and reason
• foster the reflective process to be internalized by the supervisee
• explore the parallel process and to allow time for personal reflection
• attend to how reactions to the content affect the process

Reflective supervision/consultation may be carried out individually or within a group. For the purposes of this document, reflective supervision/consultation refers specifically to work done in the infant/family field on behalf of the infant/toddler's primary caregiving relationships.

Reflective supervision/consultation may mean different things depending on the program in which it occurs. A reflective supervisor or consultant may be hired/contracted from outside the agency or program, and may be offered to an individual or group/team in order to examine and respond to case material. If the supervisor or consultant is contracted from outside the agency or program, he or she will engage in reflective and clinical discussion, but administrative objectives only when it is clearly indicated in the contract.

If the reflective supervisor/consultant operates within the agency or program, then he/she will most likely need to address reflective, clinical and administrative objectives. When discussions related to disciplinary action need to occur, it is the direct supervisor who addresses them. When the direct supervisor is also the one who provides reflective supervision, some schedule a meeting separate from the reflective supervision time. Others choose to address disciplinary concerns during the regular reflective supervision meeting. Disciplinary action should never occur within a group supervisory/consultation session. In all instances, the reflective supervisor/consultant is expected to set limits that are clear, firm & fair, to work collaboratively and to interact and respond respectfully.

In sum, it is important to remember that relationship is the foundation for reflective supervision and consultation. All growth and discovery about the work and oneself takes place within the context of this trusting relationship.

To the extent that the supervisor or consultant and supervisee(s) or consultee(s) are able to establish a secure relationship, the capacity to be reflective will flourish.

"When it's going well, supervision is a holding environment, a place to feel secure enough to expose insecurities, mistakes, questions and differences." Rebecca Shahmoon Shanock (1992)

Supervision is "the place to understand the meaning of your work with a family and the meaning and impact of your relationship with the family." Jeree Pawl, public address

"Do unto others as you would have others do unto others." Jeree Pawl (1998)

Best Practice Guidelines for the Reflective Supervisor/Consultant

- Agree on a regular time and place to meet
- Arrive on time and remain open, curious and emotionally available
- Protect against interruptions, e.g. turn off phone, close door
- Set the agenda together with the supervisee(s) before you begin
- Respect each supervisee's pace/readiness to learn
- Ally with supervisee's strengths, offering reassurance and praise, as appropriate
- Observe and listen carefully
- Strengthen supervisee's observation and listening skills
- Suspend harsh or critical judgment
- Invite the sharing of details about a particular situation, infant, toddler, parent, their competencies, behaviors, interactions, strengths, concerns
- Listen for the emotional experiences that the supervisee is describing when discussing the case or response to the work, e.g. anger, impatience, sorrow, confusion, etc.
- Respond with appropriate empathy
- Invite supervisee to have and talk about feelings awakened in the presence of an infant or very young child and parent(s)
- Wonder about, name and respond to those feelings with appropriate empathy
- Encourage exploration of thoughts and feelings that the supervisee has about the work with very young children and families as well as about one's response(s) to the work, as the supervisee appears ready or able
- Encourage exploration of thoughts and feelings that the supervisee has about the experience of supervision as well as how that experience might influence his/her work with infants/toddlers and their families or his/her choices in developing relationships.
- Maintain a shared balance of attention on infant/toddler, parent/caregiver and supervisee
- Reflect on supervision/consultation session in preparation for the next meeting
- Remain available throughout the week if there is a crisis or concern that needs immediate attention

Best Practice Guidelines for the Reflective Supervisee/Consultee

- Agree with the supervisor or consultant on a regular time and place to meet
- Arrive on time and remain open and emotionally available
- Come prepared to share the details of a particular situation, home visit, assessment, experience or dilemma
- Ask questions that allow you to think more deeply about your work with very young children and families and also yourself
- Be aware of the feelings that you have in response to your work and in the presence of an infant or very young child and parent(s)
- When you are able, share those feelings with your supervisor/consultant
- Explore the relationship of your feelings to the work you are doing
- Allow your supervisor/consultant to support you
- Remain curious
- Suspend critical or harsh judgment of yourself and of others
- Reflect on supervision/consultation session to enhance professional practice and personal growth

Best Practice Guidelines Regarding Reflective Supervision/Consultation to Endorsement Candidates:

It is in the best interest of practitioners who promote infant mental health, as well as the infants and families they serve, if the reflective supervisor/consultant meets the following standards:

Has earned the MI-AIMH Endorsement or meets all of the qualifications for endorsement as an Infant Mental Health Specialist at Level III or an Infant Mental Health Mentor (Clinical) at Level IV

*Specifically, has received a minimum of 30 clock hours of training specific to the OK-AIMH Competency Guidelines and related to the practice of infant mental health

*Specifically, has received a minimum of 50 clock hours of reflective supervision/consultation within a minimum of one year and a maximum of two years while working with or on behalf of infants, toddlers and their families

The following exception is made if a supervisor/consultant provides reflective supervision/consultation to bachelor's prepared candidates working toward endorsement as an Infant Family Specialist at Level II and meets the following standards:

Is master's prepared and has earned the OK-AIMH Endorsement as an Infant Family Specialist (Level II)

*Specifically, has received a minimum of 30 clock hours of training specific to the OK-AIMH Competency Guidelines and related to the promotion of infant mental health

*Specifically, has received a minimum of 24 clock hours of reflective supervision/consultation within a minimum of one year and a maximum of two years while working with or on behalf of infants, toddlers and their families

OK-AIMH recommends that those providing reflective supervision/consultation participate regularly in individual or group reflective supervision/ consultation while providing supervision/consultation to candidates working toward endorsement as Infant Family Specialists, Infant Mental Health Specialists or Infant Mental Health Mentors at Levels II, III and IV.

Reflective supervisors/consultants who have not earned endorsement or cannot meet the standards as defined in the guidelines above are invited to contact the OK-AIMH Central Office (405-236-5437 ext. 105) to inquire about training and participation in reflective supervision or consultation groups (see below).

As in relationship-focused practice with families, reflective supervision/consultation is most effective when it occurs in the context of a relationship that has an opportunity to develop by meeting regularly with the same supervisor/consultant over a period of time. Therefore, OK-AIMH expects that endorsement candidates will have received the majority of the required hours from just one source with the balance coming from no more than one other source.

Building Capacity for Reflective Practice:

OK-AIMH recognizes that in many regions there are few supervisors/consultants who meet the qualifications for endorsement (as specified above). If an endorsement candidate has difficulty finding supervision/consultation to promote or support the practice of infant mental health or if a program has difficulty finding someone to provide reflective supervision/consultation to guide and support staff who are candidates for endorsement, OK-AIMH can be a resource, too.

OK-AIMH invites endorsement candidates and supervisors/consultants to contact the OK-AIMH central office (405-517-9171) to assist in finding supervisors/consultants who are endorsed and available to work with them or to discuss the standards for best practice presented in this guide. Rapidly changing technology makes it possible to connect through the internet, by phone conference, or face to face.

Please note: Peer supervision (defined as colleagues meeting together without an identified supervisor/consultant to guide the reflective process), while valuable for many experienced practitioners, does not meet the reflective supervision/consultation criteria for endorsement as specified in this guide. The provider of reflective supervision is charged with holding the emotional content of the cases presented. The ability to do so is compromised when the provider is a peer of the presenter. Unnecessary complications can arise when the provider of reflective supervision has concerns about a peer's ability to serve a particular family due to the peer's emotional response AND the provider and peer share office space, e.g.

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For questions or more information please contact

Bonnie Bellah, Endorsement Coordinator
okaimh@gmail.com
405-517-9171