



Region X Innovation Grant

AK · ID · OR · WA

Growing Together to Support Our Home Visiting Workforce

MIECHV Region X Innovation in Home Visiting Workforce Development Project

Literature Review: Reflective Supervision/Consultation

INTRODUCTION

The *MIECHV Region X Innovation in Home Visiting Workforce Development Project* is developing a comprehensive and integrated system of trauma supports and reflective practices for home visitors. This effort is intended to help reduce burnout and turnover of home visiting staff and to maintain the quality and impact of home visiting services in Alaska, Idaho, Oregon and Washington. The supports will be tailored to the intensive work home visitors do with families experiencing high rates of historical trauma and co-occurring mental health difficulties, substance abuse, and domestic violence.

One goal of this project is to develop Regional Reflective Supervision Guidelines for home visiting that will define common expectations for programs throughout Region X. The Guidelines will promote quality, accountability, and consistency within the Region and among the home visiting models that are implemented in each of the four states. The Regional Reflective Supervision Guidelines will be consistent with the requirements for supervision defined by the evidence-based models being implemented, will align with the Reflective Supervision/Consultation requirements for Endorsement[®], and will enhance reflective supervision practices.

A Regional Reflective Supervision Collaborative has been created to facilitate an inclusive process to develop and disseminate the Guidelines across the four states and model programs. The Reflective Supervision Collaborative has identified a group of national subject matter experts whose expertise will be utilized in the development of the Guidelines. An initial step in the development of the Guidelines is the completion of a review of literature regarding relationship-based reflective supervision and its implementation to support home visitors working with families with complex needs.

The literature review provides the Reflective Supervision Collaborative with information about both agreement in the field as well as inconsistencies related to clarity of definitions and expectations. It is encouraging that the inconsistencies revealed through the review appear in many ways to be more semantic and related to author preferences than to any significant disagreement in the field as to practices that are essential to the provision of reflective supervision. The literature reflects the current “best thinking” about this important aspect of ongoing professional development and provides the Reflective Supervision Collaborative with one set of data that can be drawn upon to define best practice guidance that will be promoted and supported throughout the Region.

DEFINING RELATIONSHIP-BASED REFLECTIVE SUPERVISION AND RELATED TERMS

Relationship-based: Throughout the literature, reflective supervision is defined as a relationship-based supervisory approach that supports staff to provide services in ways that support healthy parent-child relationships (Shea, Goldberg, & Weatherston, 2016b, Heffron & Murch, 2010, Bernstein & Edwards, 2012, Flowers & Burgeson, 2015, Fenichel, 1992). Relationship-based approaches involve not only the formation of a partnership with the family, but also an intentional focus on supporting the parent-child relationship within the context of family and culture as a way of positively influencing child and family health and development outcomes (Gilkerson, 2004).

This emphasis on use of a relationship-based approach to services is consistent with the philosophies of the evidence-based models being implemented in Region X. For example:

- Healthy Families America Best Practice Standards (updated 7/1/2017 by Prevent Child Abuse America®) state: *Reflective supervision focuses primarily on the parallel process involving the relationships between the staff member and the parent, the parent and the baby, and the supervisor and the staff member. It explores how these relationships and the interactions within them may elicit strong feelings. Reflective supervision provides a safe space for staff to explore the roots of these feelings, knowing that not only is it possible for relationships alone to elicit a strong emotional response, but that past experiences – positive and traumatic alike - can affect our emotional interpretations. Reflection and reflective supervision considers that relationships require an emotional investment, and as a result, home visiting work will inherently take an emotional toll. Reflective supervision strives to attend to the emotional content itself and hold the staff member's reactions to these emotions* (Standard 12, p. 182 HFA Best Practice Standards, 2017).
- Parents as Teachers describe their curriculum as follows: *Parents as Teachers provides a broad context of parenting education and family support, and building protective factors, especially for those families in vulnerable situations. At its core, Parents as Teachers is relationship-based and parenting-focused. Our approach and curriculum focus on parent-child interaction, development-centered parenting, and family well-being; on strengths, capabilities and skills; and on building protective factors within the family* (online content: Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and Parents as Teachers).

The literature frequently highlights important parallels between home visitors' work to support parental reflective functioning and the work of supervisors to support the reflective capacity of home visitors. Bernstein and Edwards (2012) describe reflective supervision as a process of intentionally taking the relationship-based, reflective principles and practices that underlie reflective parenting programs and applying them to the supervisory relationship. O'Rourke (2011) eloquently describes these parallels in her exploration of how the parent-child relationship is replicated in the home visitor's relationship with the parent and again in the supervisory relationship. Consistent throughout the literature on reflective supervision is the concept of *parallel process*, often referred to as, "The Platinum Rule", stated as, "*Do unto others, as you would have others do unto others*" (Pawl & St. John, 1998).

Many authors identify reflective supervision as a form of *ongoing professional development* that helps early childhood practitioners work effectively with vulnerable families, support parent-child relationships, deepen home visitors' understandings of their experiences, cope with work-related stress, feel less isolated in their work, and prevent burnout (Amini Virmani & Ontai, 2010; Emde, 2009; Gilkerson, 2004; Gilkerson & Cochran Kopel, 2005; Heffron, 2005 as cited in Bernstein & Edwards, 2012). *Program quality* is also highlighted in many definitions of reflective supervision. For example, Rebecca Shamoan-Shanock defines this form of supervision as "*a collaborative relationship for professional growth that improves program quality and practice by cherishing strengths and part-*

nering around vulnerabilities to generate growth.” (Shamoon-Shanok, 2009, p. 8).

The *Best Practice Guidelines for Reflective Supervision/Consultation* recently updated (2017) by the Michigan Association for Infant Mental Health and the Alliance for the Advancement of Infant Mental Health, articulate that the document “*refers specifically to work done in the infant and early childhood-family field on behalf of the infant and young child’s primary care-giving relationships. Throughout, reflective supervisor typically refers to a provider who may also be the individual’s program supervisor and/or is employed by the same organization as the individual. Reflective consultant may refer to a provider who is hired contractually from outside the organization to work with an individual and/or a group.*” (MI-AIMH, 2017).

Reflective Practice: Reflective supervision is frequently described as a way to support staff to use reflective practice more effectively in their work (Finkbiner, 2014, Heffron & Murch, 2010). At the same time, Heffron, Reynolds, and Talbot (2016a, p. 630) state: “*definitions of and distinctions between reflective practice and reflective supervision vary considerably across disciplines and programs*”. They note that even among professionals within the same agency or program these terms can be used differently.

Reflective practice in the infant-family field is typically thought of as a way of intentionally slowing down to take the time to “step back” from the immediate, often intense direct work with young children and their families in order to better consider what the experience means, both to the professional and to the family/young child (Parlakian, 2001). Finkbiner (2014) emphasizes that practicing reflectively involves more than just considering past actions and events. This practice requires an additional “*conscious look at emotions, experiences, actions and responses*”, and then using that information to add to home visitors’ knowledge and understanding of their work. This distinction is also highlighted in an article that distinguishes between traditional educational approaches to reflective practice and what is referred to as an infant mental health approach (Neilsen Gattii, Watson, & Siegel, 2011). The educational form of reflective practice is described as a problem-solving process that encourages practitioners to explore behaviors and responses to behavior. It takes into consideration a number of factors, integrates knowledge, skills, and experience, and it involves stepping back from the issue, reflecting on contributing factors, and brainstorming possible solutions. These authors describe reflective practice in the field of infant and early childhood mental health as incorporating these same features and also requiring home visitors to pay explicit attention to the emotional and relational aspects of their work. They stress that this intentional focus on emotions and relationships is necessary to support home visitors who are working with families with multiple risks as well as with families of diverse backgrounds. The need for this form of reflective practice is also necessary to support home visitors as they attend to the relationship dynamics between parents and their young children as well as between parents and themselves as home visitors. When effectively implemented, reflective supervision for home visiting staff and their supervisors includes this essential focus on emotions and relationships.

DISTINGUISHING BETWEEN ADMINISTRATIVE, CLINICAL, AND REFLECTIVE SUPERVISION

A number of publications, including those used by the Associations for Infant Mental Health in each of the four Collaboration states, define distinctions between these three types of supervision (MI-AIMH, 2002, 2011, 2017; Eggebeer, Shamoon Shanok & Clark 2010; Flowers & Burgeson, 2015, Bernstein & Edwards, 2012, Van Berekelaer, nd, Weatherston, et al., 2010, Prevent Child Abuse America, 2017). From the earliest efforts to embed reflective supervision into infant-family work in the 1990s, leaders in the field recognized the necessity of distinguishing between the administrative supervision needed to keep a program operating effectively and to support staff to understand many expectations of their positions, from the clinical-like reflective supervision intended to partner with, look together, and guide staff through the relationship and emotional complexities that come with infant-family

work. The recently updated, *MI-AIMH Best Practice Guidelines for Reflective Supervision/Consultation* (2017), notes, “RS/C (*Reflective Supervision/ Consultation*) often includes administrative elements and is always clinical, while administrative supervision is generally not reflective and clinical supervision is not always reflective.”

Administrative supervision is typically described as a focus on maintaining a desired level of service, timeliness and accuracy in completing assessments, and other programmatic requirements to maintain fidelity to the program model, data entry/paperwork requirements, etc. The *MI-AIMH Best Practice Guidelines for Reflective Supervision/ Consultation* (2017) define administrative supervision as: “. . . concerned with oversight of federal, state and agency regulations, program policies, rules and procedures”. The definition in this publication lists hiring, training/ educating, overseeing paperwork, writing of reports, explaining rules and policies, coordinating, monitoring productivity, and evaluating performance as tasks typically conducted through administrative supervision.

Clinical supervision

As thinking about reflective supervision in non-clinical infant-family work settings has evolved, further distinctions are made between clinical supervision and reflective supervision. Clinical supervision, for example, as used in mental health professional training programs, typically involves an experienced clinician teaching a newly practicing clinician to conduct specific procedures, techniques or approaches with clients. The *MI-AIMH Best Practice Guidelines for Reflective Supervision/Consultation* (2017) define clinical supervision as being case-focused but not necessarily considering what the practitioner brings to the intervention, nor necessarily encouraging the exploration of emotions as they relate to the work with infants, young children and their families. The definition of clinical supervision included in the *MI-AIMH Best Practice Guidelines for Reflective Supervision/ Consultation* (2017) describes clinical supervision as most likely including many or all aspects described in the administrative supervision section, while also addressing a review of casework, diagnostic impressions, intervention strategies, treatment planning, reviewing and evaluating clinical progress, teaching, and providing guidance and advice.

Reflective Supervision

Common distinctions made in the literature (Shea, et al., 2016b, MI-AIMH, 2002, 2011, 2017; Weatherston & Barron, 2009, Shamoan Shanok, 2009, Flowers & Burgeson, 2015) between clinical and reflective supervision specify that reflective supervision include:

- A specific and intentional focus on parallel process: considering how the dynamic interactions within relationships at all levels (e.g. parent-child; home visitor-parent; supervisor-home visitor) might be impacting the work;
- An intentional exploration of the reasons why strong emotions are often evoked through infant-family work;
- Reflective supervision requires that both supervisee and supervisor be emotionally present;
- A slow and careful exploration of details about encounters with families, with special care taken to assure that all perspectives and experiences (child, parent, home visitor) are fully considered;
- Creating and holding the space for reflection as well as holding with one another what can feel overwhelming to hold on one’s own;
- A deliberate emphasis on attending to social and emotional content and the process of relating;
- Increasing supervisee competence by supporting them to make their own realizations about the families they serve rather than advising or teaching supervisees about the appropriate next step to take with families.

As the process of operationalizing definitions and practices necessary to reflective supervision evolve, researchers are working to define what makes reflective supervision unique from other forms of supervision. One such effort (Watson, Harrison, Hennes, & Harris, 2017), titled the Reflective Interaction Observation Scales (RIOS), define

five essential elements of reflective supervision/consultation as follows:

- ***Understanding the Family Story*** – The pair discuss the relationships between family members and those connected to the family, including what is seen and heard and other relevant facts and information about past and present relationships. Questions encourage details about the parents/caregivers and the relevant relationships in their lives.
- ***Holding the Baby in Mind*** – Attention will always cycle back to the baby/young child, his or her experience and wellbeing, relationship with the parent/caregiver, as well as the impact of the presence of the baby/young children on the others in the story.
- ***Professional Use of Self*** – Careful attention is given to one's subjective experiences, thoughts, beliefs and emotional responses, which become important information and lend greater understanding and clarity to the work with infants, young children, parents/caregivers and families.
- ***Parallel Process*** – The pair will consciously connect the lived experience of individuals and their relationships with the lived experience and relationships of others. They recognize that what has happened in one relationship impacts emotions and behaviors in other relationships.
- ***Reflective Alliance*** – The quality of the relationship developing between supervisee and supervisor is of utmost importance. Both must come to the interaction with the intent to explore openly and reflect on the deeper meanings under the surface of the story in order to learn together.

Calls for a Blended Model of Reflective Supervision

Home visiting models as well as some leaders in the infant and early childhood mental health field recognize both the logic and necessity of combining administrative, clinical and reflective supervision. Overlap in content and needs, time/funding constraints, parallels to work with families, and what can seem like an unnatural division of content, have been cited as reasons to consider this blending. Authors note that all of three forms of supervision serve to maintain the quality of services while supporting home visitor's self-knowledge and competence so that they can be effective in their work with families (Bertachi & Gilkerson, 2009, Heffron & Murch, 2010). When done well, this blended model uses an intentional focus on process (rather than an exclusive focus on content or production) as a tool for staff development and program improvement. This approach calls upon supervisors “. . . to merge the qualities of an effective, efficient administrative supervisor with the qualities of a thoughtful, responsive reflective supervisor.” (Bertachi & Gilkerson, 2009, p. 122). These authors list the following capacities needed to successfully blend administrative with reflective supervision:

- Use process as the approach to problem solving across domains, direct service work, and governance;
- Understand human development, particularly social and emotional development in children and adults;
- Bring a knowledge of the self and the ability to tolerate, process, and contain conflict; and
- Come to terms with power in supervisory-staff relations (Bertachi & Gilkerson, 2009, p. 122).

Authors recognize both advantages and disadvantages to this blended or mentoring/monitoring approach to supervision (Heffron & Murch, 2010, Bertachi & Gilkerson, 2009, Bernstein & Edwards, 2012, Shea & Goldberg, 2016a). It is commonly recognized that administrative “basic needs” including meeting a grant proposal deadline or management meetings in preparation for federal/state audits can take over the time allotted for reflective supervision. Shea and Goldberg (2016a) acknowledge increased tension experienced by supervisors who are called upon to address both administrative and reflective needs of their staff and highlight this as a reason why training is especially important to strengthen reflective skills. Heffron and Murch (2010) advocate giving reflective supervision a priority of equal importance to that of meeting basic program/agency needs.

Healthy Families America Best Practice Standards (Prevent Child Abuse America, 2017) indicate that administrative, clinical and reflective supervision components are often integrated into the same conversation during supervision. The *Parents as Teachers Reflective Supervision Tool Kit* includes a process and planning form that identifies if there is a “work related topic” (seemingly defined as administrative in nature) to be addressed and guides supervisors in how to integrate this into their reflective supervision discussions. Nurse Family Partnership requires clinical supervision with reflective practice occurring in the sessions. Early Head Start requires regular and ongoing supervision and offers supports and resources for implementing reflective supervision.

As Regional Reflective Supervision Guidelines are developed, it will be important to balance as best as possible the realities of home visiting programs, models, approaches and resources with the reflective supervision/consultation requirements related to earning Infant Mental Health Endorsement*. Practical and feasible guidance will be needed for those programs wanting to support home visiting supervisors and staff through the initial endorsement process as well as in meeting requirements for continuing endorsement/ annual endorsement renewal.

SOME HISTORICAL CONTEXT TO REFLECTIVE SUPERVISION

In the 1990’s, as more services and programs were developed to support parents of infants and young children, leaders in the infant-family field began exploring how to adapt supervisory approaches that were more typically used in clinical mental health settings to non-clinical infant-family settings. In an effort to offer guidance and support to this quest, ZERO TO THREE published *Learning through Supervision and Mentorship to Support the*

Development of Infants, Toddlers and their Families: A Source Book (Fenichel, 1992). By the mid-1990s, many professionals who provided promotion, preventive intervention, and treatment services with families of infants and very young children in a variety of settings were learning to integrate the practice of reflective supervision into their programs (Tomlin, et al., 2014). Although this form of supervision was often unfamiliar to non-mental health practitioners, there was a belief that a “clinical-like” form of supervision would support home visitors to better manage the interpersonal situations that they frequently encounter in their work. This was also seen as a way to help home visitors learn how to be intentional in how they interact with parents in order to impact families positively (Tomlin & Heller, 2016). The resource titled, *How You Are is As Important as What You Do . . . in Making a Difference for Infants, Toddlers and their Families* (Pawl & St. John, 1998) is frequently referred to in the literature as a defining resource related to this important “way of being” with families.

During this same period of time, the Michigan Association for Infant Mental Health (MI-AIMH) began developing the *Michigan Association for Infant Mental Health (MI-AIMH) Endorsement for Culturally Sensitive Relationship-Focused Practice Promoting Infant Mental Health**. This competency-based endorsement process, which includes very specific requirements related to reflective supervision, was developed over a 10-year period and launched in 2002. As part of this work, reflective supervision guidelines were developed. These guidelines specifically included reflection about the infant, the parent and their early developing relationship, as well as the worker’s self-reflections including emotional response, insightfulness, attunement and curiosity about the work as it intersects with past and present life experiences (Michigan Association for Infant Mental Health, 2002, 2011, 2017). As of October 2017, there are 29 state associations for infant mental health in the United States and two international associations who have licensed the use of the *Competency Guidelines** and/or the *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health** (Alliance for the Advancement of Infant Mental Health). The infant mental health associations of all four Region X states are implementing this endorsement system and using the same definition and best practice guidelines for reflective supervision/consultation as they administer the Endorsement*.

WHY “REFLECTIVE” SUPERVISION?

A clear rationale for supervision is needed to help administrators, program monitors, supervisors, and home visitors understand the what, why, and how of supervisory expectations. Requiring a specific approach or model of supervision without a clear rationale can negatively impact supervisors’ and home visitors’ perceptions of professional respect, control and autonomy over their work, and can actually add to emotional exhaustion and burn-out rather than reduce these as intended (Aarons, Fettes, Flores & Sommerfeld, 2009).

The literature makes frequent references to the fact that “reflective” supervision is a common requirement for staff of many programs that serve infants, toddlers and their families, including infant mental health services, early care and education programs, child-development programs, health care, and home-visiting programs (Eggbeer, Shahmoon-Shanok, & Clark, 2010; Emde, 2009; Gilkerson & Shahmoon-Shanok, 2000; Heffron & Murch, 2010; Virmani, Masyn, Thompson, Conners-Burrow, & Mansell, 2013); Virmani & Ontai, 2010; Weigand, 2007 as cited in Tomlin, Weatherston, & Pavkov, 2014). MIECHV-funded home visiting programs are required ensure the provision of reflective supervision to home visitors (FOA HRSA-16-172).

- Of the four evidence-based practice models used in Region X, Healthy Families America Best Practice Standards are the most explicit in defining reflective supervision expectations (Prevent Child Abuse America, 2017). Standard 12 of these Best Practice Standards appears to draw heavily from the *MI-AIMH Best Practice Guidelines for Reflective Supervision/Consultation* (2002, 2011, 2017).
- There are a number of technical assistance resources that have been developed to support the use of reflective supervision in Early Head Start services, especially those that focus specifically on working with families. One such resource is the *Head Start and Early Head Start Relationship-based Competencies for Staff and Supervisors who Work with Families*. Reflective supervision competencies are defined for supervisors and engagement in reflective supervision is a defined competency for home visitors in this document. Additionally, reflective practice is a topic covered in *The Mental Health Tool* which offers written resources and video-taped examples of reflective supervision that is provided to professionals who are providing mental health consultation to Head Start Programs.
- Parents as Teachers (PAT) began requiring reflective supervision in 2010 as one of the model’s Essential Requirements. PAT Parent Educators working more than .5FTE are required to receive 2 hours each month of individual reflective supervision (La Mont, 2017). Additionally, PAT published a Technical Assistance Brief that restates this Essential Requirement. In 2017, PAT provided a *Reflective Supervision Toolkit* to its affiliates.
- Nurse-Family Partnership (NFP) requires that nurse home visitors meet with nurse supervisors weekly for clinical supervision and use reflective practice in supervisory sessions. The reflection cycle used by NFP is described as a series of phases in which the nurse home visitor “. . . describes a salient event, attends to his/her positive and negative feelings about the event, and ultimately reexamines the experience in an effort to understand and to plan how he or she would act in a similar situation in the future (Beam, O’Brien & Neal, 2010).

Tomlin and Heller (2016) note that increasing numbers of credentialing systems are being created and implemented. These systems recognize the specialized knowledge and competence needed to implement programs serving young children and their families. Some of these credentials require the holder to receive reflective supervision, depending on the level of intervention they provide. Examples, as cited by these authors, include:

- *Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health*® (MI-AIM/Alliance) - <https://www.allianceaimh.org/endorsement-licensing/>

- *California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health* - <http://cacenter-ecmh.org/wp/professional-development/>
- *Colorado Coaching Credential* - http://www.cocoaches.net/uploads/Coaching_Credential_Overview.pdf

Reflective Supervision and the Big Three: Trauma-informed Practice

The trauma supports and reflective practices being developed for home visitors through the *MIECHV Region X Innovation in Home Visiting Workforce Development Project* are specifically tailored to the intensive work home visitors do with families experiencing high rates of historical trauma and co-occurring mental health difficulties, substance abuse, and domestic violence. These are referred to as “The Big Three” in the grant. The literature supports reflective supervision as essential to this work.

Home visiting programs are working with vulnerable, high-risk populations including families with multiple Adverse Childhood Experiences (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, J.S., 1998), and who are currently experiencing mental health difficulties, substance abuse, and/or domestic violence. Work with this population requires a highly skilled workforce that receives appropriate support and opportunities for reflection about the challenges encountered in their daily work (Finello, et al., 2016). The trauma history and/or current difficult circumstances of the families served through home visiting can be especially difficult for home visitors to manage if these experiences are something the home visitor has also experienced in his or her personal life. Additionally, frequent exposure to the trauma of the children and families served has a cumulative effect on home visitors and can lead to secondary trauma (Shea, et al., 2016b). Bernstein and Edwards (2012, p. 297) conclude: “. . . *reflective supervision helps early childhood practitioners cope with the stress and feelings of being overwhelmed that often result when working with vulnerable families and children*”. Heffron, Gilkerson, Cosgrove, Scott Heller, Imberger, Leviton, Mueller, Norris-Shortle, Phillips, Spielman, and Wasserman (2016b) note that home visitors can be protected from secondary trauma by increasing their knowledge and understanding of trauma, learning strategies to manage their exposure to trauma, and by strong organizational structures such as regular reflective supervision. Reflective supervision is necessary to maintain fidelity to models, the quality of services, and for the well-being of home visitors.

Reflective supervision is increasingly seen as a key part of trauma informed practice intended to improve the social and emotional development of young children and their families (Finello, et al., 2016). Other authors stress the importance of this reflective emotional support so that home visitors who are exposed to traumatic material are better able to respond intentionally and avoid reacting in ways that can have unintended and negative consequences (Shea, et al., 2016B, Flowers & Burgeson, 2015, Bernstein, 2002-03, Osofsky, 2009). Van Berckelaer (nd) highlights the theoretical match evident in reflective supervision between the supervisor/supervisee relationship and the home visitor/parent-child relationship that is critical for trauma informed practice. She cites the importance of implementing policies that reduce re-traumatization and that reinforce personal integrity, autonomy, and control. Van Berckelaer notes that the reflective supervisory process is a vehicle through which the implementation of these policies can be effectively supported.

Tandon, Mercer, Saylor, and Duggan (2008) conducted research to understand paraprofessional home visitors’ perceptions of their ability to address poor mental health, substance abuse, and domestic violence issues with families. They found that while home visitors had knowledge about the issues, they lacked the skills and confidence needed to balance their focus on addressing families’ more pressing needs, such as housing or utilities, with addressing poor mental health, substance abuse, and domestic violence. These authors advocate for reflective supervision as an effective way to reinforce content knowledge received through training. It is a way, for example, to sup-

port home visitors to feel more confident in starting conversations about mental health, substance abuse, and domestic violence as well as how to move conversations from basic needs (such as housing) to a discussion of these issues. Reflective supervision can help clarify home visitors' roles in addressing clients' poor mental health, substance abuse, and domestic violence and provide essential additional support to home visitors in terms of both skills and confidence in addressing sensitive topics.

Self-Other Awareness

Effective relationship-based home visiting programs require that home visitors be empathetic, open-minded, collaborative, and respectful to the families and children they serve. In order to meet these expectations, home visitors need the opportunities provided through reflective supervision to experience these same ways of being with their supervisor (Heffron & Murch, 2010). When reflection is regularly practiced in the safety of a reflective supervisory relationship, home visitors are better able to recognize mental states (thoughts, feelings and intentions) in themselves and others, and importantly, to make sense of behavior through this consideration of mental states (Bernstein & Edwards, 2012, Finkbiner, 2014). Heffron, et al., (2016a) advocate for a more intentional effort to understand and enhance the reflective functioning of providers across all forms of reflective practice, supervision and workforce development. As home visitors are supported through reflection, this process intentionally builds the capacity of the home visitor to then use interventions that enhance the reflective capacity of parents and caregivers, and to monitor program qualities and outcomes (Finello, et al, 2016).

This “mental state” work helps home visitors become aware of, feel safe in acknowledging, and over time understanding their own intense feelings that easily get evoked in work with high risk families with young children. Home visitors serving families with mental health difficulties, substance abuse, and/or domestic violence often experience intense and overwhelming feelings, such as frustration, anger, fear, worry, anxiety, hopelessness, and incompetence (Strain & Joseph, 2004, O'Rourke, 2011). This is an example of an unhelpful parallel process that occurs as home visitors feel overwhelmed by the family's problems, which then limits their ability to be effective (Campbell, Earley, & Gray, 1999, Bernstein, 2002-03, Bernstein & Edwards, 2012, O'Rourke, 2011). Several authors have noted a tendency among home visitors who routinely encounter these stressors to focus on attempting to fix the family's problems both in a perceived effort to make the family feel better as well as to lessen their own discomfort. The perpetual cycle of attempting to “fix problems” often comes at the expense of fully implementing the program model (Bernstein, 2002-03; Bernstein & Edwards, 2012, Osofsky, 2009). When caught up in this unhelpful parallel process and while focused on fixing the families' problems, home visitors can find it difficult to see what is going well with the family and can begin to feel ineffective, which in turn can lead to burnout and staff turnover, negatively impacting program effectiveness. As home visitors are supported in their awareness of, ability to acknowledge, and over time understand their own intense feelings they are better able to help parents step back and reflect on the meaning of their child's behavior and their relationship with their children. Bernstein and Edwards (2012) stress that reflective supervision supports home visitors to identify and build on “what's working” at all levels of relationship as the central focus of the work. Authors refer to this as using reflective supervision to help home visitors “stand firm against the forces of risk” – a concept that is very applicable to the work of Region X home visitors (Bernstein, 2002-3, Campbell, Earley, & Gray, 1999).

CORE PRINCIPLES OF REFLECTIVE SUPERVISION

Fenichel (1992) first described these core principles, which continue to be addressed in the literature today. Authors refer to these as “cornerstones”, “fundamental guideposts”, “core components” and “the three building blocks” of reflective supervision (Heffron & Murch, 2010, ZERO TO THREE, 2016, Parlakian, 2001).

Reflection

Key literature support for reflection is addressed earlier in the review.

Regularity

Regularity, although core to reflective supervision, is often most difficult to maintain. The literature notes that without regularity, neither collaboration nor reflection can occur effectively (ZERO TO THREE, 2016). Paradoxically, predictability and consistency are often given critical focus in parenting support and education programs as well as in home visiting models. Curricula provide wonderful information for parents about the value and importance of predictability and consistency to development. Home visitors typically place a high value on creating consistent and predictable relationships and schedules with the families they serve. Yet, for a variety of reasons, regularly scheduled reflective supervision can easily morph into an “open-door policy” or occur only on an “as needed” basis, leading to a reactive, crisis-management approach to staff support rather than an intentional, thoughtful process (Heffron & Murch, 2010). When supervisors insist on and adhere to regularly scheduled supervision, they are modeling intentional availability, creating the time and space needed to help home visitors with predictable support for emotional regulation, and communicating to home visitors that they and their work with families is valued. One practitioner stated this with particular eloquence: *“Knowing that I have this reflective time available on a regular basis allows me to sustain the often triggering vicissitudes of the work in between meetings with my reflective supervisor.”* (Harris, D. as quoted in Bernstein & Edwards, 2012, p. 293). With time, home visitors who receive regular reflective supervision become better able to discern between a triggering experience and a true emergency or issue that their supervisor needs to be made aware of right away. Various authors provide examples of how regularly scheduled, ongoing reflective supervision for all home visitors (regardless of years of education or experience) provides multiple opportunities for supervisors to notice patterns of behavior and trends in both worker strengths and challenges. This regularity allows for a more supportive venue in which supervisors are able to raise concerns as needed while recognizing home visitor strengths (Bernstein & Edwards, 2012, Heffron & Murch, 2012, Shamoan-Shanok, 2006).

Collaboration

Supervisors typically have power over home visitors in that supervisors are frequently involved in hiring decisions, caseload assignments, overseeing requests for leave, and conducting performance appraisals of home visitors’ work. As a core component of reflective supervision, issues of power and control are intentionally explored with transparency and openness about the power held by the supervisor (ZERO TO THREE, 2016). Responsibility is shared between the supervisor and the supervisee(s) so that reflective supervision sessions and processes are co-created by all involved (Heffron & Murch, 2012, Gilkerson, 2004). Home visitors are supported and expected to bring aspects of their work to reflective supervision meetings, to share details and analyze their work thoughtfully, and in doing so, contribute to their own professional growth as well as evaluation of their work (Gilkerson, 2004). Collaboration is neither easy nor automatic in reflective supervisory relationships. Parlakian and Murch (2002, p. 18) note, *“That feeling of somebody being there with you is the most important and hardest to achieve. The wariness [people feel around] an authority figure is very hard to counter.”* This quote reinforces the need for regularly scheduled, reflective supervision, in part to overcome what are sometimes referred to a “ghosts of supervisors past” (Heffron, 2005).

WHAT IS NEEDED FOR EFFECTIVE REFLECTIVE SUPERVISION?

Supervisor Needs

The literature suggests that supervision is challenging and requires specialized training and support to develop the level of skill needed to be effective (Finello, et al, 2016). These authors stress that supervisors need support at the organizational level both in recognition of this essential duty and by providing the level of support needed for supervisors to effectively engage in this critical role. Supervisors who are expected to provide reflective supervision to home visitors also need and deserve to receive reflective support from their own supervisors or reflective consultants (Shamoon Shanok, 2009, Scott Heller, 2009, Heffron & Murch, 2010). A pilot study conducted by the Oregon Health Authority (2016) found some common themes emerging from nurse supervisors with Nurse Family Partnership who received group reflective supervision with other nurse supervisors. The group process provided an important sense of support, an opportunity for skill building, and motivation to use reflective supervision skills with the nurse home visitors they supervised.

Unlike initial supports for new supervisors, reflective supervision is based on the principle that all infant-family professionals, regardless of levels of education and years of experience, need and deserve regular opportunities to engage in reflection with a reflective partner, whether it be an administrator trained in reflective practice, a reflective consultant, or a mentor who uses reflective practice to support discussions and discoveries about the work. *All early childhood professionals who intend to provide reflective supervision should have experience doing the work of the practitioners they will supervise and seek opportunities for their own consultation or supervision* (Bernstein & Edwards, 2012, p. 297).

Organizational Support

There must be organizational support so that scheduled reflective supervision time takes precedence even over client visits and management meetings. A focus on what Heffron and Murch (2010) refer to as “basic needs” (caseloads, increased productivity, grant application deadlines, etc.) at the expense of reflective supervision time frequently shortchanges reflective practice. Supervisors who are pulled in too many competing directions in terms of managerial/administrative tasks and meetings find themselves less predictably available for scheduled reflective supervision time. In a small study conducted by Shea and Goldberg (2016a), both supervisors and supervisees commented on the negative impact of competing managerial tasks on the ability to engage in regular, intentional reflection both in terms of the amount of time that could be devoted to reflection and the consistency of reflective supervision meetings. Frequent rescheduling or cancelling of reflective supervision sessions may give home visitors the impression that neither reflective supervision nor their work with families is a high priority (Van Bereklaer, nd, Bernstein & Edwards, 2012, Heffron & Murch 2010). This need for supervisors to have adequate time to do their jobs effectively was also identified in a national study, titled, “What Makes Supervision work: Recommendations from the Home Visiting Field” (Sale & Martin, 2004, p. 1). Supervisors indicated that *if they are being pulled into other tasks, or if their workloads are not being properly assessed, they will not be able to be effective. Supervisors need time for administrative work as well as time for reflective supervision with staff*. The authors of this study and their collaborators stressed that reflective supervision is a critical part of providing quality home visiting services.

Ongoing Training including Reflective Supervision for Supervisors

Supervisors need training and support so that they can provide diversity-informed reflective supervision. This is essential in order to better meet the needs of and protect their diverse staff from burnout as they serve culturally and linguistically diverse families who are often facing multiple and complex challenges (Noroña, Heffron, Grunstein, & Nalo 2012, Stroud, 2010, Shamoon Shanok, 2009, Keys, Cavanaugh, & Scott Heller, 2009). Noro-

ña and her co-authors (2012) advocate a focus on cultural and contextual responsiveness rather than cultural competence or knowledge per se. They also note that research on supervision of bilingual staff indicates the importance of conducting supervision in the primary language of the supervisee as this both allows access to emotional resources and helps to develop and enrich the ability to use specific interventions or approaches with families. These articles highlight the need for diversity-informed reflective supervision so that there are greater opportunities to learn different ways to approach discussions of issues related to race, class, privilege and other differences as well as what happens to the work when discussion of these important issues is avoid or limited.

Needs of Supervisees

Trust in the Process

Supervisees must be able to trust that the information they share in reflective supervision is private, and that the work they do in supervision is honored as part of a professional growth process (Van Berecklaer, nd, Heffron & Murch, 2010, Shamoon Shanok, 2009). In settings where the supervisory approach has been less relational and more administrative, it may take time to build the kind of trust necessary for effective reflective supervision. Several articles describe a process of “contracting” that occurs collaboratively between supervisors and supervisees so that there is intentional transparency regarding when information that is shared in reflective supervision may not be held in confidence and what the process and intent for disclosing that information will be (Heffron, 2005, Bertachi & Gilkerson, 2009, Weatherston & Barron, 2009, Heffron & Murch, 2010).

Adequate Time and Attention

Home visitors need enough time in their reflective supervision sessions as well as enough consistency in meetings with their supervisors to fully engage in an effective reflective process. Most home visitors in the Tandon, et al., (2008) study felt that their weekly meetings with supervisors devoted little time to supervision on addressing families’ issues related to poor mental health, substance abuse and/or domestic violence even when that was a clear area of programming emphasis. These home visitors reported that their weekly, or bi-weekly supervision meetings focused mostly on ensuring that core content of the home visiting curriculum was being addressed. One supervisee was quoted as saying, “*My supervisor and I get along real good and I do learn a lot from her, but there’s not the time to really work with me since the issues that you are asking about. . .mental health, domestic violence, substance use. . .those are things that you really gotta talk about to figure out how to deal with ‘em. I would love to do role plays or bring up some situations that I am facing and have somebody make me think about strategies I could use to talk with my families.*” (Tandon, et al., 2008, p. 424). Feeling rushed and a lack of adequate time in supervision to fully discuss needs and approaches to use with families were mentioned by several of the home visitors in this study and were also mentioned by the supervisees in the Shea and Goldberg (2016a) study.

IMPLEMENTATION CHALLENGES

Gilkerson (2004) identifies a number of factors that can make the implementation of relationship-based services and reflective supervision challenging in infant and early childhood programs. Many home visitors have been trained to “leave their feelings and issues at the door” when visiting families. This can be confusing as we ask home visitors to tune in to their emotions and feeling states when interacting with others. Gilkerson (2004) also notes that fields of practice including early childhood, nursing and family support are steeped in a “culture of action” and are content-driven in their approach to their work. Without carefully laying the context for the importance of reflection in their work, home visitors might see reflective supervision time as being spent on their personal development and taken away from time that should be time spent on the children and families they serve. With the pressures to maintain caseloads and meet expectations regarding the number of visits completed, supervisors might also feel as if taking time to engage in reflective supervision is coming at the expense of meeting other program requirements. In fact, a number of authors (Gilkerson, 2004, Bernstein & Edwards, 2012, Heffron, 2005, Heffron &

Murch 2010, Van Bereckelaer, nd) note that reflective supervision is often seen as non-essential when there are more pressing priorities or for more experienced staff members.

Heffron (2005) identifies three major challenges that exist to the full implementation of reflective supervision:

1. The need for evaluation and research;
2. Better administrative understanding of and support for reflective supervision; and
3. Appropriate financial and programmatic resources necessary for the training and ongoing support of those staff who provide reflective supervision.

Cultural Responsiveness

Noroña and her colleagues (2012) address the fact that many programs serve culturally and linguistically diverse families and often strive to recruit home visitors who represent the diversity of the service population. Access to diversity-informed reflective supervision is not at all uniform among these programs. Additionally, staff of color or non-majority groups is less likely to be promoted to supervisory and leadership positions within programs. Supervisors and supervisees often find that they see their work and the families being served differently given the differences in cultural backgrounds present in the supervisory relationship. Stroud (2010) indicates that supervisors are obligated to start discussions related to issues of diversity with home visitors and to support home visitors to increase their awareness and ability to engage in open communication about diversity in their relationships with families. Engaging in these discussions can be anxiety producing for both supervisors and home visitors. There is a very real fear of saying the wrong thing and offending the very people with whom you are working to form a trusting relationship. Although difficult, effective home visiting programming requires that the supervisor and home visitor use the process of reflective supervision to face (rather than avoid) the discomfort, the challenges, the risk, and the tension of the unknown by engaging in these discussions. This shared, even when awkward, exploration of issues of diversity in fact strengthens the relationship between the supervisor and the home visitor. By engaging in this exploration the personal beliefs, attitudes, and fears related to the service population of both supervisor and home visitor are uncovered. A deeper level of understanding of self and other occurs over time as supervisors and home visitors engage in these discussions. (Stroud, 2010)

RESEARCH ON OUTCOMES

Tomlin et al. (2014) indicate that most research addressing reflection has been directed toward understanding, evaluating, and improving parents' capacities to be reflective. A significant amount of research now supports theories linking reflective skills in parents with child outcomes (Fonagy & Target, 2005 as cited in Tomlin, et al., 2014) and as playing a role in therapeutic efforts to remediate attachment problems (Sadler et al., 2006 as cited in Tomlin, et al., 2014). Although there is widespread recognition of the value of reflective supervision for infant-family professionals, there is relatively little empirical evidence about its effects on professionals and their practice. Efforts are currently underway to identify the core processes essential to reflective supervision, to examine the impact of reflective supervision on the practitioner and on the client, and to discriminate between the aspects of reflective supervision that are unique to this form of supervision (Tomlin & Heller, 2016).

The current state of evidence relies primarily on small-scale, program-specific studies that are conducted following a pilot implementation of training and/or administration of a specific tool or measuring procedure related to reflective supervision. Naturally, authors cite limitations both in the research findings and in their generalizability to other populations, programs, etc.

Components of Reflective Supervision

Some progress toward identifying components of reflective supervision can be found in the literature (Gilkerson, 2004, Tomlin, et al. 2014, Emde, 2009). A survey study conducted by Tomlin and her colleagues (2014) offers some initial consensus support for what reflective supervision entails and how it is experienced. Their study identified six overarching categories related to reflective supervision as well as specific supervisor behaviors, qualities, and characteristics; supervisee behaviors; and descriptions of the structure and process of reflective supervision sessions. The categories as well as areas of consensus regarding specific items consistently rated as essential to effective practice could be included in Regional Guidelines with some level of assurance as to agreement in the field about their value. Although focused on reflective supervision with childcare providers, Emde's (2009) outline of dimensions of reflective supervision are also consistent with dimensions mentioned as important in other settings and could provide guidance. The dimensions Emde identifies include: sharing and learning through observations of infants, toddlers, and their families to understand their strengths and vulnerabilities; emotional support and regulation; use of self as a tool for understanding others in relationship work; parallel process or systems sensitivity; attunement and scaffolding; empathy; a collaborative relationship for learning; and insightfulness or capacity to see from multiple points of view. Gallen, Ash, Smith, Franco, and Willford found that qualities of the supervisory relationship such as engagement, trust, nurturance and consistency might serve as, what they call, "unique contributors" to the impact of reflective supervision (Gallen et al., 2016, pp. 35-36).

Increased Reflective Capacity

A number of small studies have addressed outcomes attributed to the implementation of reflective supervision.

- Gilkerson & Imberger (2016) describe an adaptation of the FAN (Facilitating Attuned Interactions) model to infuse reflective practice into a home visiting program. As a result of this adaptation, home visitors and supervisors were reported to demonstrate greater reflective capacity.
- Tomlin, Sturm, and Koch (2009 as cited in Tomlin, et al., 2014) used survey methods to document that early intervention providers recognize that reflective skills are important in their work with families. A decrease in staff being judgmental toward families and an increase in willingness and ability to provide individualized services to families were noted as one agency's outcomes resulting from implementing relationship-based reflective supervision. In this same agency, staff is reported to have learned how to better use their discipline-specific knowledge as a way to support the parent-child relationship and to encourage more participation by parents in the visits. This agency credits reflective supervision with helping them achieve their goal of program philosophy matching program practices (Gilkerson, 2004).
- Watson and Neilsen Gatti (2012) shared qualitative findings that regular meetings with a reflective consultant supported supervisees to identify and use their feelings to inform rather than interfere with their work with families facing complex challenges.
- Shea, Goldberg, and Weatherston (2016b) also demonstrated some specific outcomes as a result of implementing a specific professional development model with a small group of supervisors and supervisees in one community. In this study, all participants were reported to have achieved mastery of reflective practice and reflective supervision skills and knowledge as measured by responses to post-training vignettes. Additionally, supervisees demonstrated increase in use of reflective practice skills in their work with families. Supervisors demonstrated increase in self-efficacy regarding their ability to apply reflective supervision skills and complete tasks identified as necessary to reflective supervision (Shea, et al., 2016B).

Increased Quality and Job Satisfaction

Tomlin & Heller (2016) cite examples of some support for a range of outcomes as a result of engaging in a positive supervisory relationship, including higher job satisfaction, less turnover, less burn-out, increased comfort with disclosure, and less anxiety. Decreasing staff turnover is significant to program quality and achieving intended client outcomes. For example, the loss, mid-cycle, of a home visiting nurse, can lead to 50-75% attrition of clients. Home visiting program outcomes rely on staff retention and staff supervision models must be very focused on effective retention measures (Van Bereklaer, nd). There is beginning evidence to suggest that reflective supervision positively impacts staff retention. In qualitative studies in early childhood services, the presence of reflective supervision is associated with greater resilience among providers. Observational studies show that child welfare agencies with more relationship-based supervision and greater time devoted to continuing education, both elements of reflective supervision, have lower rates of turnover and greater success in obtaining permanent placement for children (National Council on Crime and Delinquency, 2006). There is also some evidence that reflective supervision may enhance nurses' satisfaction and work with families of very low birth-weight infants (Pridham, Limbo, Schroeder, Krolkowski, & Henriques, 2006 as cited by Bernstein & Edwards, 2012). A statewide pilot program integrated reflective supervision at multiple levels of the service system. Significant positive changes both in how staff conducted their work with families and in their satisfaction with their work were noted (Gilkerson, 2004). These changes are consistent with Heffron's (2005) suggestion that implementation of reflective supervision likely results in higher quality of service and the potential for better outcomes for families.

In a study of the effects of providing early intervention (IDEA, Part C) supervisors in Pennsylvania with training on reflective supervision, Gallen and his co-authors (2016) were able to identify important correlations between specific experiences with reflective supervision and a number of factors important to program quality. For example, higher ratings by supervisees of supervisors' reflective supervision correlated with higher job satisfaction, higher ratings of the quality of reflective supervision, better work-life balance, and higher compassion satisfaction. Importantly, the higher a supervisee rated the supervisor, the lower the supervisee rated her own symptoms of burn-out, secondary traumatic stress overall and avoidance symptoms, specifically (Gallen, et al., 2016).

A number of studies have looked at the impact of reflective supervision provided to childcare teachers. Virmani and Ontai (2010) found support for the use of reflective supervision in increasing the insightfulness or reflective capacity of childcare providers. These authors reported that opportunities for childcare staff to engage in reflection on their interactions with children allowed the staff to become aware of their own and the children's emotional experiences. In a more recent study, Virmani et al. (2013) suggested that there is some evidence that regularly scheduled reflective consultation supports more positive interaction between children in care and early care staff. Gilliam and Shahar (2006 as cited in Tomlin, et al, 2014) suggested that reflective consultation for teachers reduces the number of very young children expelled from early care and education settings. Reflective supervision is also associated with retention in the field among childcare providers (Howes, James, & Ritchie, 2003 as cited by Bernstein & Edwards, 2012).

Although not specifically addressing reflective supervision outcomes, a study of statewide implementation of mental health consultation to childcare centers across Louisiana demonstrated an increase in teacher self-efficacy and competence in addressing specific aspects of children's social and emotional development (Heller, Boothe, Keyes, Nagel, Sidell & Rice, 2011). Similar to reflective supervision, mental health consultation is a relationship-based approach in which the consultant provides empathic, nonjudgmental support to teachers. The theory of change is that when the consultant understands the teacher's subjective experience, the teacher is better able to understand the subjective experience of the child and respond to challenging behaviors with more sensitivity.

Current Research Efforts

A concerted process is underway to develop the necessary evidence base in support of reflective supervision. Initial efforts focused on understanding what value early childhood practitioners placed on being reflective and self-report measures regarding how reflection skills were used (Tomlin, et al., 2009 as cited in Tomlin & Scott Heller, 2016). There have been major efforts to systematically identify and gain consensus about the critical elements or components of reflective supervision (Tomlin, et al., 2014). These efforts have included identifying qualities, characteristics and behaviors of supervisors and supervisees as well as environmental factors affecting reflective supervision interactions.

Tools and procedures are now being developed to assess reflective supervision. A number of rating scales have been developed, often using a Likert scale to rate actions or behaviors that are present in supervisory interactions. The *Reflective Supervision Rating Scale* (Ash, 2010) is one such measure. Shea, Goldberg & Weatherston (2012 as cited in Tomlin & Scott Heller, 2016) have also developed the *Reflective Supervision Self-Efficacy Scale* that asks raters to report their level of confidence that they can perform a specific skill. Observational measures are also being developed in an effort to address some of the limitations of rating scales. The *Reflective Interaction Observation Scale (RIOS)* is currently under development (Watson, Harrison, Hennes, & Harris 2014). The RIOS provides a framework for detailed observation and coding of a recorded interaction between a reflective supervisor and supervisee. A process checklist to code videotapes of reflective supervision sessions is also under development (Finello, et al., 2016). The checklist describes reflective supervision competencies and can be used to support the development of reflective supervisors. The *Provider Reflective Process Assessment Scales* are designed to assess change in early childhood providers after participating in reflective supervision (Heller & Ash, 2016).

In order to develop effective training programs for reflective supervisors and to justify the continued requirement for reflective supervision, the field must be able to clearly define what it is, what makes it work, and the specific competencies needed to provide reflective supervision with some level of fidelity to these definitions. Measures are needed to evaluate the implementation and effectiveness of reflective supervision. Only then, can we begin to measure how the implementation of reflective supervision impacts child and family service outcomes (Tomlin & Heller, 2016).

SUMMARY OF FINDINGS

The review of literature revealed a number of points of agreement regarding reflective supervision that can be useful in the development of Regional Reflective Supervision Guidelines:

1. Reflective supervision is an important form of ongoing professional development that contributes to program quality in a number of ways, including:
 - a. Adherence to model fidelity even when addressing multiple complex family/child needs;
 - b. Increasing job satisfaction, increased ability to better manage stress and implement routine self-care strategies, reduced secondary trauma, reduced burnout, and improved retention of both staff and clients.
2. Reflective supervision is especially important to and consistent with trauma-informed services as well as supporting home visitors to help families with high ACE scores and co-occurring poor mental health, substance abuse and/or domestic violence. Although training is essential, home visitors are often unable to apply what they've learned in training when in visits with families with complex needs. They are more likely to be effective if training efforts are supported through very intentional reflective supervision.
3. In order to be in alignment with the relationship-based practice principles, as well as important aspects of reflective parenting that are highlighted by the models being implemented, reflective supervision/reflective practice must intentionally focus on home visitors' self-other awareness, mentalization, parallel process, emotional literacy and ability to be emotionally present when doing this difficult work. More traditional educational or continuous quality improvement approaches to reflection are an important part of the process but insufficient to address family, home visitor, and program quality needs.
4. Home visiting programs need consistent and dedicated organizational support that prioritizes supervisor training and support so that supervisors can prioritize reflective supervision time and processes with home visitors.
5. Reflective supervision is likely to be more effective when the home visitors receive training about their roles in the process, as well as concepts such as parallel process, reflective functioning, the impact of trauma, and others.
6. Reflective supervisors need specific training and ongoing support (reflective supervision or consultation) to manage the administrative, clinical and reflective supervision tasks they are required to perform so that no one area gets short-changed.
7. Diversity-informed reflective supervision is essential to the work of home visiting and requires ongoing training of both supervisors and home visitors.
8. Working regionally to assure that reflective supervision is diversity-informed may need extra attention and an intentional approach to integrate into home visiting programs and all approaches to reflective supervision.
9. It would be worthwhile to consider tools and procedures that could be systematically used to assess reflective supervision process elements, supervisor confidence/ competence, supervisee progress in practicing reflectively, and as possible connect these measures to child/family/program outcomes data.

REFERENCES

- Aarons, G.A., Fettes, D.L., Flores L.E., and Sommerfeld, D.H. (2009). Evidence-based practice implementation and staff emotional exhaustion in children's services. *Behavioral Research and Therapy*, November; 47(11), 954–960. Accessed via National Institute of Health (NIH) Public Access Author Manuscript (nihms 132105.pdf).
- Alliance for the Advancement of Infant Mental Health. <https://www.allianceaimh.org>
- Ash, J. (2010). Reflective supervision rating scale. Boulder, CO: Mental Health Partners.
- Beam, J.R., O'Brien, R. & Neal, M. (2010). Reflective practice enhances public health nurse implementation of Nurse-Family Partnership. *Public Health Nursing* (Boston, Mass.), 27, 131-139.
- Bernstein, V.J. & Edwards, R.C. (2012). Supporting early childhood practitioners through relationship-based, reflective supervision. *National Head Start Association (NHSA) Dialog: A Research-to-Practice Journal for the Early Childhood Field*, 15(3), 286-301.
- Bernstein, V.J. (2002-03). Standing firm against the forces of risk: Supporting home visiting and early intervention workers through reflective supervision. *Newsletter of the Infant Mental Health Promotion Project (IMPrint)*, Vol. 35, Winter 2002-03.
- Bertachi, J. and Gilkerson, L. (2009). How can administrative and reflective supervision be combined? In S. Scott Heller & L. Gilkerson (Eds). *A practical guide to reflective supervision* (pp. 121-134). Washington, DC: ZERO TO THREE.
- Campbell, S., Earley, N., Gray, M. Fortifying families against the “forces of risk”. *ZERO TO THREE*, 19(5), 27-34.
- Eggbeer, L., Shamoon Shanok, R., & Clark, R. (2010). Reaching toward an evidence base for reflective supervision. *ZERO TO THREE*, 31(2), 39-45.
- Emde, R. (2009). Facilitating reflective supervision in an early child development center. *Infant Mental Health Journal*, 30(6), 664–672.
- Federal Register, Vol. 81, No. 172, 9/6/2016. Administration for Children and Families, 45 CFR, Chapter XIII, *Head Start Performance Standards*, Final Rule, accessed online on 10/20/17 at <https://www.gpo.gov/fdsys/pkg/FR-2016-09-06/pdf/2016-19748.pdf>
- Fenichel, E. (1992). *Learning through supervision and mentorship to support the development of infants, toddlers, and their families: A sourcebook*. Washington, DC: ZERO TO THREE.
- Felitti V.J., Anda R.F., Nordenberg D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 14(4), 245–258
- Finello, K.M., Heffron, M.C., & Stroud. B. (2016). Measuring process elements in reflective supervision: An instrument in the making. *ZERO TO THREE*. 37(2), 39-45.
- Finkbiner, C. (2014). *Demystifying reflective practice: Defining reflective supervision and consultation for infant*

and early childhood professionals developed by the Wisconsin Infant/Early Childhood Mental Health Policy Committee chaired by WI-AIMH. Accessed on 10/20/17 at <http://wiaimh.org/wp-content/uploads/2014/02/Reflective-Practice-Guidelines-FINAL.pdf>

Flowers, K. & Burgeson, M. (2015). *Reflective supervision: A resource for those supporting infants, toddlers, preschoolers and their families with early childhood mental health*. Early Childhood Mental Health Leaders Collaborative. Accessed on 10/19/17 at https://issuu.com/circlestretch/docs/reflective_supervision_a_resource_g

Gallen, R.T., Ash, J., Smith, C., Franco, A. and Willford, J.A. (2016). How do I know that my supervision is reflective? Identifying factors and validity of the Reflective Supervision Rating Scale. *ZERO TO THREE*, 37(2), 30-37.

Gilkerson, L. & Imberger, J. (2016). Strengthening reflective capacity in skilled home visitors. *ZERO TO THREE*. 37(2), 46-53.

Gilkerson, L., Hofherr, J., Steier, A., Cook, A., Arbel, A., Heffron, M.C., Murphy Sims, J., Jalowiec, B., Bromberg, S.R., and Paul, J.J. (2012). Implementing the Fussy Baby Network approach. *ZERO TO THREE*, 33(2), 59-65.

Gilkerson, L. (2004). Irving B. Harris Distinguished Lecture: Reflective supervision in infant-family programs: Adding clinical process to non-clinical settings. *Infant Mental Health Journal*, 25(5), 424-439.

Head Start and Early Head Start relationship-based competencies for staff and supervisors who work with families. Accessed on 10/21/17 at <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/ohs-rbc.pdf>

Head Start Early childhood Knowledge and Learning Center. *The Mental Health Consultation Tool*. Accessed online on 11/29/17 at <https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool>

Heffron, M.C., Reynolds, D. & Talbot, B. (2016a). Reflecting together: Reflective functioning as a focus for deepening group supervision. *Infant Mental Health Journal*, 37(6), 628-639.

Heffron, M.C., Gilkerson, L., Cosgrove, K., Scott Heller, S., Imberger, J., Leviton, A., Mueller, M., Norris-Shortle, C., Phillips, C., Spielman, E., & Wasserman, K. (2016b). Using the FAN approach to deepen trauma-informed care for infants, toddlers and families. *ZERO TO THREE*, 36(6), 27-35.

Heffron, M.C. & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: ZERO TO THREE.

Heffron, M.C. (2005). Reflective supervision in infant, toddler, and preschool work. In K. M. Finello (Ed). *The handbook of training and practice in infant and preschool mental health* (pp.114-136). San Francisco, CA: Jossey-Bass.

Heller, S.S. & Ash, J. (2016). The provider reflective process assessment scales (PRPAS): Taking a deep look into growing reflective capacity in early childhood providers. *ZERO TO THREE*. 37(2), 22-28.

Heller, S., Boothe, A., Keyes, A., Nagle, G., Sidell, M., & Rice, J. (2011). Implementation of a mental health consultation model and its impact on early childhood teachers' efficacy and competence. *Infant Mental Health Journal*, 32(2), 143-164.

Keys, A.W., Cavanaugh, A.E., & Scott Heller, S. (2009). How do I, as a reflective supervisor, repair ruptures in the supervisory relationship? In S. Scott Heller & L. Gilkerson (Eds.). *A practical guide to reflective supervision* (pp. 99-119). Washington, DC: ZERO TO THREE.

La Mont, A. (2017). Parent as Teachers Reflective Supervision Tool Kit: An introduction. A recorded webinar Accessed on 10/28/17 on Vimeo at <https://vimeo.com/200417676>

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and Parents as Teachers, accessed online on 10/23/17 at <https://parentsasteachers.org/miechv/>

Michigan Association for Infant Mental Health (2017 draft revision). *Best practice guidelines for reflective supervision/consultation*.

National Council on Crime and Delinquency (2006). *Relationship between staff turnover, child welfare system functioning and recurrent child abuse*. Oakland: National Council on Crime and Delinquency.

Neilsen Gatti, S., Watson, C.L., & Siegel, C.F. (2011) Step back and consider: Learning from reflective practice in infant mental health. *Young Exceptional Children*, 14(2), 32-45.

Noroña, C.R., Heffron, M.C., Grunstein, S., Nalo, A. (2012). Broadening the scope: Next steps in reflective supervision training. *ZERO TO THREE*, 33(2), 29-34.

Nurse Family Partnership website search “reflective supervision” (10/21/17) position descriptions accessed at <https://www.nursefamilypartnership.org/job/nurse-home-visitor-39/>

Oregon Health Authority (2016). Group reflective supervision pilot project report: A project of Oregon's Nurse-Family Partnership program. Copy available upon request to Cynthia Ikata, RN, MPH, at cynthia.ikata@state.or.us.

O'Rourke, P. (2011). The significance of reflective supervision for infant mental health work. *Infant Mental Health Journal*, 32(2), 165-173.

Osofsky, J.D. (2009). Perspectives on helping traumatized infants, young children, and their families. *Infant Mental Health Journal*, 30, 673-677.

Parents as Teachers Technical Assistance Brief accessed on 10/21/17 at https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/58239000197aea06e0b45f02/1478725633029/TA_Brief_3_Reflective_Supervision_April_2016.pdf

Parlakian, R. and Murch, T. (2002). *Reflective supervision in practice: Stories from the field*. R. Parlakian (Ed). Washington, DC: ZERO TO THREE.

Parlakian, R. (2001). *Look, listen, and learn: Reflective supervision and relationship-based work*. Washington, D.C.: ZERO TO THREE.

Pawl, J., & St. John, M. (1998). *How you are is as important as what you do . . . in making a difference for infants, toddlers and their families*. Washington, D.C.: ZERO TO THREE.

Prevent Child Abuse America® (2015). *Healthy Families America Best Practice Standards* accessed online on 10/20/17 at https://oregonearlylearning.com/wp-content/uploads/2017/04/HFA-Best-Practice-Standards_2014-

Sale, L. & Martin, S. (2004). What makes supervision work: Recommendations from the home visiting field. Accessed on 10/19/17 at <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/what-makes-supervision-work.pdf>

Scott Heller, S. (2009). How do I develop an implementation plan to begin reflective supervision in my program? In S. Scott Heller & L. Gilkerson, (Eds.), *A practical guide to reflective supervision* (pp.25-40). Washington, DC: ZERO TO THREE.

Shamoon-Shanok, R. (2006). *Reflective supervision for an integrated model: What, why and how?* In G.M. Foley & J.D. Hochman, (Eds.). *Mental health in early intervention: Achieving unity in practice and principles* (pp. 343-382). Baltimore, MD: Paul H. Brooks Publishing.

Shamoon-Shanok, R. (2009). What is reflective supervision? pp. 7-23 In S. Scott Heller & L. Gilkerson, (Eds.), *A practical guide to reflective supervision* (pp. 7-23). Washington, DC: ZERO TO THREE.

Shamoon-Shanok, R. (2010). Reflective supervision and practice: An introduction to this issue of ZERO TO THREE. *ZERO TO THREE*, 31(2), 4-5.

Shea, S.E. & Goldberg, S. (2016a). Training in reflective supervision: Building relationships between supervisors and infant mental health specialists. *ZERO TO THREE*, 37(2), 54-62.

Shea, S., Goldberg, S., & Weatherston, D. (2016b). A community mental health professional development model for the expansion of reflective practice and supervision: Evaluation of a pilot training series for infant mental health professionals. *Infant Mental Health Journal*, 37(6), 1-17.

Siegel, D.J. & Shamoon-Shanok, R. (2010). Reflective communication: Cultivating mindsight through nurturing relationships. *ZERO TO THREE*, 31(2), 6-14.

Strain, P. E., & Joseph, G. E. (2004). Engaged supervision to support recommended practices for young children with challenging behavior. *Topics in Early Childhood Special Education*, 24, 39-50.

Stroud, B. (2010). Honoring diversity through a deeper reflection: Increasing cultural understanding within the reflective supervision process. *ZERO TO THREE*, 31(2), 46-50.

Tandon, D.S., Mercer, C.D., Saylor, E.L., and Duggan, A.K. (2008). Paraprofessional home visitors' perspectives on addressing poor mental health, substance abuse, and domestic violence: A qualitative study. *Early Childhood Research Quarterly*, 23, 419-428

Tomlin, A.M., Weatherston, D.J., Pavkov, T. (2014). Critical components of reflective supervision: Response from expert supervisors in the field. *Infant Mental Health Journal*, 35(1), 70-80.

Tomlin, A. & Heller, SS. (2016). Measurement development in reflective supervision: History, methods & next steps. *ZERO TO THREE*, 37(2), 4-12.

Virmani, E., & Ontai, L. (2010). Supervision and training in childcare: Does reflective supervision foster caregiver insightfulness? *Infant Mental Health Journal*, 31(1), 16-32.

Van Berckelaer, A. (n.d.). Using reflective supervision to support trauma-informed systems for children: A white paper developed for the *Multiplying Connection* initiative - a cross system collaborative under the auspices of the Health Federation of Philadelphia. <http://www.multiplyingconnections.org/become-trauma-informed/using->

[reflective-supervision-support-trauma-informed-systems-children](#)

- Watson, C., Harrison, M., Hennes, J., & Harris, M. (2017). Reflective Interaction Observation Scale (RIOS) Manual. St. Paul, MN: University of Minnesota, Center for Early Education & Development.
- Watson, C., Harrison, M., Hennes, J.E., & Harris, M. (2016). Revealing the “space between”: creating an observation scale to understand infant mental health reflective supervision. *ZERO TO THREE*, 37(2), 14-21.
- Watson, C., Neilsen Gatti, S. (2012). Professional development through reflective consultation in early intervention. *Infants and Young Children*, 25(2), 109-121.
- Weatherston, D.J., Weigand, R.F. & Weigand, B. (2010). Reflective supervision: Supporting reflection as a cornerstone for competency. *ZERO TO THREE*, 31(2), 22-30.
- Weatherston, D.J. & Barron, C. (2009). What does a reflective supervisory relationship look like? In S. Scott Heller & L. Gilkerson (eds.). *A practical guide to reflective supervision* (pp. 63-82). Washington, D.C.: ZERO TO THREE.
- ZERO TO THREE (2016). The Three Building Blocks of Reflective Supervision. Accessed online on 10/23/17 at <https://www.zerotothree.org/resources/412-three-building-blocks-of-reflective-supervision>

The Reflective Supervision Guide was developed as one part of a much larger MIECHV Innovation grant awarded to HRSA Region X.

This Region X project was 100% funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under The Maternal, Infant, and Early Childhood Home Visiting Program, #UH4MC30465, total award of \$3,957,620.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.