Reflective Supervision and Vetting

Infant Mental Health Endorsement®
Reflective Supervision
Vetting during Capacity Building

As we begin the Endorsement process in Oregon there are very few Endorsed® professionals who can provide Reflective Supervision/Consultation (RSC) for those working with very young children and their families throughout the state. While Oregon builds the state’s IMH Endorsement Network of professionals, we are temporarily accepting applications from professionals whose Reflective Supervisors/Consultants have not been endorsed.

Vetting can happen in two ways:

- An Applicant applies for Endorsement and lists their supervision as part of their portfolio. The Endorsement Coordinator will then contact the supervisor, send the supervisor the “Best Practices for Reflective Supervision/Consultation Document, the interview questions and schedule an interview.

- A supervisor can contact the Endorsement Coordinator and ask to be vetted. The supervisor will submit a resume. The Endorsement Coordinator will send the supervisor the “Best Practices for Reflective Supervision/Consultation Document, the interview questions and schedule an interview.

Supervisors/consultants must demonstrate minimum educational and work experience required to meet IMH Endorsement® standards at the approved level. (See the table below.) Reflective Supervision/Consultation (RSC) hours provided by those that ORIMHA has determined are qualified can be used toward an endorsement application. The ORIMHA will maintain a list of vetted and Endorsed professionals on web site for use by members to assist in finding reflective supervision. Vetting will be valid for up to five years.

Requirements for Reflective Supervision/Consultation:

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<tr>
<th>APPLICANT FOR IMH ENDORSEMENT</th>
<th>PROVIDER OF RSC (For applicants earning endorsement)</th>
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<tr>
<td>Infant Family Specialist (IFS) Bachelors prepared 25 hours in a one to two year period</td>
<td>Infant Family Specialist: Masters prepared OR Infant Mental Health Specialist, or Infant Mental Health Mentor- Clinical</td>
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Reflective Supervisor/Consultant Qualifications

The vetting process for non-endorsed reflective supervisors/consultants includes an examination of the supervisor’s resume and a phone interview to confirm that the supervisor/consultant has:

- Earned a Masters degree.
- Conducted the equivalent of IFS or IMHS work for two or more years.
- Received RS/C from an experienced mental health professional while doing that work.
- Had training in the provision of RSC, or a plan to obtain training.
- Met the RSC Competencies (listed below).

Reflective Supervisor/Consultant Competencies

- Knowledgeable about early development (pregnancy-delivery and first 3 years of life), typical and atypical development and in multiple domains.
- Understands attachment theory and the importance of early relationships.
- Understands families, their importance to each child’s development, their differences, cultural norms and values.
- Knows developmental competence and psychopathology, and identification of strengths and risks.
- Knows situations specific to risk (such as prematurity, birth of a baby with special needs, child abuse, etc.)
- Familiar with assessment approaches and tools.
- Knowledgeable about service and intervention models and techniques.
- Understands relationship based services.
- Understands reflective practice.
- Has the ability to develop trusting relationships with the practitioner.
- Has the ability to model and encourage nurturing behavior and provide meaningful support, and enhance competency and self worth.
Applicants are encouraged to contact ORIMHA’s Endorsement Coordinator at endorsement@orimha.org with questions and help developing a plan to document your supervisor’s/consultant’s IMH Competencies.

Additional Considerations

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, even if one of the peers has earned endorsement at Level III or Level IV-Clinical. The provider of RSC 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 RSC 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, for example.

Consistency of Supervision/Consultation: RSC 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, the ORIMHA 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. RSC may be obtained through a combination of individual and group hours.