

# Reflective Supervision: A Guide from Region X to Enhance Reflective Practice Among Home Visiting Programs



## Region X Innovation Grant

AK · ID · OR · WA

### Growing Together to Support Our Home Visiting Workforce

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.*



# THE REFLECTIVE SUPERVISION/CONSULTATION COLLABORATIVE



## Region X Innovation Grant AK · ID · OR · WA Growing Together to Support Our Home Visiting Workforce

### GOVERNANCE COMMITTEE REPRESENTATIVES

Nina Evers Home Visiting Workforce Specialist Washington State Department of Children, Youth, and Families	Benjamin Hazelton Home Visiting Policy & Systems Coordinator MIECHV State Lead Oregon Health Authority
---	---

### RS/C PROJECT LEAD AGENCY



WASHINGTON ASSOCIATION FOR  
**Infant Mental Health**

Jamie Elzea  
Executive Director  
WA-AIMH

Kristi Armstrong  
Director of Endorsement and  
Reflective Practice  
WA-AIMH

Jacqui Van Horn  
Reflective Practice Consultant and Lead  
Author  
BVH Consulting Services, Inc.

### REGIONAL COLLABORATING PARTNERS



AK-AIMH



Gail Trujillo  
President, AK-AIMH  
Endorsement Coordinator

Carol Young  
President, Aim Early Idaho  
Endorsement Coordinator

Sherri L. Alderman  
President, ORIMHA

Redmond Reams  
Past President, ORIMHA

Jeanine Jeffers-Woolf  
AK-AIMH RS Consultant

Leslie Brown  
ORIMHA RS Consultant

Grace Parson  
Grant Coordinator, ORIMHA



*The following guide lays out important principles for reflective supervision that will support those who provide home visiting services. Home visitors are often working with infants, young children, and families in which risk is present, trauma has been experienced, and the work of supporting them feels overwhelming. As described in this guide, reflective supervision provides an invaluable “space” for home visitors to think more deeply about their own responses and about the perspectives of infants, young children, and other family members. We applaud Region X and the infant mental health associations of Alaska, Idaho, Oregon, and Washington for the guidance this document provides.*

***Deborah Weatherston and Nichole Paradis  
Alliance for the Advancement of Infant Mental Health***



# CONTENTS

EXECUTIVE SUMMARY	<b>6</b>
INTRODUCTION	<b>8</b>
HOW TO USE THE REFLECTIVE SUPERVISION GUIDE	<b>9</b>
HOW THE GUIDE IS ORGANIZED	<b>11</b>
THE WORLD OF HOME VISITING	<b>14</b>
REFLECTIVE SUPERVISION KEY PRINCIPLES AT-A-GLANCE	<b>18</b>
SUPERVISORS DESERVE TRAINING AND SUPPORT	<b>19</b>
Recommended Practices	<b>20</b>
A LIFE LONG DEVELOPMENTAL PROCESS	<b>21</b>
Recommended Practices	<b>24</b>
Where to Start?	<b>25</b>
A RELATIONSHIP THAT IS CO-CREATED OVER TIME	<b>29</b>
Recommended Practices	<b>37</b>
A SLOW AND INTENTIONAL STEPPING BACK	<b>41</b>
Recommended Practices	<b>43</b>
FEELINGS MATTER	<b>45</b>
Recommended Practices	<b>47</b>
PARALLEL PROCESS IS EXPLORED: THE CHILD IS ALWAYS HELD IN MIND	<b>50</b>
Recommended Practices	<b>52</b>
CONSIDERATIONS FOR GROUP SUPERVISION AND CONSULTATION	<b>53</b>
GLOSSARY OF TERMS	<b>61</b>
RESOURCES	<b>66</b>
ENDNOTES	<b>68</b>
BIBLIOGRAPHY	<b>75</b>
APPENDIX A	<b>79</b>
APPENDIX B	<b>83</b>

## EXECUTIVE SUMMARY

Home visiting is rewarding and challenging work that engages both the intellect and the emotions. Working with families as they raise their infants and young children in the best way they know how is often delightful, sometimes challenging, and on some days, simply overwhelming!

Infant and early childhood home visiting offers unique opportunities to support growth and stress resilience for:

- Pregnant women and those partnering with or supporting them
- Babies and young children
- Families, parents, and caregivers
- Home visitors
- Home visiting supervisors and consultants
- Program administrators

Home visiting programs work with diverse families, many that have vulnerabilities in terms of current circumstances (extreme poverty, substance use disorders, domestic violence, mental health conditions) as well as histories of adverse childhood experiences<sup>1</sup> that affect their health and that can influence their ability to parent in the ways they hope to parent. At the same time, all families also have strengths, including important knowledge, practices, skills, and experiences that they pass on to their children.<sup>2</sup> Reflective supervision can help home visitors learn from and with families, and to see all families as having expertise. Work with these families requires a highly skilled workforce that receives appropriate support and opportunities for reflection about both the successes and the challenges encountered in the daily work of home visiting.<sup>3</sup> Research, along with home visitors' stories from the field, tells us that exposure to the trauma histories and current difficult circumstances of families have a cumulative effect on home visitors.<sup>4</sup> Without ongoing training and supportive reflective supervision, this exposure can lead to secondary trauma, burnout, decreased job satisfaction and effectiveness, increased staff turnover, and a decrease in program quality.<sup>5</sup>

The MIECHV Region X Innovation in Home Visiting Workforce Development Project developed 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 are tailored to the intensive work that home visitors do with families that are experiencing high rates of historical trauma and co-occurring mental health difficulties, substance use disorders, and domestic violence. This guide has been developed as part of this project.

### **The guidelines are:**

- Intended to promote quality, accountability, and consistency within Region X and among the home visiting models that are implemented in each of the four states.
- Consistent with the requirements for supervision defined by the evidence-based models being implemented.
- Aligned with the Reflective Supervision/Consultation (RS/C) requirements for Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health®.<sup>6</sup>
- Offered as a developmentally focused resource to support home visiting programs by enhancing their reflective supervision practices.

### **Home visiting programs provide reflective supervision to:**

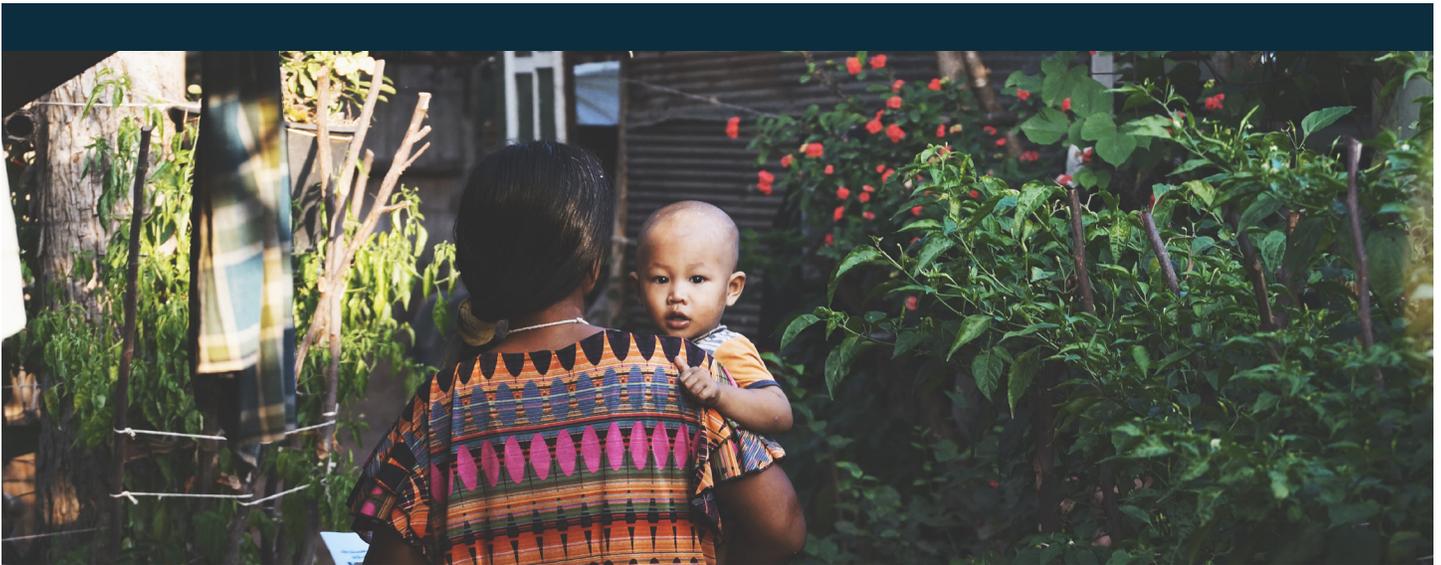
- Support staff to provide services in ways that support healthy parent–child relationships and optimal growth and development.
- Encourage staff and family wellbeing.
- Address program goals and outcomes along with family goals.

### **The guidelines are organized around a set of key principles that are consistent with the currently available reflective supervision literature:**

- Reflective supervisors deserve ongoing training, support in the form of reflective supervision provided to them, and administrative support.<sup>7</sup>
- Reflection is a lifelong developmental process<sup>8</sup> that is influenced by past experiences, the current situation, and how one's neurological system processes information.
- Reflective supervision occurs within a relationship that is created over time<sup>9</sup> between supervisor and home visitor.
- Reflective supervision requires an intentional slowing down and stepping back.<sup>10</sup>
- Feelings matter: relationships and interpersonal interactions (family, home visiting, supervision) bring up emotions.<sup>11</sup>
- Parallel process is intentionally explored through reflective supervision as a way of understanding how relationships (past and present) affect relationships and ultimately affect the babies and young children served through home visiting.<sup>12</sup>

**Administrators, funders, and senior leaders** are encouraged to commit to and ensure that reflective supervision is given adequate support and time in home visiting programs. This support is needed so that supervisors can:

- Participate in training and regularly scheduled reflective consultation for themselves.
- Maintain a predictable reflective supervision schedule with home visitors.
- Practice the self-care strategies they advocate for the home visitors they supervise.



## INTRODUCTION

Home visiting is rewarding and challenging work that engages both the intellect and the emotions. The opportunity to support a pregnant woman and her partner preparing for the birth of their baby is a special privilege. Working with families as they raise their infants and young children in the best way they know how is often delightful, sometimes challenging, and on some days, simply overwhelming!

Home visiting programs work with diverse families. Many of the families have vulnerabilities in terms of current circumstances (extreme poverty, substance use disorders, domestic violence, mental health conditions). Additionally, histories of adverse childhood experiences (ACEs)<sup>13</sup> are prevalent among the general population, including home visiting families. These ACEs affect family health. They can also influence the ability to parent in the ways parents hope to parent.

At the same time, all families also have strengths, including important knowledge, practices, skills, and experiences that they pass on to their children. Understanding each family's funds of knowledge<sup>14</sup> can help promote trust and support more authentic communication between home visitors and family members, thus increasing program effectiveness. Work with families requires a highly skilled workforce that receives appropriate support and opportunities for reflection about both the successes and the challenges encountered in the daily work of home visiting.<sup>15</sup> Research, along with home visitors' stories from the field, tells us that exposure to the trauma histories and current difficult circumstances of families have a cumulative effect on home visitors.<sup>16</sup> Without ongoing training and supportive reflective supervision, this exposure can lead to secondary trauma, burnout, decreased job satisfaction and effectiveness, increased staff turnover, and a decrease in program quality.<sup>17</sup>

The MIECHV Region X Innovation in Home Visiting Workforce Development Project developed 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 are tailored to the intensive work that home visitors do with families that are experiencing high rates of historical trauma and co-occurring mental health difficulties, substance use disorders, and domestic violence. This guide has been developed as part of this project under the leadership of the Washington State Department of Children, Youth, and Families in partnership with all MIECHV grantees in Health Resources and Services Administration (HRSA) Region X and Associations for Infant Mental Health in Alaska, Idaho, Oregon and Washington.

### **The guidelines are:**

- Intended to promote quality, accountability, and consistency within Region X and among the home visiting models that are implemented in each of the four states.
- Consistent with the requirements for supervision defined by the evidence-based models being implemented.
- Aligned with the Reflective Supervision/Consultation (RS/C) requirements for Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health<sup>®</sup>.<sup>18</sup>
- Offered as a developmentally focused resource to support home visiting programs by enhancing their reflective supervision practices over time.

### **HOW TO USE THE REFLECTIVE SUPERVISION GUIDE**

This guide has been developed with the understanding that reflection is a lifelong developmental process. This is true for both reflective supervisors and home visitors. Just as in their work with families, users of these guidelines are encouraged to celebrate their strengths and to be intentional about the ways they want to enhance their reflective practice. Parenting, home visiting, and reflective supervision are each complex endeavors. In each of these, practitioners are always striving to become better, while never feeling like we've reached mastery.

Guidelines users are encouraged to lean into the complexity: to notice and pay attention to what feels challenging or uncomfortable as well as what feels effective and supportive. When they are able to do this as reflective supervisors and home visitors, they are better able to support families in the complexities of caring for young children. Even with practice, as they develop more intentional reflection skills, there are challenges that interfere with our ability to be reflective. It can be tempting to avoid or to try to work around these challenges. Deep experience of reflective practice shows that embracing rather than avoiding the challenges is what leads to personal and professional growth. The guidelines have been developed to support users to recognize and start right where they are in this moment in their reflective practice and make some choices about how they will move forward. As blocks or challenges to reflective practice are identified, celebrate! Noticing and paying attention to our challenges is what helps us grow in our reflective practice.

- Recognize and celebrate strengths that enable the agency to support home visiting staff to participate in and provide reflective supervision as an essential element of program quality.
- Increase their understanding of reflective supervision (as distinct from administrative and clinical supervision) so that they can ensure the necessary program- or agency-level supports for this important practice be given priority among often competing demands on time and resources.
- Cultivate an appreciation of the value of reflection as an agency-wide practice that supports trauma-informed program quality.
- Engage with supervisors and home visitors to identify agency or program practices that support recommended reflective supervision practices, as well as those that interfere.
- Consider the key principles and recommended practices when conducting program planning, continuous quality improvement, and program evaluation activities.

#### Supervisors can use the guidelines to:

- Recognize and celebrate their own strengths in terms of their reflective capacity and ability to provide reflective supervision.
- Identify practices that they find challenging under certain conditions or with particular home visitors.
- Plan how to use professional development supports, including receiving reflective supervision or consultation, to further develop reflective supervision skills.
- Distinguish between reflective, administrative, and clinical supervision, with an awareness of which type of supervision is needed when, as well as an ability to ensure that all needed forms of supervision are provided to staff.
- Communicate their support needs to program or agency administrators.
- Guide discussions with home visitors about their strengths and next steps as reflective practitioners.
- Collaborate with home visitors to co-create a reflective supervision relationship that supports reflection both in supervision and, most importantly, in the work with families.
- Identify additional professional development opportunities so that together, supervisors and home visitors can further their understanding of and skills in practicing reflection.

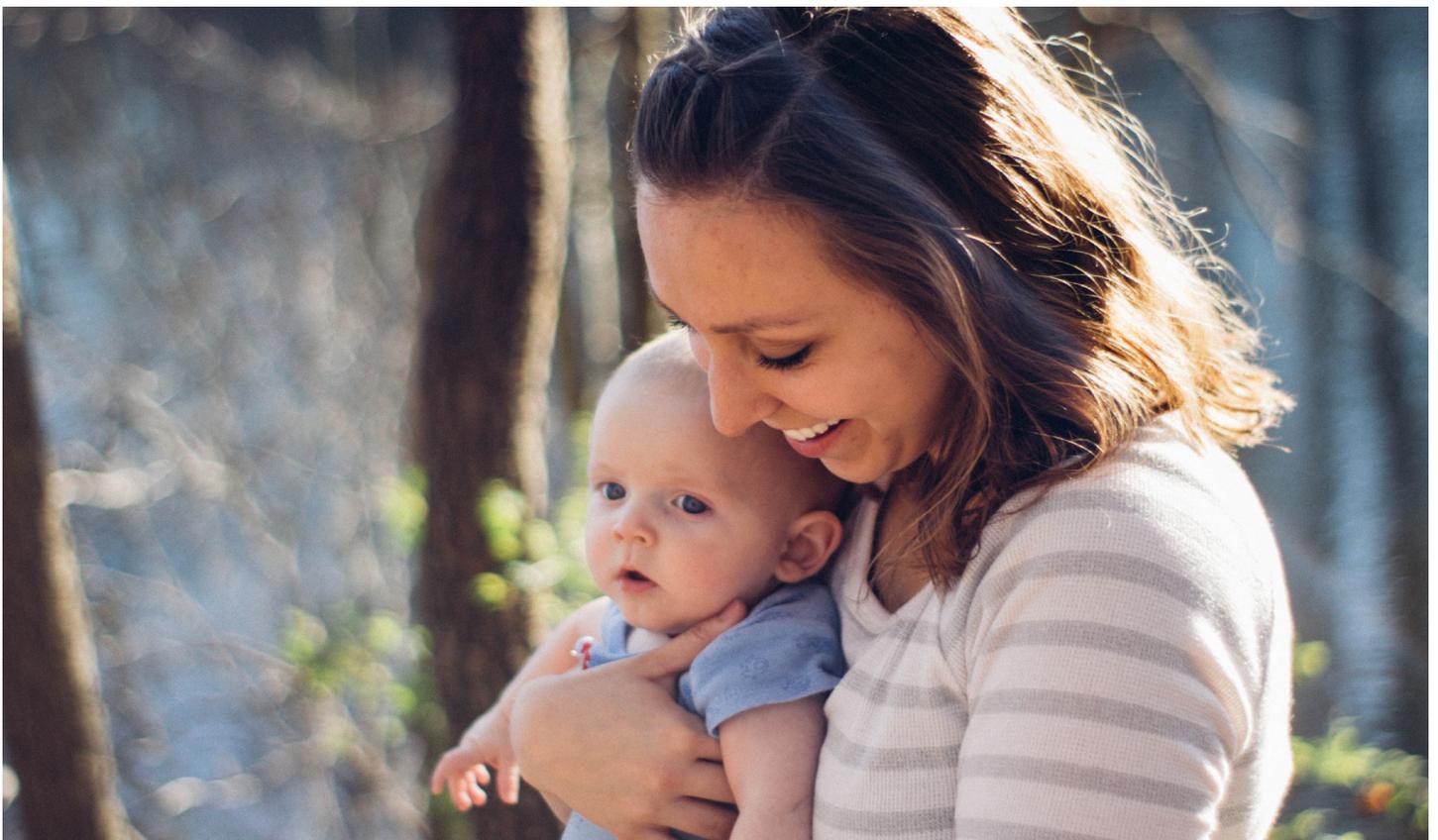
#### Home visitors can use the guidelines to:

- Recognize and celebrate their own strengths in terms of their reflective capacity and ability to support reflection in the parents and caregivers with whom they work.
- Identify practices that they find challenging under certain conditions or with particular families.
- Plan how to engage in reflective supervision in ways that will help them develop their reflective practice skills.
- Communicate their support needs to their reflective supervisor.
- Engage in discussions with their reflective supervisor about their strengths and next steps as reflective practitioners.
- Collaborate with their supervisors to co-create a reflective supervision relationship that supports reflection both in supervision and, most importantly, in the work with families.
- Identify additional professional development opportunities so that with their supervisor they can further their understanding of and skills in applying trauma-informed, reflective practice.

## HOW THE GUIDE IS ORGANIZED

The reflective supervision guidelines are organized around a set of key principles that are consistent with the currently available reflective supervision literature:

- Reflective supervisors deserve ongoing training, and support in the form of reflective supervision or consultation provided to them and administrative support.<sup>19</sup>
- Reflection is a lifelong developmental process<sup>20</sup> that is influenced by past experiences, the current situation, and how one's neurological system processes information.
- Reflective supervision occurs within a relationship that is created over time<sup>21</sup> by both the supervisor and the home visitor.
- Reflective supervision requires an intentional slowing down and stepping back to:
  - Remember and attend to the details of a situation or interaction.
  - Explore multiple perspectives and alternative possibilities.
  - Re-experience the feelings that occurred as part of the interaction.<sup>22</sup>
- Feelings matter: relationships and interpersonal interactions (family, home visitor, supervisor) bring up emotions. Reflective supervision recognizes and makes sense of this important source of information.<sup>23</sup>
- Parallel process is intentionally explored through reflective supervision as a way of understanding how relationships (past and present) affect relationships and ultimately affect the babies and young children served through home visiting.<sup>24</sup>



# REFLECTIVE SUPERVISION

## Key Principles



## HOW THE GUIDE IS ORGANIZED (CONTINUED)

Each key principle appears as a heading for a body of text that includes narrative guidance, literature-based explanatory information, quotes from home visitors and home visiting supervisors, and vignettes that help illustrate the concepts described by the key principle. There is no particular sequence or order of importance to the key principles. They are interrelated and interdependent, and each is of equal importance to reflective supervision.

Following this narrative information, the guide lists recommended practices related to that key principle. The recommended practices are also based on the current reflective supervision literature, as well as the practice wisdom of the Region X Reflective Supervision Collaborative members who are listed on the Acknowledgments page at the beginning of the Guide. National office representatives from the four evidence-based home visiting models being implemented in Region X (Early Head Start, Healthy Families America, Nurse Family Partnership, and Parents As Teachers) have reviewed the recommended practices. The recommended practices have also been reviewed by the Alliance for the Advancement of Infant Mental Health and are consistent both with model requirements and the Competency Guidelines for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health® upon which the Infant Mental Health Endorsement<sup>®25</sup> system used in each of the four Region X states is based.

The term “recommended practices” is used intentionally for several reasons.

- There is currently insufficient evidence to accurately define broadly accepted “best practices” for reflective supervision in the home visiting field.
- Each local implementing agency in Region X, along with each of the models being implemented, delineates requirements related to reflective supervision. The recommended practices included in this guide are intended to complement and support model requirements and do not supplant them.
- In keeping with the perspective that reflection is a lifelong developmental process, the recommended practices are intended as a roadmap for ongoing professional development of reflective practice skills, based on current skill levels and needs of both the supervisor and the home visitor.
  - a. The recommended practices are not intended as a checklist of requirements for determining whether reflective supervision is conducted properly. In fact, it is unlikely that any program or supervisor would be demonstrating every recommended practice in their work with home visitors. Some of the recommended practices may not apply or be practical for some programs (or supervisors or home visitors) at some points in time.
  - b. Effective reflective supervision is always in the “process of becoming” and is never truly mastered. The recommended practices can be used to support the process of becoming and to help define areas of strength and areas for improvement.

In the guide, following the six key principles and their related recommended practices, further sections cover:

<b>Considerations for group supervision and consultation.....</b>	<b>p. 53</b>
<b>Glossary of Terms.....</b>	<b>p. 61</b>
<b>Resources .....</b>	<b>p. 66</b>
<b>Endnotes.....</b>	<b>p. 68</b>
<b>Bibliography.....</b>	<b>p. 75</b>

## THE WORLD OF HOME VISITING

Infant and early childhood home visiting offers unique opportunities to support personal and professional growth for:

- Pregnant women and those partnering with or supporting them
- Babies and young children
- Families, parents, and caregivers
- Home visitors
- Home visiting supervisors and consultants
- Program administrators

The very fact that this service takes place in the family home during this critical period of human development allows home visitors to positively influence outcomes across at least two generations of a family, and often more. To begin, let's explore these important layers of influence as they apply to reflective supervision.

Home visitors work directly with families to positively affect the health and development of their babies and young children. They do this with an intentional focus on parent-child (see sidebar) interactions, as well as on family wellbeing, because these are the two contexts that most directly influence the health and development of young children. The developmental curricula used by home visiting programs encourage an intentional focus on parent-child interactions at the same time as they provide information about supporting the development of cognitive, motor, social, communication, and self-care skills. Why do home visiting programs give so much attention to these aspects of caregiving? How does this focus relate to reflective supervision?

Reflective supervision is a very specific, relationship-based supervisory approach that supports competency-based, ongoing professional development and service quality.<sup>26</sup> Reflective supervision is the process through which reflective practice is supported.<sup>27</sup> To engage in reflective practice effectively with families, home visitors need

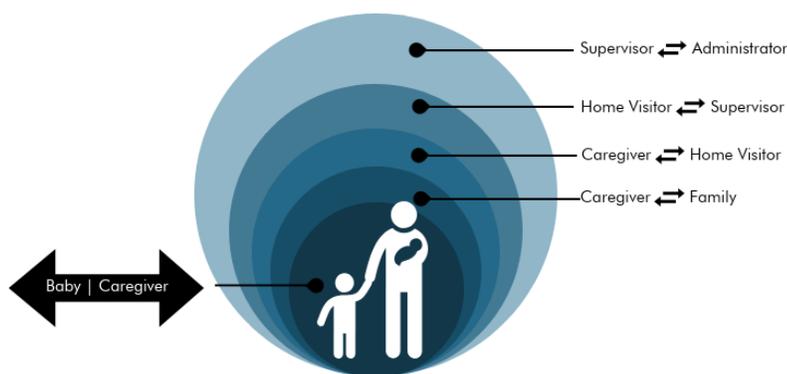
ongoing support to enhance their ability to understand, interpret, and make meaning of behavior (their own and others') by tuning in to the possible thoughts, feelings, and motivations behind the behavior. That is, their reflective capacity.<sup>28</sup>

This focus on reflective capacity supports home visitors to use both their skills and their relationships with parents to support parents' reflective capacity.<sup>29</sup> As parents are able to reflect on what influences their parenting as well as what might be going on in the minds of their babies and young children, they are better able to make

The terms **parent** and **caregiver** are used interchangeably to refer to the people who are the child's primary caregivers and the person or people with whom home visitors interact on an ongoing basis.

The terms **family** and **families** are also used, with the most inclusive definition possible in mind, recognizing the important influence families have on both parenting practices and human development.

### HOW DO BABIES LEARN ABOUT THEIR OWN AND OTHERS' MINDS?



choices about how to respond sensitively to the needs of their children. In turn, the child’s sense of “feeling felt”<sup>30</sup> and being able to elicit sensitive responses from their caregivers supports their development.

A focus on reflective capacity does not mean that in every interaction, whether in supervision, home visits, or parenting, practitioners delve into the feelings of those involved. An overemphasis on feelings can feel intrusive, unnatural, and unhelpful. Instead, we work to hold in mind that feelings are always present and influencing behaviors. Thoughts, intentions, ideas, motivations, differing perspectives, and beliefs are also present and should be explored as part of our reflective practice.

“Feelings matter” is included as a key principle to support an intentional focus on emotional literacy as central to human development and healthy outcomes.<sup>31</sup> The ability to recognize, express, and manage feelings (emotional literacy or emotional intelligence) is a foundational competency upon which all “soft skills” are built. Soft skills are personal attributes that enable someone to interact effectively and harmoniously with other people. These skills contribute to personal qualities including a positive attitude, effective communication, planning and organizing, critical thinking, and a number of other interpersonal skills. It is the presence or absence of these soft skills that will either support or hinder success in the young children and families supported through home visiting.<sup>32</sup>



Tanya is an Early Head Start home-based teacher from the community. She has been a home visitor for three years. Her supervisor, Lisa, is a former Head Start lead teacher and is new to home visiting and new to the community, with no experience in receiving or providing reflective supervision.

Before Lisa started with the program, the home visitors had received training about screening for domestic violence, substance use, and mental health issues. They are now expected to document how these screenings occur and what action is taken as a result of the screening. Lisa did not receive the training and is unfamiliar with the screening tools. This was not part of her work as a Head Start teacher, and she feels uncomfortable with this part of the home visiting program. It feels intrusive and beyond the scope of training and practice of the home visitors. Lisa is being called to task because the expected documentation is not in the files. Lisa’s director has told her that she has to make sure the home visitors complete the required screenings and documentation. This is in the back of Lisa’s mind when Tanya arrives for supervision.

Tanya struggles to even meet with the families on her caseload with the regularity required by their program. When she is able to connect with families, she often encounters struggles with basic needs like food, diapers, utilities, and housing. She feels she should be focusing more on the curriculum with the children and their caregivers, but can’t get to that when basic needs are so urgent. The screening tools are not even on her radar screen.

**Reflective supervision** is provided in home visiting programs by supervisors who are employed by the home visiting agency and for whom (reflective) supervision is included in their job descriptions.

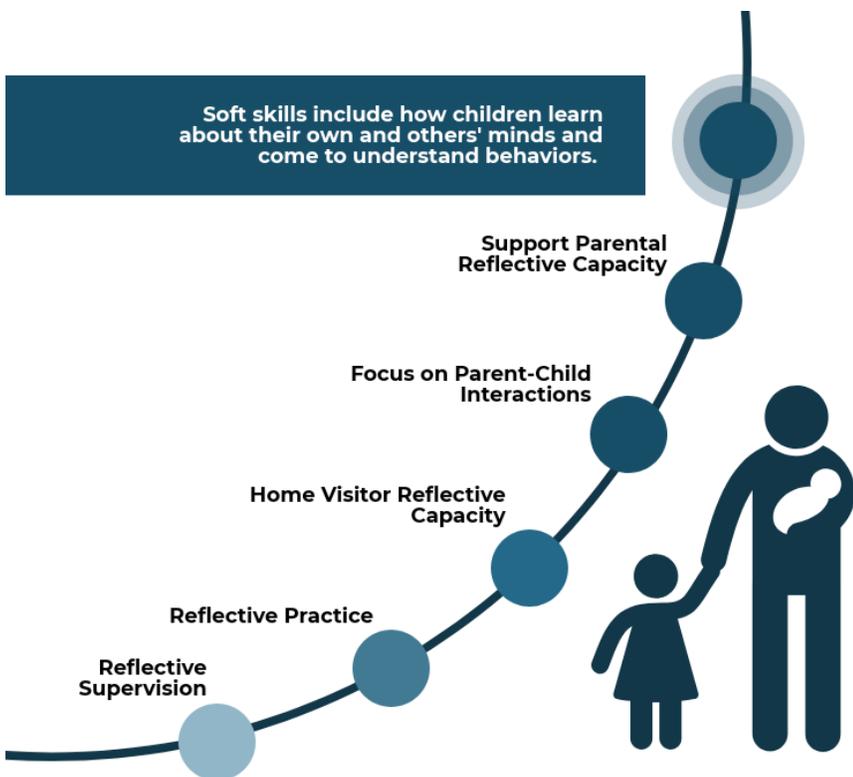
**Reflective consultation** is a service that may be provided to home visiting program staff and supervisors by a consultant who is not employed by the agency and who may be providing this support through a contract arrangement.

These distinctions are consistent with Endorsement® requirements (MI-AIMH, 2017).

These guidelines apply to both reflective supervisors and reflective consultants.

Special consideration for the use of a reflective consultant can be found on page 51.

The inclusion of “Feelings Matter” is based on findings in reflective supervision literature that highlight the need to recognize and support a full range of emotions for those engaging in trauma-informed care in order to reduce secondary traumatization and burnout.<sup>33</sup> Additionally, many home visitors may believe it is necessary to “leave their feelings at the door” when visiting families and yet are expected to be able to tune in to the feelings of the children and family members with whom they work.<sup>34</sup> Indeed, feelings matter. They are present, can be recognized, named, and explored when it may be helpful to do so. At the same time, an insistent, intrusive, or forced exploration of feelings is never helpful. Intercultural communication adds to the complexity of home visitors’ interactions with families and between home visitors and their supervisors. Culture affects—often unconsciously—how, when, and in what social context we express, recognize, and respond to feelings.<sup>35</sup>



secondary traumatization and burnout.<sup>33</sup> Additionally, many home visitors may believe it is necessary to “leave their feelings at the door” when visiting families and yet are expected to be able to tune in to the feelings of the children and family members with whom they work.<sup>34</sup> Indeed, feelings matter. They are present, can be recognized, named, and explored when it may be helpful to do so. At the same time, an insistent, intrusive, or forced exploration of feelings is never helpful. Intercultural communication adds to the complexity of home visitors’ interactions with families and between home visitors and their supervisors. Culture affects—often unconsciously—how, when, and in what social context we express, recognize, and respond to feelings.<sup>35</sup>

Home visiting programs provide reflective supervision to:

- Support staff to provide services in ways that support healthy parent–child relationships and optimal growth and development.
- Encourage staff and family wellbeing.
- Address program and family goals.

Home visitors bring with them a variety of life, educational, and professional experiences. There is no single professional discipline or organization that represents the home visiting profession. Increasingly, home visiting programs are encouraging their home visitors and supervisors to engage in competency-based professional development systems designed to define essential infant and early childhood-family support competencies as well as recognize the professionals who demonstrate those competencies.

*“Reflective supervision helps me gain a deeper understanding of how issues arising in my work affect me on a personal level, as well as how my person affects the work I do and others that I relate with. This deeper understanding provides insight for better self-care and better service delivery. I believe reflective supervision is an essential component for providers in the field of social services.”*

— Early Head Start home visitor

The four states in Region X and many other states throughout the United States have adopted the Endorsement<sup>®</sup> for Culturally Sensitive, Relationship-focused Practice Promoting Infant/Early Childhood Mental Health<sup>®36</sup> as one such system. This Endorsement<sup>®</sup> system is built on the Competency Guidelines for Culturally Sensitive, Relationship-focused Practice Promoting Infant/Early Childhood Mental Health<sup>®</sup>. Endorsement<sup>®</sup> is a systematic approach to supporting and recognizing professional growth and development for infant–family and early childhood professionals. In Alaska, Idaho, Oregon and Washington (HRSA Region X), professional membership associations offer this Endorsement<sup>®</sup> system to home visitors and other professionals working in the infant and early childhood–family field. Reflective supervision or consultation is required for many professionals who are interested in becoming endorsed. To learn more about the associations and the Endorsement<sup>®</sup> process, visit the websites listed below.

These guidelines are aligned with the Reflective Supervision/Consultation (RSC) Endorsement<sup>®</sup> requirements. The guidelines include considerations for home visitors and supervisors who hope to earn Endorsement<sup>®</sup>. To read the Best Practice Guidelines for Reflective Supervision/Consultation documents<sup>37</sup> for each state’s endorsement system, please visit their websites or go to [allianceaimh.org/reflective-supervisionconsultation](http://allianceaimh.org/reflective-supervisionconsultation).

**REGION X REFLECTIVE SUPERVISION**  
Collaborative Members

**Alaska Association for Infant and Early Childhood Mental Health | [akaimh.org](http://akaimh.org)**

**Aim Early Idaho | [aimearlyidaho.org](http://aimearlyidaho.org)**

**Oregon Infant Mental Health Association | [orimha.org](http://orimha.org)**

**Washington Association for Infant Mental Health | [wa-aimh.org](http://wa-aimh.org)**

**Alliance for the Advancement of Infant Mental Health | [allianceaimh.org](http://allianceaimh.org)**

The table on the following page provides important information about the key principles in an “at-a-glance” format.



# KEY PRINCIPLES AT-A-GLANCE



## **SUPERVISORS NEED AND DESERVE TRAINING AND SUPPORT**

Reflective supervisors require ongoing training, support in the form of reflective supervision and/or reflective consultation provided to them, and administrative support.<sup>38</sup>



## **REFLECTION IS A LIFELONG DEVELOPMENTAL PROCESS**

Reflection is a lifelong developmental process<sup>39</sup> that is influenced by past experiences, the current situation, and how one's neurological system processes information.

- This is true for babies, young children, parents, caregivers, home visitors, and supervisors.
- Trauma also affects development and neurological responses, thus reflective capacity.<sup>40</sup>



## **REFLECTIVE SUPERVISION OCCURS WITHIN A RELATIONSHIP THAT IS CREATED OVER TIME**

Reflective supervision occurs within a relationship that is created over time between the supervisor and the home visitor.

- The relationship must feel safe for both the supervisor and the home visitor in order for reflection to be effective.
- The dynamics of the relationship are intentionally recognized and explored during reflective supervision sessions.
- The supervisory relationship creates a holding space that allows for and supports reflection, and also ensures that the home visitor is not left feeling alone to carry the challenges encountered in their work.<sup>41</sup>



## **REFLECTION REQUIRES SLOW AND INTENTIONAL STEPPING BACK**

Reflective supervision requires an intentional slowing down and stepping back to:

- Remember and attend to the details of a situation or interaction.
- Explore multiple perspectives and alternative possibilities.
- Re-experience the reactions that occurred as part of the interaction.<sup>42</sup>



## **FEELINGS MATTER**

Relationships and interpersonal interactions (family, home visiting, supervision) bring up feelings. Reflective supervision recognizes and makes sense of this important source of information about our work.<sup>43</sup> Culture affects--often unconsciously--how, when, and in what social context we express, recognize, and respond to feelings.<sup>44</sup>



## **PARALLEL PROCESS IS EXPLORED: THE CHILD IS ALWAYS HELD IN MIND**

Parallel process is intentionally explored through reflective supervision as a way of understanding how relationships (past and present) affect relationships. The relational experience of the baby or young child is always a central component of our exploration of the parallel process. In home visiting, we always hold the baby or child in mind.<sup>45</sup>



## SUPERVISORS DESERVE TRAINING AND SUPPORT

The key principles and recommended practices described in this guide cannot possibly be achieved and sustained following an initial reflective supervision training. Both home visiting work and reflective supervision are dynamic and complex processes that require ongoing training and support.<sup>46</sup> Staff and supervisor retention and program quality are affected by the presence or absence of this ongoing support.<sup>47</sup> Home visitors suffer the consequences of supervisors who are stressed and emotionally unavailable even if they are able to maintain a predictable supervision schedule. Supervisors who are pulled in too many directions and are not provided the reflective consultation they need to adequately perform their reflective supervision roles while balancing other duties are often ineffective as supervisors. Programs that espouse support for reflective supervision and expectations that staff practice their professions reflectively, yet do not provide the necessary time, space, and administrative support for these things to happen, will encounter a greater incidence of burnout, secondary trauma among staff, lower program quality, and higher staff and supervisor turnover.<sup>48</sup>

Reflective capacity is not a “have or have not” feature of a parent, a home visitor, or a supervisor. This is a capacity that must be nourished and exercised predictably and continually in order for effective home visiting services to be provided.



*“As a supervisor, it can be difficult to know which direction to go with staff, what questions to ask and explore more, what to dive deeper into. Receiving my own reflective supervision helps me explore and plan for interactions and supervision with staff. It helps me work through challenging issues as a supervisor. I am reminded to consider self-care and burnout prevention both for myself and for those I supervise. Receiving my own reflective supervision helps me learn more about myself as a supervisor and the skills I need to work on as well as identifying my strengths.”*

— Reflective supervisor



**Alexis is a nurse supervisor who has extensive experience both as a nurse home visitor and as a nurse supervisor. Her program has supported her over the years to participate in ongoing professional development specific to reflective practice and, more recently, to receive reflective consultation in a small group with other nurse supervisors.**

**In preparing to meet with Suzanne, a nurse who is relatively new to home visiting, Alexis remembered some of the discussions that occurred in her reflective consultation group. She felt reassured, remembering that many of the other supervisors also struggled with ways to support nurse home visitors as both “good nurses” and professionals learning to function in often unfamiliar settings (family homes)—all while being aware of visit frequency and client retention benchmarks. Before meeting with Suzanne, Alexis was able to bring to mind how the group’s reflective consultant provided a safe space and thoughtful process that allowed for acknowledgment of both challenges and expertise. She felt “held” by the group as she met with Suzanne.**



## SUPERVISORS DESERVE TRAINING AND SUPPORT: RECOMMENDED PRACTICES

- A. Program administrators commit to and ensure that reflective supervisors are given adequate time and an appropriate balance of responsibilities<sup>49</sup> to:
- Participate in training and regularly scheduled reflective consultation for themselves.
  - Maintain a predictable reflective supervision schedule with home visitors.
  - Practice the self-care strategies they advocate for their home visitors.
- B. Administrators support reflective supervisors by collaborating to prioritize and problem solve around demands that compete with reflective supervision time.<sup>50</sup>
- C. The reflective supervisor participates in ongoing professional development about how to provide reflective supervision. To refresh initial learning and to deepen the practice of reflective supervision, the reflective supervisor participates in periodic, ongoing professional development.
- D. Each reflective supervisor receives either reflective supervision or consultation to support their own reflective process. This time is given importance and priority equal to the home visitors' reflective supervision.
- E. In addition to participating in reflective consultation groups with their staff, reflective supervisors also have scheduled, protected individual time with their own reflective supervisor or consultant.
- F. Administrators and reflective supervisors work together to ensure that reflective supervisors have the support they need when encountering complex problems with a particular staff member whose need for support falls outside of the scope of reflective supervision. As needed, employee assistance programs or other mental health or wellness resources can be offered to help address home visitor needs that fall outside of the scope of reflective supervision.



## REFLECTION IS A LIFELONG DEVELOPMENTAL PROCESS

Reflection is a lifelong developmental process<sup>51</sup> that is influenced by one's past experiences, the current situation, and how one's neurological system processes information.

- This is true for babies and young children, parents and caregivers, home visitors, and supervisors.
- Trauma also impacts development and neurological responses, thus reflective capacity.<sup>52</sup>

At one time, each of us was a baby. As babies, we came into the care of our parents and caregivers, needing them to tune in and respond sensitively to our unique needs for care, comfort, and protection.<sup>53</sup> We used cues like crying, gazing, and moving our little bodies and faces in ways that, when noticed, interpreted correctly, and responded to sensitively, sometimes resulted in getting our needs met. Even if, as often happens, there was a mismatch between our need and the response we received, as long as we continued to signal, and our caregiver continued to attempt to respond sensitively, we learned through this important relationship that we are connected and safe in the world. We sent our caregivers signals, not just of our physical needs, but also of our emotional needs for connection, affection, and protection. We arrived as social beings looking for and expecting social and emotional connection with others!

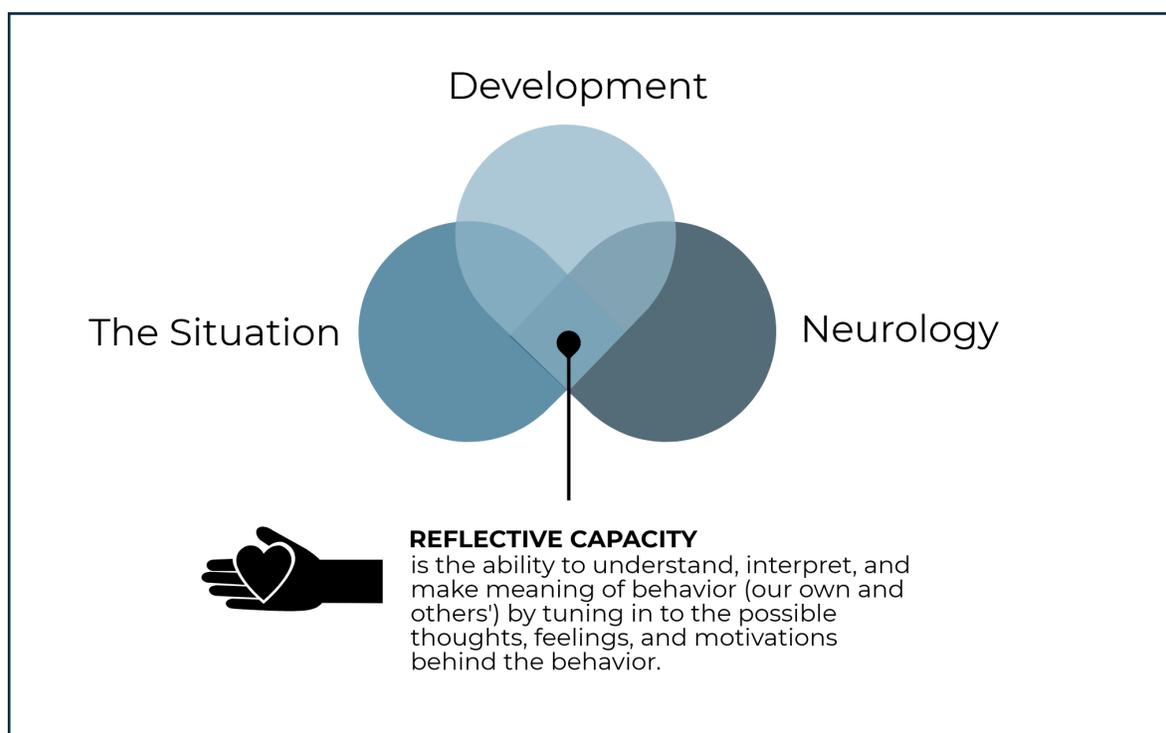
**“. . . she was a baby once and she has in her the memories of being a baby; she also has memories of being cared for, and these memories either help or hinder her in her own experience as a mother.”**

**— D.W. Winnicott<sup>54</sup>**

Our learning about ourselves and other people begins within this relationship of cue sending and cue reading, sometimes talked about as “serve-and-return” interactions.<sup>55</sup> The dawning of this understanding continues to develop and be influenced by interpersonal experiences throughout our lifetime. Home visiting and reflective supervision interactions are interpersonal experiences that are influenced by our earliest experiences. These experiences also influence our understanding of this important serve-and-return process and provide us with opportunities to enhance our reflective capacity, even in challenging situations.

As home visitors, we have many opportunities to be with caregivers and their young children during their unique process of learning to serve and return with one another. Our experiences observing parents caring for their young children naturally, although often unconsciously, remind us of our own earliest experiences being cared for. These reminders can bring up positive, warm feelings of contentment and love. Sometimes our experiences during home visits cause us to have more neutral feelings, and other times sad, painful, or distressing feelings that can cause strong reactions. These natural feelings that are brought up, whether consciously or unconsciously, can either support or cloud our observations and our ability to respond in ways that we want to respond.<sup>56</sup> Parallel to the experience of the child and caregiver, home visitors are engaged in a “dance of attunement”<sup>57</sup> both with family members and with their own supervisors, that sometimes flows well, and other times is awkward, confusing, and stressful.

Reflective capacity is influenced by interplay between developmental, neurological, and situational factors.<sup>58</sup>



Often supervisors, home visitors, and families come from different cultural backgrounds, resulting in a more complex dance of attunement. Just as reflection is always in the process of becoming, each partner's recognition and understanding of the social values that underlie our perceptions of children's behaviors and of each family's childrearing styles are also always under development. This is another critical area of reflective capacity that requires intentional exploration. Families, home visitors, and supervisors all may encounter areas of confusion around such issues as discipline and child guidance techniques, gender roles, age-related expectations of children, sleep patterns and bedtime routines, diet and mealtime behavior, the role of children and their responsibility within the family, medical care, attachment and separation, children's play, and learning styles. Reflective supervisors and home visitors can work together to become aware of these possible differences and to explore the conscious and unconscious assumptions that may be in play related to these differences. In this way, home visitors will receive support to more proactively take these factors into consideration during their home visiting interactions.



*“For a new home visitor, if they have never had reflective supervision before, it can feel awkward, intrusive, and unusual. Sometimes they do not feel comfortable reflecting on or talking about themselves or their experiences. They can sometimes focus on the family and what they are doing in the visit instead of the home visitor focusing on themselves. Sometimes, home visitors share a rundown of home visit events and have a hard time diving into their own thoughts, feelings, and experiences. Over time, and with some help, home visitors are able to explore more, feel more comfortable, and can move into the reflective process easier.”*

— Reflective supervisor



Reflective supervisors are able to hold these inter-related factors in mind. Reflective supervision explores how the factors work together to support or interfere with our ability to effectively use reflection as we provide home visiting services to families. Of equal importance, reflective supervisors work to ensure that their support to home visitors builds on an understanding of these factors in order to enhance home visitor wellbeing and effectiveness as well as service quality.

Trauma affects development and neurological responses<sup>59</sup>, and in turn influences reflective capacity. Experiences of trauma are quite common among families receiving home visiting services. Many home visitors and supervisors also have their own histories of trauma. There is good evidence that early traumatic experiences influence brain development as well as a number of other physical and mental health indicators.<sup>60</sup> Increasingly, home visiting programs are working to become trauma-informed so that staff is better equipped to recognize the impact of trauma and adjust ways of being with families accordingly. Of equal importance, this effort protects staff from the effects of secondary trauma so that they can continue to effectively support families while maintaining their own wellbeing. An essential component of trauma-informed care is the provision of high-quality reflective supervision to both home visitors and supervisors.<sup>61</sup> When reflective supervision is used to support home visitors' and supervisors' reflective capacity, the situational, neurological, and developmental impacts of trauma are carefully explored.

Reflective supervision does not always feel as if it is going well. Supervisors can find it hard to sort out what underlies the difficulty. It can be difficult to know when to stay with and work through the challenges and when to consider assigning the home visitor to a different supervisor, if possible. The very nature of reflection as a lifelong developmental process results in periods of awkwardness, uncertainty, discomfort, and sometimes not wanting to even engage in a supervisory relationship. Differences between the supervisor and home visitor, including gender, culture, education, language, and differences in power, status, and privilege can all contribute to these difficulties. The very nature of these differences often makes them difficult, yet they are important to explore in a supervisory relationship. As supervisors, most of us need more training and support to engage effectively in these types of discussions.



Many times, these periods of challenge occur before a reflective growth spurt or an important new discovery about oneself and the reflective process. This is as true for supervisors as it is for home visitors. There might also simply be a bad fit between the supervisor and the home visitor. Sometimes the reflective supervisor might feel the relationship is going well and the home visitor does not share that feeling. There are a number of parallels to when the home visiting relationship does not go well. A home visitor might struggle to develop a working alliance with a parent, or a parent might simply not like their assigned home visitor.

Although the guidelines and recommended practices offer a number of examples of ways to explore the dynamics of the supervisory relationship, these ideas can be difficult to put into practice when the relationship does not seem to be going well. While the idea of co-creation of the relationship is important, finding one's voice in an imbalanced relationship can be difficult and may not always be safe. Ideally, the reflective supervisor will be able to explore these difficulties with their own reflective supervisor or consultant.



## DEVELOPMENTAL PROCESS: RECOMMENDED PRACTICES

- A. Home visitors and reflective supervisors participate together in training about how reflective capacity develops, as well as how both historical and current situations influence one's capacity for reflection in any given situation. The impacts of trauma and substance use disorders on reflection are important components of this training.
- B. Trauma-informed practices are explicitly integrated into reflective supervision both to reinforce the training and to apply these practices in supervision so that home visitors are better able to apply the practices with families.<sup>62</sup> These practices are supported throughout the agency where the home visiting program is housed.
- C. Reflective supervisors routinely support home visitors to explore what might be influencing a caregiver's ability to reflect, as well as what might be influencing the home visitor's own ability to be reflective in a particular situation. This exploration is conducted in an environment of emotional safety and curiosity that both normalizes and helps to regulate feelings that arise when reflection is difficult.<sup>63</sup>
- D. As influencing factors are explored, reflective supervisors hold in mind, engage in, and as possible help the home visitor identify a workable "starting place" for reflection.<sup>64</sup> The reflective supervisor meets the home visitor where they are in the moment with their reflection. This is done intentionally, in the same way we hope home visitors meet parents right where they are with their reflective capacity in the moment. While awareness that feelings are always present is important, moving too quickly to an exploration of feelings, or doing so in a way that feels unnatural or intrusive, will not support an effective reflective practice. Thoughts, intentions, motivations, and beliefs are also important aspects of our exploration, as are descriptions of observed behaviors.

The graphic below depicts some possible in-the-moment starting places depending on what the home visitor brings to the conversation. Examples and further explanation follow.

## WHERE TO START?



### Noticing and Describing

The reflective supervisor works to identify when the home visitor is able to notice and describe their perception of the thoughts, feelings, intentions, beliefs, and motivations (“mental state”) of the caregiver as well as of the child and the home visitor’s own mental state. If the home visitor demonstrates this awareness and ability, the supervisor explores these observations and perceptions more fully. Supervisors hold in mind the likelihood that intercultural differences are influencing this process of noticing and describing. This will be true for their own perceptions as well as those of the home visitor and the home visitor’s perceptions of the families with whom they interact.

### Empathizing with and Acknowledging Feelings

Although not always recognized or discussed, feelings are always present, both in the interactions in family homes and in the supervision session. Sometimes, when describing a home visiting situation, the home visitor might seem unaware of mental states. Reflective supervisors ask questions that prompt for mental state awareness.

*“What might the parent have been thinking and feeling in that moment?”*

*“That’s how the mother describes the father’s involvement. Can you imagine how he might describe how he engages with the baby?”*

*“In home visiting, we have a strong belief that propping a baby’s bottle and not holding the baby during feeding is not good. What’s your sense about this mom? Do you think she holds the same belief?”*

*“What do you think that was like for the child?”*

If the supervisor senses a possible in-the-moment lack of awareness, they might choose to empathize with this difficulty and/or acknowledge the feelings being expressed.

*“Sometimes it can be hard to even guess at what might be going on in someone’s mind. Do you ever feel like you’re sort of flying blind and hoping you get it right?”*

*“I can sure understand why you were so upset with how the child was treated in that situation. It must have been hard to watch and listen to how the parent was talking to the child. In that moment, whose perspective were you most easily able to hold? How did that affect both how you felt and what you did next?”*

When empathizing with or acknowledging feelings, the supervisor tries to pay attention to whether this helps the home visitor become better regulated. Emotional regulation often helps the home visitor become clearer in talking about what they noticed and in making connections between mental states and behaviors.

Some experiences can cause us to feel flooded by emotion and unable to notice anything other than feelings. In some conversations it may be helpful to start with empathy and acknowledgment of how mental states affect our ability to be present with families.

*“Wow! There was so much going on in that moment for you and for the parent and child. It sounds pretty intense. Do you remember what you did to get yourself a little grounded in that moment?”*

*“As you describe what was happening, I almost picture you like a deer, frozen in the headlights. What do you remember about what it was like for you in that moment?”*

*“Our autopilot can be a wonderful helper in some situations. In that moment, when you were feeling so strongly about what was going on, were you aware of making a choice about how to respond or did your autopilot kick in? Was that helpful?”*

## **Making Connections**

Reflective supervisors can support home visitors to consider the emotions, thoughts, beliefs, motivations, and intentions that might be influencing the behavior or situation that they are describing. Effective reflective practice meets the reflector where they are in terms of their description of the situation.

- For example, if the home visitor is very descriptive of a situation using more behavioral terms (who did what), the reflective supervisor might use clarifying questions to convey interest and understanding and then move toward questions about possible mental states.

*“You described the mother as walking away from her child in the park and saying, ‘Fine! I’m leaving and you can stay here all by yourself. It’s going to get dark and the bad guys will get you.’ Can you tell me a little more about what happened right before that? What did the child do? How did the mom respond to that? Then what happened? What were you doing during this exchange? What was going on in your mind? What do you think the mom might have been thinking or feeling right then? How about the child?”*

- If the home visitor provides descriptions about mental states, the reflective supervisor might use clarifying questions and also help the home visitor describe what they saw (behaviors) that helped them understand the mental state.

*“You’ve said several times, ‘All this mom cares about is partying with her friends. She could care less that her baby needs her to step up and be a real mama!’ I’m thinking you’ve had a number of experiences with this young mom that makes you think this. Can you tell me more about what’s been going on? When the mom is talking about how much fun she has with her friends, what is her baby doing during those conversations? Does mom seem to notice how the baby responds? How clearly is the baby in signaling his need for his mama’s attention? What helps mom tune in to this and what gets in the way?”*

- The reflective supervisor supports the home visitor to make connections between what might have been going on in the parent’s mind as well as the child’s mind, while also describing what they were experiencing in their own mind during the described situation.
  - a. This interconnectedness of mental states often feels challenging and confusing. The supervisor’s empathy and acknowledgment of feelings can help normalize and regulate so that this higher level of thought can be more effective.

*“I’m asking you to juggle a lot of ideas and perspectives: the child’s, the parent’s, and your own. None of us can hold all of these things in mind all the time. We just keep working to get better at doing it over time.”*

*“I’m getting confused. When you say, ‘She just zoned out,’ I’m not sure if you’re talking about the child or the parent. Maybe I zoned out for a minute while you were describing this situation. I wonder if you ever find yourself zoning out in the middle of some of these exchanges?”*

A frequent challenge when considering the interconnectedness of mental states is recognizing that while interconnected, each person’s mental state is unique and belongs to that person. The idea of separate-yet-connected is explored through reflective supervision.

*“I can hear in your voice how much this father’s harsh way of interacting with his son upsets you. It sounds like you might even be feeling a need to protect Jeremiah from his dad during these exchanges. Am I reading this right? How do you notice and hold onto your strong reactions to this father while still being able to observe Jeremiah’s responses with some curiosity and objectivity?”*

*“Would it be helpful to think about how anger and upset were expressed in your household when you were growing up? Were boys and girls treated differently when these feelings were expressed? Were there differences in how this occurred in your family compared to the families of friends, neighbors, or cousins? I wonder how your idea of “what’s okay” differs from the idea of what’s okay with this family?”*

*“You seem pleased with how connected and helpful your relationship with this mom feels. What have you noticed about the mom’s response to you that helps you know how she feels about your relationship? Do you sense or wonder about any imbalances in how you each see the relationship? What might you look for to explore this idea further? How might that help in your work with this family?”*

## Recognizing and Normalizing Reflection Challenges

Reflective supervisors intentionally recognize that although practitioners can work to be more attuned and emotionally present, it is not possible to truly know what goes on in another person's mind.

- Reflective supervisors encourage possible conflicting mental states to be named and explored: Might the home visitor's anger toward a parent be related to their sense of helplessness or inability to "do enough" for this family?
- In a trusting environment of emotional safety, reflective supervisors are able to explore with the home visitor how strong emotions (the visitor's, the caregiver's, the child's) can lead to misinterpretation of both behaviors and mental states. Reflective supervisors use this exploration to help regulate feelings and explore alternative interpretations of a situation so that home visitors can use this same practice with families.

*"You walked in on storm of anger and accusations flying between these family members. I almost feel as if I'm having trouble catching my breath just hearing about it. Do you remember your first moments in that situation? What was it like for you, and how did you manage?"*

Reflective supervisors share their own experiences of reflection challenges to help normalize the challenges we all encounter, including as home visitors, team members, and parents and caregivers.



## A RELATIONSHIP THAT IS CO-CREATED OVER TIME

Reflective supervision occurs within a relationship that is created over time by both the supervisor and the home visitor.

- The relationship must feel safe for the supervisor and the home visitor in order for reflection to be effective.
- The dynamics of the relationship are intentionally recognized and explored during reflective supervision sessions.
- The supervisory relationship creates a holding space that allows for and supports reflection, and also ensures that the home visitor is not left feeling alone to carry the challenges encountered in their work.<sup>65</sup>

**“Reflective supervision provides a very carefully co-created emotional and intellectual environment that supports home visitors to:**

- **Understand and accept their reactions and feelings as expected human reactions rather than a lack of skill on their part or a “problem” with the caregiver.**
- **Slow down so that they can examine, explore, re-experience, and rethink their interactions in ways that can help them see new possibilities or hold on, believing that new possibilities can be discovered over time.**
- **Consider what the emotional and interpersonal experiences of the adults might tell them about the experience of the child (and vice versa).**
- **Recharge their emotional and intellectual batteries so that they can continue to engage with families in ways that support health and growth.”**

— Rebecca Shamoan-Shanok<sup>66</sup>

### **Attunement? Mismatches? Co-creation?**

Relationships are developed over time through many interactions that occur between two or more people. This is true of parent–child relationships, home visitor–parent relationships, and supervisor–home visitor relationships.<sup>67</sup> When we engage in interactions (serve-and-return) with others, we have control over only what we do and say. When we are at our best, we pay close attention to how the other person receives, interprets, and responds to what we do or say, and we adjust our way of being accordingly. We strive for attunement and do our best to recognize and repair mismatches. All people involved in the interaction contribute to how attuned or mismatched an interaction feels. Babies and young children are important contributors to parent–child interactions. Parents and other family members play a key role in the quality of the home visiting relationship. Home visitors are important contributors to the quality of the supervisory relationship.

Although mismatches between children and their caregivers, and between caregivers and their home visitors, are natural and to be expected<sup>68</sup>, they can cause us to feel ineffective, misunderstood, undervalued, or frustrated. In turn, these feelings can lessen our ability to tune in to the emotional experience of others, to observe with some accuracy, to see what is going well, and to take the perspective of the other—all essential elements of reflective parenting and reflective practice. In a similar way, mismatches between home visitors and their supervisors affect how we feel about and respond to the supervisory interaction.<sup>69</sup>



Along with these to-be-expected moments of misattunement, the experiences of children, caregivers, and home visitors are too often influenced by challenges including extreme poverty, domestic violence, mental health conditions, trauma, and substance use disorders. These factors that influence many home visiting families can also understandably bring up strong reactions for home visitors and their supervisors. Sometimes our strong reactions are because of our own personal experiences with these challenges. Other times, our reactions might be because it is difficult to imagine how any parent could “do that,” especially when caring for a young child. Supervisors also sometimes have strong reactions to what they experience during reflective supervision with home visitors. Regardless of the reason for our strong reactions, at some level our ability to respond appropriately is affected: it’s simply how our brains are wired.

When we receive information through our senses (such as tone of voice, facial expression, encouraging, threatening, or dismissing gesture), that information is routed from our thalamus to both our limbic system and our cortex. Our amygdala, which is part of our limbic system, does a very quick “unthinking” threat assessment. This assessment is so quick that the amygdala reacts in less than 1/10th of one second without awareness or conscious thought. This reaction, triggered in a micro-moment, keeps our cortex from immediately processing the information in a more thoughtful way. In effect, our amygdala is hijacking<sup>70</sup> our ability to be thoughtful as an initial reaction, especially if we perceive some level of threat. For many reasons, the amygdala is not very smart. Its assessment of threat is quick and dirty rather than truly evaluative. This works well if being surprised by a tiger. It is not as effective if the perceived threat is more of a quick perception based on some memory or cultural message that is outside of our awareness.

Reflective supervision offers home visitors the trust, safety, time, and emotional space to describe their experiences, for example of observing a parent consistently missing or misreading their baby’s cues during home visits. When reflective supervision is going well, the home visitor can more intentionally move initial, reactive processing of the experience to a higher level of thought. The supervisor can help examine the perceived threat through alternative lenses or perspectives. This reflective exploration with a trusted supervisor can help home visitors better understand their reactions and to consider different interpretations as well as different responses.

During reflective supervision, home visitors acknowledge and explore their reactions to their work, no matter how messy or confusing.<sup>71</sup> This exploration parallels the home visitor’s willingness and ability to acknowledge and explore with parents the good, the bad, and the ugly of their interactions with their children and other family members. The goal is always to recognize when reactions are helpful to growth and development, and when they are interfering. When helpful, the very act of sharing these reactions with a trusted other increases the likelihood of repeating these positive ways of being. When reactions are interfering with growth and development, as the supervision partnership slows down to describe and understand both their reactions and their effects, the possibility arises of responding more intentionally to similar situations in the future.<sup>72</sup> This is as true for family members as it is for home visitors and supervisors.

Co-creating a safe reflective supervision environment is essential and takes effort on the part of the supervisor and the home visitor.

The term **co-creation** is used here to remind us of two important truths:

- Both partners contribute to the relationship.
- Relationship development is always “in process.” The relationship is built or created over time by both partners.

### **Reflection is supported by:** <sup>73</sup>

- Safety, curiosity, and openness to each person's experiences, feelings, thoughts, and beliefs as valid and valuable.
- Intentional transparency: thoughtfully speaking to both the positive areas of “meeting” and the difficult issues that can confuse or separate people so that they can trust that there are no hidden agendas. In practice, this intentional transparency also allows people to discover unconscious agendas that they may not have been aware of, yet, which they were acting on through their interactions with others. As supervisors and home visitors are able to become more aware of particular biases that may be held and acted on without awareness, intentional and thoughtful conversations can help develop awareness and support growth.
- Taking the time to fully explore what is going well with the work, what the home visitor enjoys, and what the supervisor appreciates about how the home visitor works with families.
- Working together to safely examine interactions and situations that confuse or create discomfort. Issues of power, privilege, race, and bias are often part of this exploration.
- Willingness to take thoughtful and intentional risks by bringing up difficult topics.

### **Reflection is challenged by:**

- A lack of safety in relationship.
- Feeling harshly judged, misunderstood, undervalued, or pressured to perform.
- A lack of a shared understanding about the purpose and process of reflective supervision.
- An unacknowledged yet very present imbalance in power and status due to differences including gender, race, language, education, privilege, economics, and program hierarchy.

### **The dynamics of the relationship are intentionally recognized and explored during reflective supervision sessions.** <sup>74</sup>

Similar to developing a home visiting relationship, the supervisory relationship takes thought, intention, and effort on the part of both the home visitor and the supervisor. When beginning such an important relationship, the supervisor takes the initiative to describe the reflective supervision process and expectations.<sup>75</sup> As in all home visiting work, it is important to make no assumptions about a home visitor's understanding of or ideas about reflective supervision. Some of these ideas may be spoken out loud and others may be unconscious on the part of the home visitor, or at least not yet comfortable to talk about. Effective reflective supervisors are clear about expectations and also open to working together with each unique home visitor to create the kind of relationship that will be most helpful. This clarity, transparency, and authentic flexibility will mirror the tone that the home visitor will set with families. Relationships develop and flow more smoothly when all parties know what the requirements and expectations are, and when they are also invited to contribute their ideas about how to best work together. Since this is a developmental process, home visitors' initial contributions might be limited. They will likely not start out knowing what will work best for them or what they need from their supervisor. The very act of asking the question and accepting the home visitor's response is an important opportunity to meet this relationship partner right where they are now, while communicating that over time, their ideas will continue to be welcomed.



*“It is helpful to have a supervisor who will say ‘tell me more about that’ when I describe a roadblock or a lack of follow-through that I might be attributing wrongfully to an assumption about the family.*

*An example recently was working with a family from Cameroon, where mom always scored a zero [on our depression screening tool]. Mom eventually said ‘we don’t get depression.’ Working with my supervisor I was able to have a productive discussion with the mom about the cultural factors that support resilience in her native community.”*

— Home Visitor

An initial orientation to or explanation about reflective supervision is necessary—but it’s not enough! Relationship building is an ongoing process. When reflective supervisors regularly and intentionally ask home visitors about their perceptions and feelings about the supervisory process, they are modeling the type of collaboration that should be present in home visiting relationships.

Although reflective supervision is intended to be a collaborative relationship, there is an imbalance of power and status between the supervisor and the home visitor. An important aspect of being clear and transparent about this relationship is an intentional process of recognizing, acknowledging, and discussing these imbalances.<sup>76</sup> Supervisors typically have more experience and have possibly completed more formal education than the home visitors they supervise. Supervisors typically make more money than home visitors. Supervisors usually have some responsibility for evaluating the work of home visitors, possibly also approving leave requests, and making other decisions that affect the home visitors’ work and home lives. Beyond program hierarchy, there are all too



**Questions like the following support home visitors to contribute to the ongoing process of co-creating the supervisory relationship.**

- How has your week been?
- Is there anything in particular you’ve come wanting to talk about today?
- Is our discussion going in a direction that is helpful to you?
- Are we talking about what is most important to you today?
- We’ve got about 30 minutes left for today. Are we getting to everything you were hoping to discuss?
- I’m wondering if my question surprised you or made you uncomfortable? I noticed . . .
- It felt as if I was pretty abrupt/personal with that question. What was that like for you?
- I need to spend some time today talking with you about some of the paperwork you are behind on. I’m wondering how we can handle that and also talk about any particular families you wanted to discuss?
- We’ve been meeting for a while now. I’m wondering how our supervision is going for you? What’s been helpful? What should we think about doing differently?

often imbalances in power and status related to differences in gender, race, primary language, and other aspects of privilege, that, if left unacknowledged, become barriers to an effective relationship.<sup>77</sup> Resources such as the Diversity-informed Tenets for Working with Infants, Children and Families<sup>78</sup> can be referenced and used to guide awareness, self-reflection, and discussions with families and between home visitors and their reflective supervisors, as well as at an agency level.

**The supervisory relationship creates a holding space that allows for and supports reflection and ensures that the home visitor is not left feeling alone to carry the challenges encountered in their work.<sup>79</sup>**



Let's explore more fully the vignette described on page 19. Suzanne is a nurse home visitor with the Nurse Family Partnership (NFP) program. She previously worked in a clinic treating pregnant women with substance use disorders. The approach in the clinic was very much focused on changing behaviors and was quite data driven in both approach and measurement of success. Suzanne is new to NFP and to home visiting. She feels strongly that she is a very experienced and skilled nurse with a clear understanding of the science of addiction. She feels these skills serve her well with the pregnant women on her caseload. Suzanne feels less confident about her interactions with families a few months after the babies are born. The curriculum and visit expectations feel awkward and artificial to her.

Alexis, Suzanne's supervisor, worked for twelve years as a nurse home visitor with the program before advancing to her nurse supervisor position. She has provided administrative and clinical supervision for five years and has been trained to incorporate reflective practice into her supervision approach. She is aware that Suzanne has a significantly lower retention rate than the other nurse home visitor with the program. Alexis and Suzanne are meeting for supervision.

Alexis: "You bring so much experience and nursing skill into this job. It is clear that you know a lot about these mothers and their struggles. Home visiting can feel like a whole new world to nurses who haven't done it before. Now that you've been making visits for nearly six months, I'm wondering how it feels seeing families in their homes?"

Suzanne: "I guess I've been a little surprised. Seeing families at home is a lot different than seeing them in the clinic. There are so many distractions, and it's hard to structure the visits so we can get things done."

Alexis: "Many home visitors struggle with that same dilemma. What has that been like for you?"

Suzanne: "It makes me feel worried and anxious, like I don't know what I'm doing anymore."

Alexis: "Sometimes when we feel anxious, it can make it even harder to be with the families in their struggles. What have you noticed in yourself?"

Suzanne: "I guess it has been hard for me to want to be in their homes. It could be why I'm getting so many no-shows and cancellations."

Important distinctions are made between administrative, clinical, and reflective supervision. For a number of reasons, reflective supervisors frequently address this whole range of issues during their reflective supervision sessions.

- Administrative supervision issues might include overseeing paperwork, data collection, writing of reports, explaining rules and policies, coordinating, monitoring productivity, and evaluating performance.
- Clinical supervision issues might include learning to use the curriculum effectively, reviewing all assigned cases within a set period of time (i.e., each month), completion of required screening and assessment procedures, goal setting with families, reviewing and evaluating client progress, teaching, and providing guidance and advice.
- Reflective supervision is used as an essential frame that defines how administrative and clinical issues are discussed using an intentional reflective stance.<sup>80</sup> This stance must include allowing enough time and emotional space to slow down and go into detail about a particular family story. Intentionally slowing down helps the home visitor to recognize and explore multiple perspectives, emotional responses, and diverse experiences of family members, including the baby or young child, as well as the perspectives of the home visitor and the supervisor as they listen to the unfolding story. Reflective supervision includes intentionally exploring and building reflective capacity of the home visitor and supporting the home visitor to explore and support the reflective capacity of the caregiver. This is necessary to support the caregiver in becoming aware of and responsive to the mind of their baby or young child.

Reflective supervision skills can be used while doing administrative supervision. Most supervisors in home visiting programs will be asked to provide both reflective and administrative supervision. With intentional practice and support, reflective supervisors can learn to apply reflective supervision skills while addressing administrative tasks with home visitors. As confidence and competence grows over time, reflective supervisors often find themselves better able to weave reflection into most supervisory contacts. In fact, if reflective supervision were to be reserved only for official reflective supervision sessions, the level of trust and safety that is necessary for an effective reflective supervision relationship could easily be jeopardized. Home visitors need to be able to trust that their supervisor is being honest and authentic with them in all interactions. Some examples follow:

*“It seems as if now that we’re having trouble meeting our target for number of visits completed each month, we’ve been using our time for a lot of problem-solving about cancellations. I’m worried that we might be missing important discussions about the visits you are able to complete. Are there situations you’d like to share that would help you think more deeply about the families you have seen recently?”*

*“These past few supervision sessions have felt different. I can’t tell if you are coming in more rushed and maybe a little flustered, or if I’ve been so focused on these reports that are due that I’ve been distracted and less here for you. What has it been like for you? What have you noticed?”*

Many reflective supervisors understandably experience some anxiety and may feel overwhelmed by the very thought of learning to practice in this way. Even the most experienced reflective supervisors can find this to sometimes be a struggle. Finding a workable balance is part of the lifelong developmental process of reflection. Reflective supervision (and the reflective supervisor’s own reflective consultation when available) helps both the supervisor and the home visitor pay attention to and acknowledge feelings and other reactions, even when addressing administrative issues. Reflective supervision can also help maintain a focus on strengths. Performance issues can be viewed together as areas for growth that can be addressed through a performance improvement plan that includes reflective supervision. For example, tracking productivity and coaching for improved performance



*“Reflective supervision helps me learn more about staff: their points of view, what influences their decisions, and what is impacting their work with families. Practicing in this way helps us feel like there is enough time when also conducting administrative and clinical supervision.”*

— Reflective supervisor

can be addressed as part of ongoing professional growth and, as needed, included on a performance improvement plan. Importantly, in a trauma-informed, relationship-based home visiting program, administrators and supervisors understand that some performance challenges could be influenced by factors such as expectations related to past traumatic experiences, “ghosts” of past supervisors, or a home visitor who gets triggered by specific issues the family is experiencing.

Often, supervision sessions can be taken over by administrative and clinical issues that can easily consume the time available for supervision.<sup>81</sup> When this happens, reflective supervision has not occurred. Reflective supervisors model this important balance of attention by intentionally making time and creating the emotional space needed to describe, explore, and together hold the complexities of home visiting

work. Home visitors are supported to model this important balance of attention with families so that the tasks of parenting can be understood through the lens of reflective experiences.

Home visitors are required to complete their work with quite a lot of autonomy. They frequently travel alone to home visits and complete several visits each day without interacting with other professionals. During their visits, home visitors rely on their training and best judgment to address the needs of the children and families they see. They make a multitude of in-the-moment decisions about information to share, questions to ask, how to focus the discussion, activities to engage in, and so on. Home visitors are exposed to a wide range of family situations, emerging conditions, challenging histories, immediate emotional climates, and pressing needs. This repeated



exposure is stressful and can quickly become burdensome for home visitors. Reflective supervision celebrates successes and shares the challenges and vulnerabilities experienced in this autonomous work, so that home visitors feel less alone.<sup>82</sup>



*“Reflective supervision is helpful for self-examination, sharing the burden of stressors, gaining new insight and ideas, group problem-solving, and learning from other co-workers.*

*Reflective supervision is also somewhat emotional. It requires critical thinking and explorations of your own feelings. Reflective supervision may make you question what you think you know to be true. It may force you to entertain new approaches to providing services and supporting families—this can be both a challenge and a benefit.”*

— Home visitor



## RELATIONSHIP: RECOMMENDED PRACTICES

- A. The reflective supervisor takes initial responsibility for explaining to the home visitor the program requirements related to reflective supervision and for proposing an initial process to be used during the sessions.<sup>83</sup> This initial clarity helps the home visitor with some feeling of predictability and safety as the relationship begins. The reflective supervisor clearly describes:
- Required frequency and length of sessions, as well as how to handle inevitable scheduling conflicts.
  - How to prepare for the reflective supervision session, including what information the home visitor is expected to come prepared to share.
  - If there are specific expectations about case reviews—for example, if every family must be discussed within a defined period of time—the reflective supervisor is as clear as possible about how “case review” will be balanced with the time needed for in-depth reflection about specific situations.
  - What to expect in terms of confidentiality.
    - a. Under what circumstances can the home visitor trust the supervisor to keep discussions confidential?
    - b. Under what circumstances might information from reflective supervision need to be shared outside of the supervision session and how will that be handled?
    - c. How will information shared through reflective supervision be used in performance appraisals, corrective action plans, or other administrative processes?
    - d. How records of reflective supervision will be kept and what information will be documented, as well as how the documented information will be used.

B. The dynamics of the relationship are intentionally recognized and explored during reflective supervision sessions.<sup>84</sup>

- While using the practices described on pages 25-28, the reflective supervisor attends to the home visitor's behavioral and emotional cues and adjusts accordingly. Sometimes this is done both by actions and by words: "I think I might have shifted into advice-giving before I really understood what you were needing. Do we need to back up or slow down here?"
- As safety and trust within the supervisory relationship increases, the supervisor sometimes takes a chance by naming what she perceives to be happening in the relationship and asking for the home visitor's perceptions as well.
- Periodically during reflective supervision sessions, the reflective supervisor asks process-related questions.

### Questions Exploring Perceptions of the Supervision Process

*"Sometimes it's hard for me to get a picture in my mind about the situation you are describing. Would you be comfortable sharing more details about your visits? Are my questions helpful? Is there a different way we might want to work together on this?"*

*"I'm not originally from this community and think I probably grew up under some pretty different circumstances than this family. Do you ever find yourself wondering if I really "get it"? If I ask a question or make a comment that does not seem to fit well with what your experience is with the family, would you feel able to tell me that?"*

*"I find myself thinking about the richness of your communication with the families when you are able to speak the same language. And then we come together, and because I don't speak the language of the family, you have to translate not just details but feelings and perceptions for me. What's that like for you?"*

### Process-Related Questions

*"How were you hoping to spend our time together today?"*

*"Are we getting to what is most important to you about this situation?"*

*"Do you think I might be missing something that feels important to you that I understand?"*

*"We've got about \_\_\_ minutes left today. How are we doing? Do we need to shift our attention or spend some more time on this situation?"*

*"Is there anything about our conversation today that stands out for you as something we should keep in mind for next time?"*

*"This was a pretty heavy discussion. How are you feeling? What else have you got on your schedule for today? What might you need to do to move from this mental space to your next tasks?"*

C. The reflective supervisor intentionally brings up issues related to differences in power, privilege, and culture between supervisor and home visitor and between home visitor and family.<sup>85</sup>

### Questions Exploring Power, Privilege, and Culture

*“You’ve just shared with me that you might not be working very hard to reschedule missed appointments with this mom who you find difficult. Just as we’re having this discussion, I am denying your leave request for next week. This timing feels awkward to me. Can we talk a little more about this?”*

*“Sometimes you make statements about how you and other Native families manage children’s behaviors. As a non-Native person I find myself wondering about your perceptions. I think I’ve been hesitant to ask you for more details. I don’t want you to think I doubt your knowledge of these things. At the same time, I know we can all make assumptions about situations that are worth exploring in supervision. I’m going to go out on a limb here and ask, when you say that “Native grandmas do XYZ,” do you feel certain that this applies to this grandmother specifically in this situation? What helps you be clear about this?”*



- D. The supervisor and home visitor work together to create a holding space in which to reflect on the work.<sup>86</sup> A primary goal is to ensure that the home visitor is not left feeling alone to carry the challenges encountered in their work. The reflective supervisor sees that:
- The physical space for supervision sessions is private and interruptions are avoided.
    - a. Phones are silenced and out of site whenever possible.
    - b. Computers and tablets are closed and not causing a distraction for either partner.
    - c. If reflective supervision is being conducted over the internet, other applications are kept closed.
  - An intentional settling-in process is established for the beginning of each session. Time is allowed to “get present.”
  - There is always space for “not knowing.” Correct answers are not the point of reflective supervision; the goal is an authentic process to explore and play with possibilities.
  - As appropriate, supervisors share their own uncertainty and vulnerability about the complexities of the work to both normalize and honor the home visitor’s experience.
  - Home visitors are held with benevolence by the supervisor so that the home visitor can do the same for the family.
    - a. The reflective supervisor assumes good intentions even when there is not agreement about the action taken or statement made by the home visitor.
    - b. The reflective supervisor withholds judgment while the home visitor shares even unpleasant or seemingly harsh (or overly positive) assessments about themselves or others. The purpose for this is to stay open and curious. A state of suspended judgment allows space for learning more, understanding better, and responding more helpfully rather than reacting. Home visitors experience this in supervision and are better able to do the same with families.
  - Each home visitor’s potential for growth is respected. Difficult topics are not avoided, but are approached with intentionality, care, and sensitivity.
  - Reflective supervisors genuinely “hold the home visitor in mind”<sup>87</sup> when they know the home visitor is dealing with a difficult situation. The supervisor both expresses this intention (making it more likely to occur) and when appropriate acts on it by checking back with the home visitor before the next session. Home visitors are invited to let the supervisor know how things went or to come back for another discussion if needed before the next scheduled session.



## A SLOW AND INTENTIONAL STEPPING BACK

Reflective supervision requires an intentional slowing down and stepping back to:

- Remember and attend to the details of a situation or interaction.
- Explore multiple perspectives and alternative possibilities.
- Re-experience the feelings that occurred as part of the interaction.<sup>88</sup>

How do supervisors balance this need to slow down with the need to maintain a quality program? A critical belief behind reflective supervision is that we go slowly to go fast. When home visitors are supported to practice reflectively, they are better able to manage the complex demands of this work. Protected time to safely slow down to remember, re-experience, rethink, and reflect on a situation increases the ability of home visitors to respond to home visiting situations more intentionally.<sup>89</sup> Unlike case review processes that are often used in administrative supervision, the intention of reflective supervision is not to go through a checklist to ensure that all families are receiving every required aspect of the home visiting service. Building reflective capacity through a slower, more intentional reflective process supports home visitors to apply insights gained about their reflection of one family experience or situation to those of the other families on their caseload. In this sense, the slower process of reflective supervision is actually a more efficient use of time. In fact, home visitors who effectively integrate a reflective stance into their work with families frequently share that they can “hear the voice” of their reflective supervisor in situations that in the past have challenged them. They carry with them into their home visiting work the insights gained in supervision so that they are better able to provide quality service even when out in the field on their own.

Additionally, the regularity of a predictable reflective supervision schedule and process allows home visitors to feel “held in mind” and thus better able to hold onto the details of a challenging situation to discuss at their next scheduled reflective supervision meeting.<sup>90</sup> Home visitors become better able to distinguish between a true crisis—something needing the immediate attention of their supervisor—from the ongoing complexities and challenges encountered when serving families with complex needs. Programs with effective reflective supervision practices find that over time and with practice, less time is spent managing crises and more time is spent supporting the staff competence needed to perform the autonomous work of home visiting.<sup>91</sup>



*“When home visitors are able to, with the support from their supervisor, slow down and dive deep into their work with families (thoughts, feelings, perspective taking), they are able to see and experience the benefits of reflection. They can then do this with parents (parallel process). Reflective supervision can also help home visitors explore ways they would support parents with reflection and practice role-playing this conversation.”*

— Reflective supervisor



Janet is a supervisor in a Healthy Families Program. Janet tells of a situation in which Sharon, a home visitor, was feeling stuck and wondering if she could even make a difference with the family she had just visited. Because of the safety and trust Janet and Sharon had developed, Sharon felt comfortable dropping in to talk with Janet during a time that was not scheduled for reflective supervision. Janet was also happy that they had developed this level of safety between them.

Sharon expressed feeling inadequate and frustrated, not knowing how to make a difference with a mom she had worked with for about two years. She had just finished a home visit with this family. Sharon, with some exasperation, described the mom as displaying “reactive parenting.” When Janet asked her to describe what that looked like, Sharon shared that the mother yells, does some blaming, and is not able to lead with empathy when interacting with her baby, especially when the baby is fussy.

As Janet and Sharon talked, Sharon became noticeably calmer. In this calmer, more regulated state, with Janet’s help Sharon was able to describe a time when she asked the mom what the baby might be feeling. Janet asked Sharon, “What helped you decide to ask that question in the moment?” Sharon stopped to think about how she made that decision. After discussing this for a bit, Janet asked, “How did the mom respond to your question?” Sharon described the mom pausing, then looking into the baby’s eyes and asking, “Are you hungry? Is that what this is all about?”

Janet said to Sharon, “It sounds to me as if you took a bit of a risk, even when you were feeling exasperated with this mom’s reactivity. And, it paid off! The mom was able to settle in and focus on the baby’s need. Am I hearing that right?” With some surprise, Sharon agreed that that was in fact what had happened. Sharon shrugged and said, “I think with all of mom’s negativity, I lost track of that little glimmer of responsiveness.”

As Janet and Sharon talked further, Janet was able to help Sharon think through, and say out loud, what she had done that went well with this mom. Together Janet and Sharon realized how, by slowing down and asking a question, she was able to give the mom the emotional space she needed to ask the baby if she was hungry. This led to a conversation about possible ways to build on the responsive interaction Sharon had facilitated successfully between the mom and her baby. Sharon left Janet’s office thinking about how she could help this mom recognize feelings being expressed by the baby beyond basic hunger and tired cues.

As Janet watched Sharon walk away, she was struck by the powerful parallels between an exasperated, vulnerable mom and her home visitor who had been working so hard. Janet thought about how effective it was for both the mom and Sharon when there was enough time, emotional space, and calm attention to remember and reflect on what they each were able to do well in the moment.



## SLOW AND INTENTIONAL: RECOMMENDED PRACTICES

- A. Reflective supervisors think carefully and rely on intentional processes to address administrative and clinical supervision needs without compromising the time needed for reflection.<sup>92</sup>
- Although reflection can be integrated into clinical and administrative supervision conversations, the process used to address all of the key principles defined in this guide requires sufficient time to go into a significant level of detail about one to three cases at least once each month.
  - It may be necessary to intentionally schedule at least one session each month during which this deeper level of conversation is planned. In programs where home visitors receive individual supervision each week, a set-aside “deeper reflection” session could be helpful to ensure that not all time is taken up with case review or other administrative or clinical supervision topics.
- B. Practices including those described on pages 24-28 are used to support this sharing of details, impressions, perceptions, feelings, and perspectives. This detailed sharing is also a developmental process that will become both richer and more natural over time. Emotional regulation and secondary trauma will likely impact the level of detail home visitors can recall and how they interpret details. The reflective supervisor is aware and tolerant of a lack of organization in the home visitor’s narrative. Over time, slowing down and co-regulating often help with clarity.
- C. The reflective supervisor takes care to both allow for sufficient time and to ask for clarification and more detail about the situation described by the home visitor. This guidance of the conversation, while still collaborative, helps to create the holding space described in the key principle “A Co-created Relationship Developed over Time” (pages 29-40) and supports better emotional regulation, making reflection more possible.
- D. The reflective supervisor makes every effort to focus on the process of reflection rather than on defining a “right” answer. This is done with the belief that the supervisor does not have the answer for the home visitor (and definitely not in the spirit of withholding information). The reflective process is conducted with the belief that home visitors (and caregivers) hold their own answers, which are best discovered with reflective support.
- E. The reflective supervisor creates and holds space for quiet: to remember, to re-experience, and to rethink a situation that may have occurred without a lot of thought in the moment. Silences are not filled, but are allowed to just be.



## Questions Exploring Power, Privilege, and Culture While Being Slow and Intentional

*“I want our reflective supervision time to be as helpful as possible to you. Sometimes I might need to interrupt you as you are telling me about something that you’ve been experiencing with a family. I worry about what that will feel like for you. I can feel my grandma’s disapproving look as I interrupt someone who is speaking. Still, as we work together, there will be times when I want us to slow down and explore some details more fully. Do you have any thoughts about how we can handle the awkwardness of sometimes interrupting one another?”*

*“Many of us have been supervised in all kinds of ways that might or might not have been reflective. As you and I talk about your experiences with families, there will be times when I ask you about your intentions or reasons for responding in the way you describe. I’ll try to be careful about how I ask those questions. It can feel as if I’m questioning your skills when I’m more likely trying to understand what was going on in your head while you were making choices about how to best help a family. I’m hoping that if my way of asking questions is uncomfortable for you, you will let me know. It’s always fine with me if you want to ask why I am asking something. That will help me be more clear and intentional as I learn to be a better reflective supervisor.”*

*“Whoa! I’m feeling overwhelmed and confused as I listen to all that you’re telling me. I feel like we need to slow down and focus in on one part of this complicated situation at least to start. Is there one part of this that seems more important to you than others?”*

*“When I think about how I am when I get together with my sisters and mom, I have to laugh at how differently I talk with them. I think they’d look at me as a reflective supervisor and wonder who took over my body. What’s this reflective process like for you? When you think about your more typical way of being with others, does anything come to mind for you about our process?”*



## FEELINGS MATTER

Relationships and interpersonal interactions (family, home visiting, supervision) bring up emotions. Reflective supervision is used to recognize and make sense of this important source of information about our work.<sup>93</sup> Culture affects—often unconsciously—how, when, and in what social context we express, recognize, and respond to feelings.<sup>94</sup>

In an effort to increase efficiency, busy program managers can easily be tempted to quickly “get to the facts.” They may sometimes feel impatient about expressing and exploring feelings. Home visitors may have similar reactions to caregivers whose focus may seem to be more on past hurts and difficult experiences of their lives, while not fully attending to the needs of their children. Parents too can be impatient with the strong and often confusing expressions of emotion shared by their children.

Reflective practice is in part based on an understanding that mental states, including feelings, are important sources of information. They help us make sense of our own and others’ behaviors. We cannot understand or effectively influence behavior without attending to the mental state behind a behavior. Reflective supervision helps home visitors recognize when there is a tendency or situational pull to skim over or hurry along the expressions of feelings.<sup>95</sup> Reflective supervision also helps home visitors explore situations in which they or the caregiver seems stuck in a loop of emotion that is negatively influencing growth and development. Feeling and thinking must be well balanced, and this can be challenging without a safe relationship in which to reflect.

Emotional regulation supports reflection, and reflection can help with emotional regulation.<sup>96</sup> An important aspect of reflective supervision is the co-regulation that occurs between the supervisor and the home visitor.<sup>97</sup> When the reflective supervision relationship provides enough safety, the home visitor is better able to describe and explore their reactions to some of the more difficult experiences and feelings that come up for them during their interactions with families. The very process of describing these experiences in the safety of supervision helps the home visitor think more clearly about what was seen, heard, thought, and felt in the moment. This clarity can open up more possibilities and thoughtful interpretations for the home visitor. Their focus may have been narrowed in the moment by the stress and strong feelings brought up by the situation. A more expansive mindset through supervision can help broaden the home visitor’s perspective so that alternative possibilities can be safely explored.

Conducting home visits with babies, young children, and their caregivers inevitably brings up thoughts and feelings from one’s own past.<sup>98</sup> Some of the thoughts and feelings are comfortable and helpful to the relationship. Others are troubling and possibly uncomfortable, and can make the relationship more difficult. Many of these reactions occur at a level outside



*“Reflective supervision makes me more aware not only of my state of mind and what I bring to visits, but also helps me to understand more where parents are coming from and how their past and present mental states affect what they bring to and get out of our visits. This in turn helps me to understand the social-emotional interactions parents have with their children, and how best to address social-emotional concerns within their parent–child relationship.”*

— Home visitor

of conscious awareness. They can create blind spots that influence one's interactions. Reflective supervision helps explore all of the reactions experienced in the visits. Home visitors can thus improve their self-awareness and make more intentional choices about how they respond to each family situation.<sup>99</sup>

Each home visitor and every supervisor comes into this work with a rich history of relationships as well as culturally influenced ways of recognizing and expressing emotions. Sharing feelings with others may feel at odds, for example with cultural norms related to suffering in silence or saving face. Many home visitors were not trained in this, nor did they come into home visiting expecting so much focus on feelings!<sup>100</sup> Often training has focused on knowledge (child development, family support, early education, health) and actions (strategies, interventions, plans) with a focus on objectivity (see below) when observing and documenting. The relationship-based work of home visiting requires attention to emotional and interpersonal experiences with families as well as actions and tasks. Reflective supervision helps sort out both the objective information and the subjective experiences so that one can be used to inform the other.

**Objective** information is factual. It can be observed and described in terms of what was seen or heard.

**Subjective** information always involves personal interpretation that is based on feeling, opinions, ideas about intentions, even motivations.

Home visitors rely on both objective and subjective information to help them work effectively with families.



## FEELINGS MATTER: RECOMMENDED PRACTICES

- A. The reflective supervisor recognizes that home visitors bring to their work a wide range of educational, professional, and life experiences. Many home visitors believe that professionalism requires that they not be influenced by their emotions when doing their work. Reflective supervision is used to counter that belief and help redefine, as necessary, what it means to be a professional home visitor.<sup>101</sup>
- B. Emotional literacy is a necessary part of early child development, parenting, and home visiting.<sup>102</sup> The reflective supervisor supports each home visitor to become better able to recognize, label, and manage emotions—both those that are comfortable and those that are more challenging. Interestingly, emotions are physiological sensations that are experienced in our physical bodies. An important part of emotional literacy involves noticing and helping others to notice where in their bodies they experience a particular emotion (such as butterflies in the stomach, tightness in the jaw or neck, heaviness on the shoulders, or a lump in the throat). As home visitors are supported to recognize and express a full range of emotions, they are in a better position to support this important parallel process with caregivers in being able to identify and name their own emotions. In turn, parents can then support their children in their development of emotional literacy.
- C. Reflective supervision explores cultural differences related to how feelings are expressed, discussed, and responded to within and across different social contexts. These differences are to be expected and are likely to sometimes cause confusion or other strong reactions, both for the home visitor and the supervisor. An exploration of the differences and related feelings provides the home visitor with important tools for supporting diverse families.<sup>103</sup>
- D. Reflective supervision is not psychotherapy. The reflective supervisor provides and maintains the frame of “the work” in exploring feelings, even when the home visitor is able to connect their own feelings with personal experiences that occurred outside of their work. These connections can be important discoveries and help organize the home visitor’s self-awareness.
- E. The reflective supervisor relies on both their relationship with the home visitor and the supervisor’s own reflective supervision or consultation to sort out and stay clear about the purpose of reflective supervision as it relates to staff personal experiences.
- The reflective supervisor might find it necessary to suggest that a home visitor seek professional support in the form of mental health therapy, counseling, or other community or professional resources to address needs that are outside of the scope of reflective supervision. This parallels situations in which a home visitor may need to discuss caregiver or family needs that fall outside of the home visitor’s scope of practice and/or the intended service.
  - Reflective supervisors have the support of their program administrators so that, as needed, employee assistance programs or other mental health and wellness resources can be offered to help address any home visitor needs that fall outside of the scope of reflective supervision.



### Questions Reflecting the Belief That Feelings Matter While Respecting a Person's Starting Place

*"What comes up for you as you are describing your work with this family?"*

*"What was that like for you?"*

*"What came to mind when . . . ?"*

*"What do you imagine mom might have been feeling or thinking during your visit last week?"*

*"What do imagine the baby was feeling or experiencing?"*

*"I noticed you got very quiet. Are you comfortable telling me what just happened for you?"*

*"There was a lot going on in that living room! What have you learned about how this particular family expresses anger? What typically happens after a big blow up like this? Have you thought about how this is similar to or different from how anger was expressed in your house as you were growing up?"*

*"You describe this grandpa as an 'angry man.' Can you tell me more about what he does that gives you this impression?"*

*“You describe yourself as someone who prefers to avoid conflict. When you are with a family in conflict, do you notice anything about how your body feels in those moments? What’s that like for you? What do you do when you notice those sensations in your body? Is that helpful?”*

## **Questions Exploring Power, Privilege, and Culture While Recognizing That Feelings Matter**

*“In thinking about how I grew up in my own family, I can’t remember us ever talking about feelings. Would it be helpful to talk about what that was like in your family? Did you talk about feelings together? Is this a comfortable process or a challenge? In what ways?”*

*“This discussion makes me think of how many different ways of handling conflict there are across families and cultural groups. Is that something we could explore further? Would it be helpful to think about how your family handled conflict when you were growing up? Were there differences between boys and girls? Parents and children? Public and private situations?”*

*“You’ve mentioned that this mom seems sort of resigned to letting you visit. Do you think she really doesn’t feel as if she can say “No” to our services? Why might that be? In what ways might this affect her ability to be honest with you about things? Might this be affecting you in terms of how you feel about your visits and how you interact with this mom?”*

*“Can you think of any advantages you experienced or ways that you were protected growing up just because of the family and cultural group you are a part of or because of the way you look? How about disadvantages or feelings of being unsafe for the same reason? How might that privilege or lack of privilege have affected your sense of yourself in the world? In thinking about this mom’s experiences, what might be some differences from your experiences growing up? What about the child’s experiences?”*

*“Have you and the father had a chance to talk about any ways he might hope to give his child a different experience than his own childhood? What would it be like to bring up a conversation like this? If you have had this conversation, what did you notice about how the discussion felt for this dad?”*

*“This mom has shared a lot with you about what her life was like growing up. Has she talked some about any of her own childhood experiences that she hopes to carry on with her child? As she talks about this, can you tell what feelings this brings up for her? What about for you? Maybe some of her ideas feel unrealistic or even like they might not be best for the child from your perspective. What’s that like for you?”*



## PARALLEL PROCESS IS EXPLORED: THE CHILD IS ALWAYS HELD IN MIND

Parallel process is intentionally explored through reflective supervision as a way of understanding how relationships (past and present) impact relationships. The relational experience of the young child is always a central component of the exploration of the parallel process. In home visiting, we always hold the child in mind.<sup>104</sup>

Parallel process<sup>105</sup> is a concept that is unique to reflective supervision. Reflective supervisors intentionally listen for and sometimes explore possible parallel experiences at the various levels of home visiting interaction. Over time, this experience helps the home visitor to engage with this same level of intentionality with the families they serve.

When home visitors encounter challenging or emotionally activating situations in their work, they can easily be pulled into an unbalanced state of attention.



Let's think back to our vignette with Janet and Sharon (p.42). Powerful parallels were at play in this situation. The baby was likely signaling as best he could to let his mother know what he was feeling and needing in the moment (to be fed). Sharon, the home visitor, described the mother as “reactive” and often not empathetic to her baby's signals, especially when the baby was fussy (signaling distress). Sharon was distressed about what felt like a lack of progress being made by this mother, with whom she had worked for a couple of years. As Sharon described her frustration and feelings of inadequacy to Janet, her reflective supervisor, Janet was able to recognize the “parallels of distress” between the baby, his mother, and Sharon.

In this vignette, the parallels were held in mind by the supervisor but not directly described to the home visitor. Instead, Janet provided an emotionally regulating space in which Sharon could describe her feelings and observations. As Sharon's nervous system calmed, she was more able to remember a strategy she had used with the mother that had been effective. Again, without naming the parallel process, Janet asked a question that allowed Sharon to share the thought process she used to decide to ask a question (“What might your baby be feeling?”). This process of putting thoughts, feelings, or intentions into words during supervision was a helpful parallel: Janet supported Sharon's intention with her question, just as Sharon's question had supported the mother regarding her baby's intentions as he expressed his need to be fed. Parallels are not always overtly recognized in the moment. For instance, upon reflection, as Sharon was walking out the door, Janet became very aware of the powerful parallels at play for Sharon, the mother, and baby. This awareness will be helpful as Janet continues to support Sharon's reflective practice in coming supervision sessions.

Let's think about three possible reactions to one scenario:

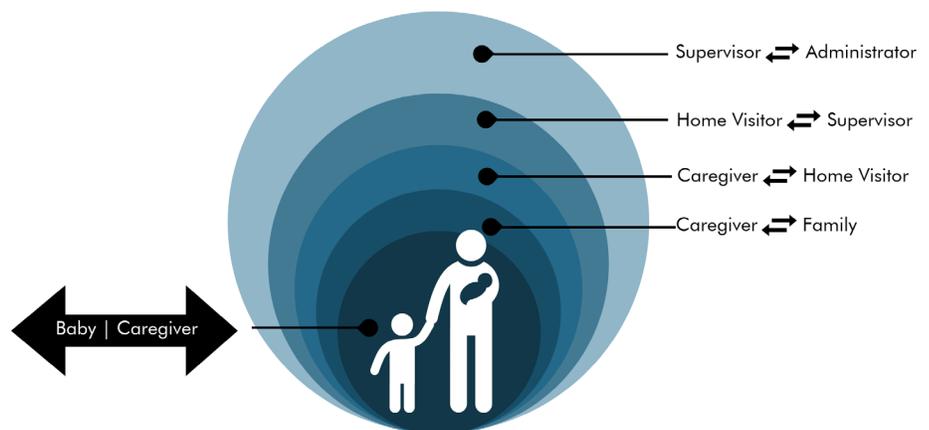
1. While talking with her home visitor, a young mother describes a recent hostile encounter with her own mother. This might pull the home visitor into a mindset of wanting to protect the young mother, who is the client. This strong urge to come to the defense of the young mother could easily interfere with the home visitor's ability to hold space for the grandmother's perspective and also keep the experience of the baby in mind.
2. Alternatively, the home visitor could mentally side with the grandmother's perspective. Perhaps the home visitor is dealing with their own adolescent daughter who responds in similarly frustrating ways as the client. It might be that the home visitor can't help but feel somewhat aligned with the grandmother's perspective.
3. Yet a third possibility might be that the home visitor experiences thoughts like, "There they go again! Neither Grandma nor Mom seem able to focus on the baby's needs when they go at each other like this. I'm tired of listening to them go on and on about themselves and not seem to care about the baby."

These difficulties balancing perspectives are to be expected and can be safely explored using parallel process during reflective supervision.

Parallel process is also used to hold space for, and possibly explore, past relationships that might be influencing current interactions.<sup>106</sup> Caregivers who themselves have had difficult relationships in their past, or who may have experienced trauma during their childhood, often have unhelpful mental models<sup>107</sup> of relationships that are influencing how they interact under certain circumstances.

Home visitors' relationships with others are also influenced by their own past experiences. Those influences could be affecting the observations, interpretations, and responses of the home visitor to the situations they encounter in their work. In an emotionally safe, predictable reflective supervision relationship, a full range of possible parallels can be explored with curiosity and openness as to what the parallels might help us to understand about the home visitor's work.<sup>108</sup>

#### MULTIPLE PARALLELS ARE EXPLORED THROUGH REFLECTIVE SUPERVISION



*"Reflective supervision gives me time to process the relationship dynamics that occur in home visits, which is especially helpful when working with parents who have mental health challenges. Even for parents without those challenges, reflective supervision gives me the opportunity to become a better communicator and a better practitioner. RS gives me the chance to practice building my own reflective capacity and responsiveness—skills that have been shown to contribute to healthy communication and emotional development in children, and skills I hope to help parents develop."*

— Home visitor



## PARALLEL PROCESS: RECOMMENDED PRACTICES

- A. The reflective supervisor supports the home visitor to hold in mind and explore the experiences of all the people in a situation, including the home visitor's own experiences. The supervisor often accomplishes this through sensitively timed clarifying questions as the home visitor is describing a visit. Avoiding the use of scripted or rapid-fire questions, instead the supervisor makes choices in the moment about what question or observation might be most helpful to the home visitor's reflective process. Attention is given to all family members involved in the child's care, not just those present during the visit.
- B. As the home visitor's story of the family unfolds, the reflective supervisor attends both to "who was doing what" and to "how did the others seem to respond." There is intentional support to balance descriptions of actions and behaviors with exploration of possible thoughts, feelings, ideas, and intentions. The experience of the young child is always included in this exploration. The ability to better balance one's attention can be supported by considering the possible "starting places" as described in the section titled, "A Lifelong Developmental Process" (pages 24-28).
- C. The reflective supervisor helps to hold and re-present the experience of the baby or young child. The child is a powerful influencer of the experiences and interactions of the adults. The child is also strongly influenced by the adults. Especially in complex and challenging adult interactions, the experience of the child is explored.<sup>109</sup>
- "Did you notice what the child was doing during this exchange?"*
- "Where was the child during all of this?"*
- "Did the child seem to be reacting in any particular way?"*
- "How might this have been affecting the child?"*
- "You said the baby was napping in the other room. Do you find yourself wondering what she was experiencing even while asleep during the argument?"*
- D. The reflective supervisor supports home visitors to think about how they are being influenced by the families they serve. There are likely to be children and/or parents to whom the home visitor is especially drawn, as well as those with whom they feel less aligned. When these differences can be looked at safely in reflective supervision, the home visitor is better able to manage each of their home visiting relationships.
- E. The reflective supervisor supports the home visitor to hold in mind the perspectives and influences of family members that may not be physically present at the home visits yet are clearly "present" in the family dynamics.

## CONSIDERATIONS FOR GROUP SUPERVISION AND CONSULTATION

Reflective supervision supports the reflective functioning of home visitors so that they, in turn can support parents to be more reflective in their interactions with their young children. Reflective supervision groups can provide helpful support to supplement home visitors' experiences with individual supervision. The literature does not support replacing individual supervision with group supervision.<sup>110</sup>

### BENEFITS OF GROUP SUPERVISION

There are a number of benefits to group supervision:

- In any group of home visitors, diverse perspectives will be expressed.<sup>111</sup> Different ways of being reflective will be shared. These differences offer unique opportunities for group participants to recognize, tolerate, and intentionally explore similarities and differences within the safety of a well-facilitated reflective group process.<sup>112</sup> This diversity of perspective and differences in reflective capacity will provide helpful parallels to the work that home visitors do with families.
- When group membership includes participants from different racial, linguistic, economic, sexual orientation, community, educational, and professional backgrounds, and differences in power and privilege are intentionally explored, more opportunities emerge for each group member to become more aware of their possible biases and racial or cultural blind spots that might be affecting their work.
- Differing levels of reflection are likely to be present for each member of a group during any one conversation or interaction. As group participants increase their awareness of both their own strengths and challenges with reflection and those of their colleagues in the group, participants make important discoveries about what supports and challenges reflection. These discoveries help home visitors develop more nuanced understanding of the reflective processes of the families with whom they work.
- Emotional safety is key to effective group reflective supervision.<sup>113</sup> This is also true when supporting reflection in caregivers and their young children. Group processes offer unique opportunities to recognize what supports and what interferes with emotional safety during reflective interactions. Group participants can be supported to notice and become curious about their own and others' responses and reactions to various aspects of group discussions. Practice recognizing cognitive, emotional, and physiological reactions can be an intentional focus of this process. This process of noticing and becoming curious about reactions helps build an important level of awareness and, over time, a set of skills that can be applied during home visiting interactions.
- Participating in supervision as a member of a group offers the possibility of trying out new ways of understanding and interacting that, for some home visitors, may feel safer than when working with their supervisor alone. This may be especially true when exploring issues of power, privilege, race, gender, and culture.
- Group supervision provides many opportunities to notice and distinguish one's own feelings from the feelings expressed by others. There are also often opportunities to separate out in one's mind what has happened in the past versus what is happening now that might remind one of their past.<sup>114</sup> The richness of group supervision conversations often provides many opportunities for this "sorting" process to occur. Again, this same sorting process is often a necessary part of a home visitor's work.
- Participating in a supervision group will require that each group member actively engage in defining how the group develops, how it keeps its focus and usefulness and, as importantly, how it repairs the inevitable ruptures that occur in relationships. This underscores yet another important parallel to the home visitors' work with families.

## NECESSARY SUPERVISORY SKILLS FOR GROUP SUPERVISION

- Group supervisors need a heightened ability to attend to the verbal and nonverbal communication of each individual group member and to the group as a whole.<sup>115</sup>
- Group supervisors need intentional practice and ongoing support to develop this fine-tuned attention to the mental states of individuals and how those states interact to affect the group process.<sup>116</sup> Group supervisors need to receive their own reflective supervision and/or consultation for ongoing support and practice with these complex skills.<sup>117</sup>
- Group supervisors require a well-honed understanding of the impact of emotional regulation on reflection and of reflection on emotional regulation. As in individual supervision, there is an important balance to be achieved so that the interaction is “safe enough” to allow for reflection, yet challenging enough to support professional growth.<sup>118</sup> The complexity of achieving this balance in a group, while maintaining an awareness of the supervisor’s own levels of regulation and reflection, individual group members’ levels, and the levels of the group as a whole cannot be understated.
- Group supervisors need to be aware of and willing to explore issues related to imbalances in power and privilege related to race, language, education, gender, sexual orientation, economic, education, and professional backgrounds.<sup>120</sup>

**“To be effective in bringing about change, the worker needs to be able to be affected by and responsive to the feeling states in the room. These feeling states often trigger early, preconscious memories in the worker. Sometimes it is possible to recognize at the time what feeling is being activated, but sometimes—and this is often the case with the neediest families—these preconscious, nonverbal, implicit knowings are out of awareness, and they throw us around like an earthquake that wakes us from sleep.”**

**— Patricia O’Rourke<sup>119</sup>**

- Group supervisors need to be able to make in-the-moment decisions about when to support the group to keep their view more broad and when to help the group focus on more specific details in order to support the work with families.<sup>121</sup>
- Group supervisors need both a level of confidence and clear reasoning when making decisions about when and how to shift the focus of a conversation to promote reflective functioning while maintaining a reasonable level of emotional safety as well as maintaining the focus on the work of home visitors.
- The ability to recognize, name, and respond sensitively to inevitable ruptures in attunement and the needed repairs is amplified by group dynamics. While these opportunities are certainly some of the benefits of a group process, the level of skill required by the supervisor is worth noting.
- Group supervision also offers both the benefits and challenges of increased complexity related to parallel process.<sup>122</sup> During group supervision, while considering the parallels in the family stories being shared, the group supervisor must also attend to the parallels of group members’ experiences and ways of processing those experiences.

## EFFECTIVE GROUP REFLECTIVE SUPERVISION PROCESSES

Group participants need to know what to expect. Clarity and predictability support safety and allow group participants to more readily “settle in” with a more open and reflective stance.<sup>123</sup> Supervisors must make clear the expectations regarding the following points with group members and review these as needed over time:

- When and where will the group meet?
- Is attendance at group meetings mandatory or at the discretion of each home visitor?
- How are expectations managed related to active participation in group discussions so that this point is clear to all? Some specific issues to consider include:
  - a. Listening to others is considered “active” participation. This is especially true when the group has a shared value to listen in order to understand the experience of the speaker (and families) rather than listening to advise the speaker of how best to handle a situation or what has worked for the listener in the past.
  - b. It is important to allow time for and respect the ways in which each group member chooses to share their experiences in the group discussion.
    - How does the group ensure that no one member monopolizes the group’s time and attention?
    - How is time and space allowed for each member to contribute to the conversation? This is different from ensuring (or insisting) that every group member share information about at least one family during each group meeting.
  - c. How does the group perceive the difference between a group member who generally chooses to “sit and listen in” without verbally contributing versus a member who is generally less verbal than others (possibly due to language differences, personality and temperament differences, or cultural differences) yet who is thoughtfully engaged and speaks up when they feel they have something to contribute?
- How will late arrivals and absences be communicated so that the supervisor and group members know which group members to expect at each meeting?
- How will the supervisor take responsibility for helping the group hold a reflective stance?<sup>124</sup> Specifically, what can group members expect in terms of being guided to:
  - a. Listen carefully for details of each story and stay emotionally present while listening to their peers.
  - b. Explore for a more complete understanding before moving to solutions.<sup>125</sup>
  - c. Notice and as possible resist the urge to turn the conversation to their own experience that seems similar to the speaker’s experience before that is likely to be helpful to the reflective process.
  - d. Notice, and as helpful, name the emotions being expressed in a way that supports the emotional intelligence of all group members.
  - e. Remain clear and intentional about the purpose of the group and their process.
- What information is confidential and what information, under what conditions, might be shared outside of the group?
  - a. How is intra-group confidentiality defined and supported? For example, is there an explicit expectation that group members will hold confidential information shared about families as well as information shared by group members about their own learning processes and life circumstances?
  - b. If there comes a need for the supervisor to share information about something that has come up in group with someone outside of the group, how will that be handled?
- Group members need to know how their participation in the reflective supervision group will affect (or not)

administrative issues including performance appraisals, caseload assignments, productivity expectations, and timelines.

- Reflective observation and inquiry<sup>126</sup> are valued and practiced by each group member. This process is distinct from a case review process (a description of a family situation and elements of the program or curriculum that have been applied or completed). It is also not a process that invites a “piling on” by other group members who are either looking to commiserate about the difficulties of this work or share their own successful strategies that others should try out.
- How will decisions be made about which group members will share information about their home visiting families at each meeting of the group?
- Will a specific discussion format be used?

In order for group reflective supervision to feel safe and valued by group participants, reflective practice must be consistent with the agency’s culture and policies.<sup>127</sup> An effective reflective process cannot occur if group members feel guarded or uncertain about how the agency views the time spent in supervision or if reflection feels valued in name only.

## CONSIDERATIONS RELATED TO THE SIZE OF THE SUPERVISION GROUP

There is no one ideal group size identified in the reflective supervision literature. It is important to consider factors such as the intention or purpose of the group, how much experience group members have with reflective supervision, how skilled the supervisor is with both group facilitation and reflective supervision, and how much ongoing support is available to the supervisor in the form of their own reflective supervision or consultation.<sup>128</sup>

- Groups should include enough members so that even with occasional absences there will be several regularly attending group members to allow for a full group discussion.
- Groups that are too large often create a distance or an environment where it is easier to be more general in the discussion rather than get deeply into the details and the complexities of the work.
- Groups that are too large make it more difficult for each group member to share in the conversation at a meaningful level.
- A larger group can make it easier to participate less fully. Some group members may perceive that in a larger group, someone else is more likely to weigh in and provide what can feel like an “out” for exploring difficult topics. Heffron, Reynolds, and Talbot note that, “group members must ultimately lean toward and enter into difficult, not safe feelings to shift how they respond to them with families served.”<sup>129</sup> This intentional leaning toward takes courage and can feel risky. In larger groups, it can feel easier to avoid the risk.
- Larger groups can feel less safe to some members.
  - a. This may be especially true if the group is conducted in a language that is not the primary language of one or more group members who may find it difficult to both process and respond to complex ideas, thoughts, feelings, and reactions, including those related to differences in culture, in a second language.
  - b. Tendencies related to introversion or extroversion might also influence feelings of safety and/or ability to participate full depending on the size of the group.

## CONSIDERATIONS RELATED TO FREQUENCY OF MEETINGS

Just as with individual supervision, group supervision must occur with regularity. Meetings should be scheduled and predictable. Groups that meet less often than monthly often find it difficult to develop and maintain the safety and intentional process needed to make the group effective.

## CONSIDERATIONS FOR USE OF REFLECTIVE CONSULTANTS

Throughout the guide, the term “reflective supervisor” refers to a professional who is employed by a home visiting program or agency and whose job description includes the provision of reflective supervision. The Michigan Association for Infant Mental Health and the Alliance for the Advancement of Infant Mental Health use the term “reflective consultant” to refer to a professional from outside of the agency or program with whom an arrangement has been made to provide reflective support to home visitors and/or supervisors. The information included in this reflective supervision guide applies to both reflective supervisors and reflective consultants. At the same time, there are some important considerations related to the use of a reflective consultant.

### **What Do You Hope to Accomplish by Engaging a Reflective Consultant?**

As program leaders contemplate the addition of a reflective consultant to their program, it is helpful to think through two points:

- What needs are already being addressed through other forms of ongoing professional development, including training and reflective supervision?
- What needs could best be addressed through an ongoing relationship with a reflective consultant?

Defining these needs will help identify a potential consultant, by specifying the skill sets and expertise you are expecting the consultant to demonstrate. Defining needs will also help with the contracting process and introducing the consultant to the home visiting staff.



Some examples follow. Keep in mind that your program might benefit from a reflective consultant that can address a number of different needs.

Programmatic Need	Consultant Skills & Expertise
<p>Support for home visitors and supervisors to increase their understanding of mental health issues and how these affect parenting and the work of home visiting.</p>	<p>Infant mental health expertise related to pregnancy and early parenting.</p> <p>Ability to explain and explore complex mental health issues and interactions in a way that supports home visitors to feel supported and to be effective in their work.</p> <p><i>(See also Infant Mental Health Consultant Competencies in the <b>Resources</b> section.)</i></p>
<p>Support for the reflective supervisor to experience a reflective process with a skilled reflective consultant in order to increase their own reflective supervision skills.</p>	<p>Reflective supervision expertise and skills.</p> <p>Ability to recognize and be explicit about parallel process in ways the reflective supervisor can apply to the work with home visitors.</p>
<p>An additional perspective that enhances and adds to the perspectives already explored through existing reflective supervision experiences. Someone from the “outside” is likely to bring a fresh perspective and new ways of exploring issues that can be beneficial to both supervisors and home visitors. This might be especially important in programs where the home visitors are from cultural backgrounds that are quite different from the population they serve, or if the supervisor is of a different background than those of the home visitors and families.</p>	<p>Expertise in providing diversity-informed reflective supervision.</p> <p><b>Note:</b> Although reflective supervision skills are needed, it may be that if this is the primary reason for engaging a consultant, then other, more discipline-specific expertise might not be as important.</p>
<p>Support efforts (supervisor’s and/or home visitors’) toward meeting Infant Mental Health Endorsement® requirements.</p>	<p>IMH Endorsed®</p> <p>Clarity about endorsement requirements and the role of the reflective consultant in supporting the Infant Mental Health competencies of Endorsement® applicants.</p> <p>Ability to assess infant mental health competencies and clarify with the Endorsement® applicant areas of strength and areas needing further growth as related to Endorsement® requirements.</p> <p>Willingness to complete an Endorsement® reference rating form if requested by Endorsement® applicants.</p> <p><i>(See also Infant Mental Health Consultant Competencies in the <b>Resources</b> section.)</i></p>

## Who Will Receive Reflective Consultation?

Will the reflective consultant work directly with the home visitors?

- If so, will the home visitors be able to choose whether or not to work with the consultant, or will their participation be mandatory?
- Will the reflective supervisor also participate with the reflective consultant as they work with the home visitors, or will the consultation sessions be conducted without the presence of the reflective supervisor?
- If the reflective supervisor is not present during sessions with the reflective consultant, what is the explicit agreement regarding what information shared with the consultant will be kept confidential and under what circumstances might information be shared with the supervisor? Some examples of issues to be considered might include supervisee crisis; ethics violation; action by the supervisee that puts themselves, others, or the agency at risk; mandatory reports regarding child safety; issues related to suicidal parents; or other adult mental health issues that the supervisee's supervisor or agency should be informed of.
- How will the reflective consultant balance home visitors' need for an emotionally safe space in which to express and explore both the pleasures and challenges of their work with respect for program or agency protocols, policies, and leadership?<sup>130</sup>
- What records will be kept regarding the reflective consultation sessions?
- What, if any, is the understanding regarding the reflective consultant's role in supporting home visitors who are pursuing Infant Mental Health Endorsement®?

Will the reflective consultant work with the reflective supervisors?

- If so, what is the administrative commitment to ensuring that this time is protected?
- What are the agreed-upon purposes, goals, and focus of the sessions with the consultant?
- If one of the intentions is to improve the reflective supervision skills of the supervisor, how will this be addressed?
- How will the reflective consultant balance the supervisor's need for an emotionally safe space in which to express and explore both the pleasures and challenges of their work with respect for program or agency protocols, policies, and leadership?<sup>131</sup>
- What records will be kept regarding the reflective consultation sessions?
- What, if any, is the understanding regarding the reflective consultant's role in supporting supervisors who are pursuing Infant Mental Health Endorsement®?





## **Intentionality and Clarity Are Essential to Effective Reflective Consultation**

Even with careful thought and planning regarding programmatic needs and the needs of the participants in the consultation sessions, there will be a need for ongoing clarification about the what, why, and how of reflective consultation. Each program and agency has its own unique cultural ways of being. Some of them are explicit, and others are less transparent—they just “are.” It might be assumed that the cultural ways of being in the agency are widely known and accepted, without this assumption ever having been fully explored. It might also be true that agency culture is experienced very differently depending on the cultural background of the individual staff member.

As a consultant from outside of the agency who is developing a reflective support relationship with home visitors and/or supervisors, there is a continual unfolding of understanding about both the agency or program culture and the individual ways of being of home visitors and supervisors. Although it is helpful to have some understanding of the community, agency, program, service expectations, and the populations being served, an open stance of “not knowing” and authentic curiosity on the part of the consultant can serve as the foundation for intentional exploration of perceptions, beliefs, feelings about the work, and practices employed. Recognition and acceptance of the complexity of organizations and of the work of home visiting provides an important framework for the reflective consultant’s work.

## GLOSSARY OF TERMS

AMYGDALA	A part of the brain that helps integrate emotions, emotional behavior, and motivation. The amygdala forms part of the limbic system.
ATTUNEMENT (ATTUNED)	Awareness of and attention or responsiveness to something. One example is a parent paying attention to their child's cues or signals, being aware that these cues are an attempt to communicate and connect with the parent, and responding in a sensitive way to the cues.
AUTONOMY	The freedom and responsibility to perform much of one's work on one's own, thinking and acting independently, as home visitors do in family homes.
BEHAVIOR	An observable action, gesture, or word. A behavior can be seen or heard.
BENEVOLENCE	The state of meaning well or being kind. Holding someone with benevolence means believing that the person has good intentions and is trying to do well. This belief supports reflective supervisors, home visitors, caregivers, and children in their interactions.
CO-CREATION	The process that two or more people engage in to create or produce something together. Reflective supervisors and home visitors co-create their supervisory relationships together over time.
CO-REGULATION	Two or more people coordinating their actions and responses to adjust to one another's needs so that together they are able to be in a more optimal level of alertness, arousal, emotional availability, or a combination of these states.
CORTEX (CEREBRAL CORTEX)	The wrinkly, outermost layer that surrounds the brain. It is responsible for higher thought processes including speech and decision-making. The cortex is divided into four different lobes: the frontal, parietal, temporal, and occipital. Each is responsible for processing a different set of sensory information. More information can be found at: <a href="http://brainmadesimple.com/cortex-and-lobes-of-the-brain.html">http://brainmadesimple.com/cortex-and-lobes-of-the-brain.html</a> .
DYNAMICS	As used in this guide, refers to the interaction of both conscious (within awareness) and unconscious (outside of awareness) mental or emotional processes that are influencing our behaviors and attitudes. "Dynamic" also describes processes that are influencing and changing each other so that are not static or unchanging.
EMOTIONAL LITERACY	The ability to understand and express feelings. Emotional literacy requires self-awareness: the ability to recognize one's own feelings, and knowing how to manage and express feelings in socially acceptable ways. In the work of home visiting and reflective supervision, this ability is necessary for both one's own feelings and the feelings of others.

<b>EMPATHY (EMPATHIZE)</b>	The experience of understanding another person’s feelings or situation from their perspective. A helpful video for telling the difference between empathy and sympathy can be viewed at: <a href="https://youtu.be/1Evwgu369Jw">https://youtu.be/1Evwgu369Jw</a> .
<b>ENDORSEMENT®</b>	A systematic approach to supporting and recognizing professional growth, development, and competency demonstration in the infant–family and early childhood fields of practice. In Region X each state has an infant and early childhood mental health association that implements the Endorsement® system that is built on the Competency Guidelines for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health. More information can be found at: <a href="https://www.allianceaimh.org">https://www.allianceaimh.org</a>
<b>EVOCATIVE (EVOKE)</b>	Something that brings strong images, memories, or feelings to mind.
<b>FUNDS OF KNOWLEDGE</b>	The skills and knowledge that have been historically and culturally developed to enable an individual or household to function within a given culture. Examples include home or heritage language, caregiving practices, family values and traditions, relationships with friends and family members, family outings, and household chores. A fuller definition can be found at: <a href="http://modules.nceln.fpg.unc.edu/sites/modules.nceln.fpg.unc.edu/files/foundations/handouts/Mod 4 Funds of knowledge.pdf">http://modules.nceln.fpg.unc.edu/sites/modules.nceln.fpg.unc.edu/files/foundations/handouts/Mod 4 Funds of knowledge.pdf</a> .
<b>HOLDING SPACE</b>	A conscious, intentional act of being present, open, allowing, and protective of what another person needs in the moment. It is both the process of creating the feeling of being “held” in another’s mind and heart, and the sense of safety while in this “emotional space” with another person. A wonderful description can be found at: <a href="https://chopra.com/articles/holding-space-the-art-of-being-present-with-others">https://chopra.com/articles/holding-space-the-art-of-being-present-with-others</a> .
<b>LIMBIC SYSTEM</b>	A complex set of structures in the brain including the hypothalamus, the hippocampus, the amygdala, and several other nearby areas. The limbic system is believed to be primarily responsible for our emotional life, and has a lot to do with the formation of memories.
<b>MENTAL MODELS</b>	Ideas or perceptions of relationships that one is often unaware of yet that have, through repeated experiences, been encoded in the brain.
<b>MENTAL STATES</b>	The thoughts, feelings, beliefs, intentions, and motivations that underlie behaviors.
<b>MISMATCH</b>	A person’s reaction or response to another person that is not in sync with or aligned to what the person needed or intended to express. For example, a baby who is turning his gaze away from his caregiver might need to take a quick break from the interaction. A mismatched response would be the caregiver trying to “chase” the baby’s gaze by moving her face in front of the baby’s averted gaze. (Also called “misattuned.”)

<b>PARALLEL PROCESS</b>	The way one relationship affects other relationships. Reflective supervision considers how the relationship between the supervisor and home visitor should parallel (or be similar to) the quality of the relationship hoped for between the home visitor and the parents. Likewise, the relationship between the home visitor and the parent should ideally parallel many of the desired qualities of the parent–child relationship.
<b>PRIVILEGE</b>	A right, advantage, or some form of immunity that is granted or available only to a particular person or group of people.
<b>PSYCHOTHERAPY</b>	A way to help people with a broad variety of emotional difficulties or mental illnesses. Psychotherapy is outside of the scope of practice of reflective supervision.
<b>REACTION</b>	As used in this guide, refers to a feeling that is experienced as a result of a situation or an experience. We use “reaction” to refer to something that we do on “autopilot” or without much thought or intention as opposed to a “response” that we make intentionally.
<b>REFLECTIVE CAPACITY</b>	The ability to understand, interpret, and make meaning of behavior (our own and others’) by tuning in to the possible thoughts, feelings, and motivations (mental states) behind the behavior.
<b>REFLECTIVE CONSULTATION</b>	Support to enhance the reflective practice of home visitors and/or supervisors that is provided by someone who is contracted by the agency or program to provide this service.
<b>REFLECTIVE FUNCTIONING</b>	The capacity to understand behavior in light of underlying mental states including thoughts, feelings, ideas, beliefs, motivations, and intentions. Also referred to as “reflective capacity,” “mentalizing,” “psychological mindedness,” “theory of mind,” and other similar terms.
<b>REFLECTIVE SUPERVISION</b>	Support to enhance the reflective practice of home visitors and/or supervisors that is provided by someone who is employed by the agency or program and for whom the provision of reflective supervision is included in their job description. Reflective supervision is a form of ongoing, intentional, scheduled professional development that focuses on enhancing the reflective practice skills of home visitors for purposes of program quality, including staff wellness and retention.
<b>REGULATION</b>	The ability to manage how alert, activated or aroused we are moment-to-moment so that we are able to function at an optimal level. We learn to regulate our states of arousal (quiet sleep, active sleep, quiet alert, active alert, active crying), our behaviors, our physiology (tired, hungry, body temperature), and our emotions. Regulation and reflection work together and influence one another.

<b>REPAIR</b>	As used in the Guide, repair refers to the effort one makes to first recognize when something is not going well in an interaction or a relationship. Once the rupture or problem is recognized, it is important to consider possible causes or what might be contributing to the difficulty. With this understanding one can then try to do something to mend or fix what seems to have gone wrong. The inevitable ruptures or difficulties that occur in relationships can result in an even stronger, healthier relationship when efforts are made to repair the difficulties.
<b>RE-PRESENT</b>	To imitate or share back to someone the emotion or the experience of a situation they seem to be expressing. During an interaction one person often “mirrors” or presents back to their interactive partner the feeling they are expressing, for example through their facial expression. This careful and accurate (enough) re-presentation helps interaction partners “feel felt” or understood and helps young children learn that emotions are something that can be understood.
<b>RESPONSE</b>	As used in this guide, refers to an action we perform intentionally as a result of something that we have experienced. When we are supported through reflective supervision we become better able to respond intentionally in ways that are helpful to our work even under stressful circumstances.
<b>RUPTURE</b>	A break or disruption, for example in the “flow” of an interaction or a relationship. The term “rupture and repair” refers to the normal process of attunement in interactions between parents and their babies, as well as between any two (or more) people. A home visitor might be expressing a sense of being overwhelmed by the needs of the families they serve. The supervisor might be focused on time management and meeting requirements and so may not be attuned to the feeling expressed by the home visitor. This mismatch can cause a rupture in how they interact with one another. In reflective supervision, both the supervisor and the home visitor practices noticing ruptures and working to repair them so that the home visitor is able to practice this skill with parents and support parents to practice with their children.
<b>SECONDARY TRAUMA</b>	The stress or emotional pain that comes from hearing about the traumatic experiences of someone else. Secondary trauma can build up (become cumulative) in home visitors who listen to traumatic experiences shared by many families, especially because the home visitors care deeply about the children and parents and want to help. Also known as “vicarious trauma.”
<b>SEPARATE YET CONNECTED</b>	As used in this guide, refers to how parents are able to stay engaged at a deeply personal level with the emotions and experiences of their children while still recognizing that they each have separate minds, perceptions and ways of making sense of their experiences. At a different level of intensity, this parallels relationships between home visitors and parents/young children as well as between home visitors and reflective supervisors.

<b>SERVE AND RETURN</b>	The Center on the Developing Child at Harvard University uses this term to describe how brain architecture is built. The “serve” might be a baby or young child babbling, making a gesture, or crying, for example. The “return” would be the adult responding appropriately with eye contact, words, or a hug. Through this process neural connections are built and strengthened in the child’s brain that support the development of communication and social skills. For more information and to watch a video that explains this process, go to <a href="https://developingchild.harvard.edu/science/key-concepts/serve-and-return/">https://developingchild.harvard.edu/science/key-concepts/serve-and-return/</a>
<b>THALAMUS</b>	The part of the brain that identifies different sensory information including auditory, visual, touch, and taste signals. Once identified and interpreted, the thalamus directs the sensory information to the different parts and lobes of the cortex for further processing.
<b>TRANSPARENCY</b>	As used in this guide, refers to how carefully and intentionally we work to make our intentions, reasons, and expectations clear to another person. Without even being aware of it, many of us have learned to avoid difficult topics, to make assumptions about people or circumstances without knowing we are doing so, or even to not talk about something difficult either hoping the issue will go away or that the other person won’t notice or remember. Tactful transparency is an important part of healthy relationships.
<b>TRAUMA-INFORMED PRACTICES</b>	Practices that include recognizing how common trauma is, for example among the families receiving home visiting services, understanding the impact of trauma on both adults and children, and learning how to effectively minimize the effects of trauma without causing additional trauma.

## RESOURCES

In addition to the Bibliography of sources used for these guidelines (pages 75-78), the following written and video-based resources are recommended as additional supports for reflective supervision.

### WRITTEN RESOURCES

- 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.
- Irving Harris Foundation Professional Development Network (2018). Diversity-informed tenets for working with infants, children and families. <https://imhdivtenets.org/tenets/> accessed on 6/28/2018.
- Finello, K.M. (Ed) (2005). The handbook of training and practice in infant and preschool mental Health. San Francisco, CA: Jossey-Bass.
- Heffron, M.C. (2011). Reflective supervision and leadership in infant and early childhood programs (1st Edition). Washington, D.C.: ZERO TO THREE.
- Infant Mental Health Journal (2016). Special issue: Advances in reflective supervision and consultation: Pushing boundaries and integrating new ideas into training and practice. Infant Mental Health Journal, Vol 37(6).
- MI-AIMH (n.d.). Best practice guidelines for reflective supervision/consultation. Michigan Association for Infant Mental Health. <http://mi-aimh.org/reflective-supervision/best-practice-and-consultant-competencies/> accessed on 4/6/18.
- MI-AIMH (2010, 2016). Infant mental health consultant competencies. Michigan Association for Infant Mental Health. <http://mi-aimh.org/reflective-supervision/best-practice-and-consultant-competencies/> accessed on 4/6/18.
- 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.
- Heller, S. S. & Gilkerson, L. (Eds) (2009). A practical guide to reflective supervision. Washington, D.C.: ZERO TO THREE.
- 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/> accessed on 8/14/18.
- 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. <http://ceed.umn.edu/center-for-reflective-practice/>



ZERO TO THREE Journal (2016). Measuring and building reflective capacity. ZERO TO THREE Journal, 37(2).

ZERO TO THREE Journal (2010). Putting reflective supervision into practice. ZERO TO THREE Journal, 31(2).

## VIDEO RESOURCES

Heffron, M.C. & Murch, T. (2012). Finding the words, finding the ways: Exploring reflective supervision and facilitation. California Center for Infant –Family and Early Childhood Mental Health at WestEd Center for Prevention and Early Intervention.

MI-AIMH (n.d.). Reflective supervision I: Video training series. Michigan Association for Infant Mental Health. <http://mi-aimh.org/store/reflectivesupervision/>

MI-AIMH (n.d.). Reflective supervision II: Video training series. Michigan Association for Infant Mental Health. <http://mi-aimh.org/store/reflective-supervision-ii-video-training-series/>

## ENDNOTES

- <sup>1</sup> 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.
- <sup>2</sup> González, N., Moll, L., & Amanti, C. (Eds.) (2005). *Funds of knowledge: Theorizing practices in households, communities and classrooms*. Mahwah, NJ: Lawrence Erlbaum Associates.
- <sup>3</sup> Finello, K.M., Heffron, M.C., & Stroud, B. (2016). Measuring process elements in reflective supervision: An instrument in the making. *ZERO TO THREE Journal*, 37(2), 39-45.
- <sup>4</sup> 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 Journal*, 36(6), 27-35.
- <sup>5</sup> Finello, et al., 2016.
- <sup>6</sup> MI-AIMH (2010, 2016). Infant mental health consultant competencies. Michigan Association for Infant Mental Health. <http://mi-aimh.org/reflective-supervision/best-practice-and-consultant-competencies/> accessed on 4/6/18.
- <sup>7</sup> Finello, et al., 2016
- <sup>8</sup> Fongay, P., Target, M., Steele, H., & Steel, M. (1998). Reflective functioning manual (Version 5). <https://www.mentalizacion.com.ar/images/notas/Reflective%20Functioning%20Manual.pdf> accessed on 3/1/2018.
- <sup>9</sup> Weatherston, D. & Barron, C. (2009). What does a reflective supervision relationship look like? Chapter 4 (pp. 63-81) in *A practical guide to reflective supervision*. Heller, S.S. & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D.C.
- <sup>10</sup> Shamoan-Shanok, R. (2009). What is reflective supervision? Chapter 1 (pp. 7-23) in *A practical guide to reflective supervision*. Heller, S.S. & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D.C.
- <sup>11</sup> 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.
- <sup>12</sup> O'Rourke, P. (2011). The significance of reflective supervision for infant mental health work. *Infant Mental Health Journal*, 32(2), 165-173.
- <sup>13</sup> Felitti, et. al., (1998).
- <sup>14</sup> González, et. al., (2005).
- <sup>15</sup> Finello, et. al., 2016.
- <sup>16</sup> Shea, S., Goldberg, S., & Weatherston, D. (2016). 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.

- <sup>17</sup> Heffron, et.al., 2016b
- <sup>18</sup> MI-AIMH (2010, 2016).
- <sup>19</sup> Finello, et. al, 2016.
- <sup>20</sup> Fongay, et. al, 1998.
- <sup>21</sup> Weatherston & Barron, 2009.
- <sup>22</sup> Shamoan-Shanok, 2009.
- <sup>23</sup> Gilkerson, 2004.
- <sup>24</sup> O'Rourke, 2011.
- <sup>25</sup> MI-AIMH (2010, 2016).
- <sup>26</sup> 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.
- <sup>27</sup> 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.
- <sup>28</sup> Heffron & Murch, 2018. The missing ingredient in reflective supervision: Helping staff members learn about and fully participate in the supervisory process. ZERO TO THREE, 38(3): 26-31.
- <sup>29</sup> 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.
- <sup>30</sup> Siegel & Hartzell, 2003. Parenting from the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive. Penguin Group, New York: NY
- <sup>31</sup> Goleman, D. (1995). Emotional Intelligence: Why It Can Matter More than IQ. Bantam Books: New York, NY.
- <sup>32</sup> Heckman, J.J. and Kautz, T. (2012). Hard evidence on soft skills. Labour Economics, 19(4): 451-464.
- <sup>33</sup> 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-reflectivesupervision-support-trauma-informed-systems-children>
- <sup>34</sup> Gilkerson, 2004.
- <sup>35</sup> Porter, R.E. and Samovar, L.E. (1998). Cultural influences on emotional expression: Implications for intercultural communication. Chapter 17 in Handbook of Communication and Emotion: Reseach, Theory, Implications and Contexts. Academic Press.

<sup>36</sup> MI-AIMH (2010, 2016).

<sup>37</sup> MI-AIMH (n.d.). Best practice guidelines for reflective supervision/consultation. Michigan Association for Infant Mental Health. <http://mi-aimh.org/reflective-supervision/best-practice-and-consultant-competencies/> accessed on 4/6/18.

<sup>38</sup> Finello, et. al., 2016.

<sup>39</sup> Fongay, et. al., 1998.

<sup>40</sup> Bremner, J.D. (2006). Traumatic stress: Effects on the brain. *Dialogues Clinical Neuroscience*, 8(4): 445–461.

<sup>41</sup> Weatherston & Barron, 2009.

<sup>42</sup> Shamoan-Shanok, 2009.

<sup>43</sup> Gilkerson, 2004.

<sup>44</sup> Porter, R.E. and Samovar, L.E. (1998). Cultural influences on emotional expression: Implications for intercultural communication. Chapter 17 in *Handbook of communication and emotion: Research, theory, implications and contexts*. Cambridge, MA: Academic Press.

<sup>45</sup> O'Rourke, 2011.

<sup>46</sup> Heffron, M.C. & Murch, T. (2010). Reflective supervision and leadership in infant and early childhood programs. Washington, DC: ZERO TO THREE.

<sup>47</sup> Tomlin, A. & Heller, SS. (2016). Measurement development in reflective supervision: History, methods & next steps. *ZERO TO THREE*, 37(2), 4-12.

<sup>48</sup> Shea, et. al, 2016.

<sup>49</sup> Heffron & Murch, 2010.

<sup>50</sup> 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.

<sup>51</sup> Fongay, et. al, 1998.

<sup>52</sup> Bremner, J.D. (2006). Traumatic stress: Effects on the brain. *Dialogues Clinical Neuroscience*, 8(4): 445–461.

<sup>53</sup> 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](https://issuu.com/circlestretch/docs/reflective_supervision_a_resource_g)

<sup>54</sup> As cited in O'Rourke, P. (2011). The significance of reflective supervision for infant mental health work. *Infant Mental Health Journal*, 32(2), 165-173.

<sup>55</sup> *Serve and Return*. Center on the Developing Child, Harvard University, <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/> accessed on 2/28/18

- <sup>56</sup> O'Rourke, 2011.
- <sup>57</sup> Stern, D. (1977). *The first relationship*. Harvard University Press: Cambridge, MA.
- <sup>58</sup> Fongay, et. al., 1998.
- <sup>59</sup> Bremner, 2006.
- <sup>60</sup> Cairone, K., Rudick, S. and McAuley, E. (2017). Home visiting issues and insights: Creating a trauma-informed home visiting program. Issue Brief: January 2017. HRSA. Accessed online on 3/1/2018 at [https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Creating\\_a\\_Trauma\\_Informed\\_Home\\_Visiting\\_Program\\_Issue\\_Brief\\_January\\_2017.pdf](https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Creating_a_Trauma_Informed_Home_Visiting_Program_Issue_Brief_January_2017.pdf)
- <sup>61</sup> Van Berckelaer, A. (n.d.).
- <sup>62</sup> Van Berckelaer, A. (n.d.).
- <sup>63</sup> Shamoan-Shanok, 2009.
- <sup>64</sup> Landy, S. and Menna, R. (2006). Enhancing parents' self-reflectivity and empathy for the child. Chapter 7 (pp. 223-239) in *Early Intervention with Multi-Risk Families: An Integrated Approach*. Brookes Publishing: Baltimore, MD
- <sup>65</sup> Weatherston & Barron, 2009.
- <sup>66</sup> Shamoan-Shanok, 2009.
- <sup>67</sup> Shamoan-Shanok, 2009.
- <sup>68</sup> Tronick, E. (2007). *The Neurobehavioral and social-Emotional Development of Infants and Children*. Norton & Company: New York, NY.
- <sup>69</sup> Keyes, AW, Cavanaugh, AE, and Heller, SS (2009). How do I, as a reflective supervisor, repair ruptures in the supervisory relationship? Chapter 6 (pp.99-119) in *A Practical Guide to Reflective Supervision*. Heller, SS & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D. C.
- <sup>70</sup> Goleman, 1995.
- <sup>71</sup> Shamoan-Shanok, 2009.
- <sup>72</sup> Powell, B., Cooper, G., Hoffman, K., & Marvin, B. 2014, p. 188. *The Circle of Security Intervention: Enhancing Attachment in Early Parent-Child Relationships*. Guilford Publications.
- <sup>73</sup> Weatherston & Barron, 2009.
- <sup>74</sup> Heffron, MC & Murch T (2018). The missing ingredient in reflective supervision: Helping staff members learn about and fully participate in the supervisory process. ZERO TO THREE, 38(3): 26-31.
- <sup>75</sup> Weatherston & Barron, 2009.

<sup>76</sup> 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-reflectivesupervision>

<sup>77</sup> 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.

<sup>78</sup> Irving Harris Foundation Professional Development Network (2018). Diversity-informed Tenets for Working with Infants, Children and Families. <https://imhdivtenets.org/tenets/> accessed on 6/28/2018.

<sup>79</sup> Weatherston & Barron, 2009.

<sup>80</sup> Bertacchi, J. & Gilkerson, L. (2009). How can administrative and reflective supervision be combined? Chapter 7 (pp. 121-131) in *A Practical Guide to Reflective Supervision*. Heller, SS & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D. C.

<sup>81</sup> Bernstein & Edwards, 2012.

<sup>82</sup> Shamoan-Shanok, 2009.

<sup>83</sup> Weatherston, & Barron, 2009.

<sup>84</sup> Stroud, B. (2010). Honoring diversity through a deeper reflection: Increasing cultural understanding within the reflective supervision process. ZERO TO THREE, 31(2), 46-50.

<sup>85</sup> Stroud, B. (2010).

<sup>86</sup> Weatherston, D. & Barron, C. (2009).

<sup>87</sup> Winnicott, D.J. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. London, England: Karnac Books.

<sup>88</sup> Shamoan-Shanok, 2009.

<sup>89</sup> Shamoan-Shanok, 2009.

<sup>90</sup> Weatherston, & Barron, 2009.

<sup>91</sup> 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.

<sup>92</sup> Bertacchi & Gilkerson, 2009.

<sup>93</sup> Gilkerson, 2004.

<sup>94</sup> Porter, R.E. and Samovar, L.E. (1998). Cultural influences on emotional expression: Implications for intercultural communication. Chapter 17 in *Handbook of communication and emotion: Research, theory, implications and contexts*. Cambridge, MA: Academic Press.

<sup>95</sup> Heffron, MC (1999). Balance in jeopardy: Reflexive reactions vs. reflective responses. ZERO TO THREE / National Center for Clinical Infant Programs. 20(1), 15-17.

- <sup>96</sup> Fonagy, P., Steele, M., Moran, G., Steele, H., & Higgitt, A. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal*, 13, 200 – 217.
- <sup>97</sup> Shamoan-Shanok, 2009.
- <sup>98</sup> Costa, G. and Sullivan, L. (2009), What staff development activities can be used to build reflective capacity? Chapter 9 (pp. 149-182) in A Practical Guide to Reflective Supervision. Heller, SS & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D. C.
- <sup>99</sup> Shamoan-Shanok, 2009.
- <sup>100</sup> Gilkerson, 2004.
- <sup>101</sup> Gilkerson, 2004.
- <sup>102</sup> Heckman & Kautz, 2012.
- <sup>103</sup> Noroña, et. al., 2012.
- <sup>104</sup> O'Rourk, 2011.
- <sup>105</sup> Pawl, J. (1995). On supervision. In R. Shamoan-Shanok, L. Gilkerson, L. Eggbeer, & E. Fenichel (Eds.), Reflective Supervision: A Relationship for Learning, Discussion Guide (pp.41-49). Washington, D.C.: ZERO TO THREE.
- <sup>106</sup> Shamoan-Shanok, 2009.
- <sup>107</sup> Siegel, D.J. (1999). *The developing mind: Towards a neurobiology of interpersonal experience*. Guilford Press. New York, NY.
- <sup>108</sup> Weatherston,. & Barron, 2009.
- <sup>109</sup> Fraiberg, S., Adelson, E. and Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of American Academy of Child Psychiatry*, 14(3): 387-421.
- <sup>110</sup> Heffron, M.C., Reynolds, D. and Talbot, B. (2016). Reflecting together: Reflective functioning as a focus for deepening group supervision. *Infant Mental Health Journal*, 37(6), 628-639.
- <sup>111</sup> O'Rourke, 2011.
- <sup>112</sup> Heffron, et. al., 2016.
- <sup>113</sup> O'Rourke, 2011.
- <sup>114</sup> Heffron, et. al., 2016.
- <sup>115</sup> Proctor, 2008.
- <sup>116</sup> O'Rourke, 2011.
- <sup>117</sup> Proctor, 2008.



<sup>118</sup> Proctor, 2008.

<sup>119</sup> O'Rourke, 2011.

<sup>120</sup> Stroud, 2010.

<sup>121</sup> Heffron, et. al., 2016.

<sup>122</sup> O'Rourke, 2011.

<sup>123</sup> Heffron, et. al., 2016

<sup>124</sup> Heffron, et. al., 2016

<sup>125</sup> Heffron, et. al., 2016

<sup>126</sup> Heffron, et. al., 2016

<sup>127</sup> Heffron, et. al., 2016

<sup>128</sup> Heffron, et. al., 2016

<sup>129</sup> Heffron, et. al., 2016

<sup>130</sup> MI-AIMH, 2010, 2016.

<sup>131</sup> MI-AIMH, 2010, 2016.

## BIBLIOGRAPHY

- 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.
- Bertacchi, J. & Gilkerson, L. (2009). How can administrative and reflective supervision be combined? Chapter 7 (pp. 121-131) in *A Practical Guide to Reflective Supervision*. Heller, SS & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D. C.
- Bremner, J.D. (2006). Traumatic stress: Effects on the brain. *Dialogues Clinical Neuroscience*, 8(4): 445–461.
- Cairone, K., Rudick, S. and McAuley, E. (2017). Home visiting issues and insights: Creating a trauma-informed home visiting program. Issue Brief: January 2017 . HRSA. accessed online on 3/1/2018 at [https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Creating\\_a\\_Trauma\\_Informed\\_Home\\_Visiting\\_Program\\_Issue\\_Brief\\_January\\_2017.pdf](https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Creating_a_Trauma_Informed_Home_Visiting_Program_Issue_Brief_January_2017.pdf)
- Center on the Developing Child, Harvard University, <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/> accessed on 2/28/18.
- Costa, G. and Sullivan, L. (2009), What staff development activities can be used to build reflective capacity? Chapter 9 (pp. 149-182) in *A Practical Guide to Reflective Supervision*. Heller, S.S. & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D. C.
- 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
- 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.
- 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](https://issuu.com/circlestretch/docs/reflective_supervision_a_resource_g)

- Fongay, P, Target, M., Steele, H. and Steel, M. (1998). *Reflective Supervision Functioning Manual* (Version 5). Accessed online on 3/1/2018 at <https://www.mentalizacion.com.ar/images/notas/Reflective%20Functioning%20Manual.pdf>
- Fonagy, P., Steele, M., Moran, G., Steele, H., & Higgitt, A. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal*, 13, 200 – 217.
- Fraiberg, S., Adelson, E. and Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of American Academy of Child Psychiatry*, 14(3): 387-421.
- 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.
- Goleman, D. (1995). *Emotional Intelligence: Why It Can Matter More than IQ*. Bantam Books: New York, NY.
- González, N., Moll, L., & Amanti, C. (Eds). (2005). *Funds of knowledge: Theorizing practices in households, communities and classrooms*. Mahwah, NJ: Erlbaum.
- Heckman, J.J. and Kautz, T. (2012). Hard evidence on soft skills. *Labour Economics*, 19(4): 451-464.
- Heffron, M.C. & Murch, T. (2018). The missing ingredient in reflective supervision: Helping staff members learn about and fully participate in the supervisory process. *ZERO TO THREE*, 38(3): 26-31.
- 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. (2016). Using the FAN approach to deepen trauma-informed care for infants, toddlers and families. *ZERO TO THREE*, 36(6), 27-35.
- Heffron, M.C., Reynolds, D. & Talbot, B. (2016). Reflecting together: Reflective functioning as a focus for deepening group supervision. *Infant Mental Health Journal*, 37(6), 628–639.
- 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.
- Heffron, M.C. (1999). Balance in jeopardy: Reflexive reactions vs. reflective responses. *ZERO TO THREE / National Center for Clinical Infant Programs*. 20(1), 15-17.
- Keyes, A.W., Cavanaugh, A.E., and Heller, S.S. (2009). How do I, as a reflective supervisor, repair ruptures in the supervisory relationship? Chapter 6 (pp.99-119) in *A Practical Guide to Reflective Supervision*. Heller, S.S. & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D. C.
- Landy, S. and Menna, R. (2006). Enhancing parents' self-reflectivity and empathy for the child. Chapter 7 (pp. 223-239) in *Early intervention with multi-risk families: An integrated approach*. Brookes Publishing: Baltimore, MD.

- MI-AIMH (n.d.). Best Practice Guidelines for Reflective Supervision/Consultation. <http://mi-aimh.org/reflective-supervision/best-practice-and-consultant-competencies/> accessed on 4/6/18.
- MI-AIMH (2010, 2016). Infant Mental Health Consultant Competencies. <http://mi-aimh.org/reflective-supervision/best-practice-and-consultant-competencies/> accessed on 4/6/18.
- MI-AIMH (2017). *Competency Guidelines for Culturally Sensitive, Relationship-focused Practice Promoting Infant/ Early Childhood Mental Health*®.
- MI-AIMH (0000). *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health*
- 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.
- O'Rourke, P. (2011). The significance of reflective supervision for infant mental health work. *Infant Mental Health Journal*, 32(2), 165-173.
- Pawl, J. (1995). On supervision. In R. Shamoom-Shanok, L. Gilkerson, L. Eggbeer, & E. Fenichel (Eds.), *Reflective supervision: A relationship for learning* (pp.41-49). Washington, D.C.: ZERO TO THREE.
- Porter, R.E. and Samovar, L.E. (1998). Cultural influences on emotional expression: Implications for intercultural communication. Chapter 17 in *Handbook of Communication and Emotion: Research, Theory, Implications and Contexts*. Academic Press.
- Powell, B., Cooper, G., Hoffman, K., & Marvin, B. 2014, p. 188. *The Circle of Security intervention: Enhancing attachment in early parent-child relationships*. Guildford Publications.
- Proctor, B. (2008). *Group supervision: A guide to creative practice* (2<sup>nd</sup> Ed.). London: Sage.
- Shamoom-Shanok, R. (2009). What is reflective supervision? Chapter 1 (pp. 7-23) in *A Practical Guide to Reflective Supervision*. Heller, S.S. & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D. C.
- Shea, S., Goldberg, S., & Weatherston, D. (2016). 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. (1999). *The developing mind: Towards a neurobiology of interpersonal experience*. Guildford Press: New York, NY.
- Siegel & Hartzell, 2003. *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. Penguin Group: New York, NY.
- Stern, D. (1977). *The first relationship*. Harvard University Press: Cambridge, MA.
- Stroud, B. (2010). Honoring diversity through a deeper reflection: Increasing cultural understanding within the reflective supervision process. *ZERO TO THREE*, 31(2), 46-50.
- Tomlin, A. & Heller, SS. (2016). Measurement development in reflective supervision: History, methods & next steps. *ZERO TO THREE*, 37(2), 4-12.

- 
- Tronick, E. (2007). *The neurobehavioral and social-emotional development of infants and children*. Norton & Company: New York, NY.
- 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-reflectivesupervision-support-trauma-informed-systems-children>
- Weatherston, D. & Barron, C. (2009). What does a reflective supervision relationship look like? Chapter 4 (pp. 63-81) in *A practical guide to reflective supervision*. Heller, S.S. & Gilkerson, L. (Eds.). ZERO TO THREE: Washington, D. C.
- Winnicott, D.J (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. Karnac Books: UK.
- 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-reflectivesupervision>

## APPENDIX A

### WHERE TO START?

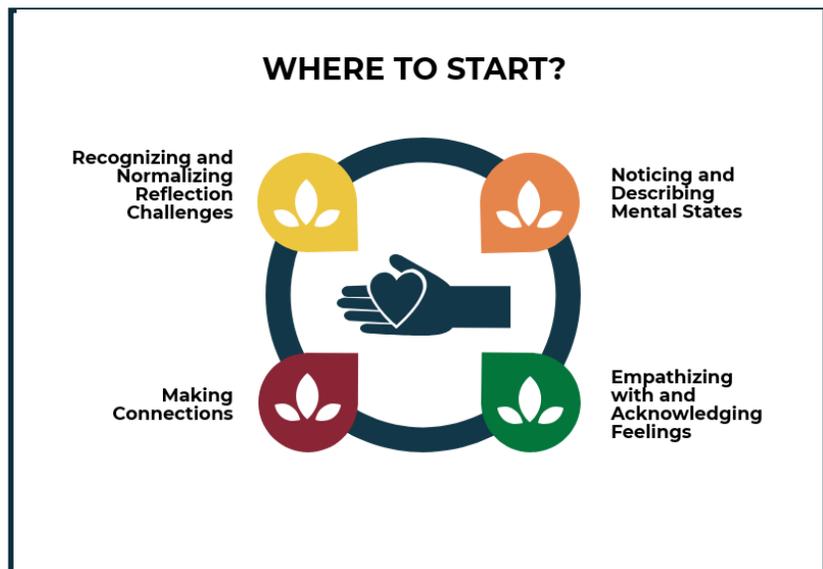
Reflection is a life-long developmental process that comes more easily for some of us than for others. Even when someone typically finds it fairly easy to think reflectively about many situations, there are times when our reflective capacity is challenged. Reflective supervision can help us recognize our strengths and normalize our challenges in a way that provides the safety needed for continued growth.

Reflective supervisors hold in mind, engage in, and as possible help the home visitor identify a workable “starting place” for reflection in each reflective discussion.<sup>1</sup> The reflective supervisor meets each home visitor where they are in the moment with their reflection. This is done intentionally in the same way we hope home visitors meet parents right where they are with their reflective capacity in the moment. This, in turn supports parents to be more able to recognize and support their children as they learn to be aware of their own minds and the minds of others.

While awareness that feelings are always present is important to the reflective process, moving too quickly to an exploration of feelings or doing so in a way that feels unnatural or intrusive will not support an effective reflective practice. Thoughts, intentions, motivations and beliefs are also important aspects of our exploration as are descriptions of observed behaviors.

#### Noticing and Describing

The reflective supervisor observes when the home visitor is able to notice and describe their perception of the thoughts, feelings, intentions, and motivations (“mental state”) of the caregiver as well as of the child and their own mental state. If this awareness and ability is present these observations and perceptions are explored more fully. Supervisors hold in mind the likelihood that intercultural differences are influencing this process of noticing and describing. This will be true for their own perceptions as well as those of the home visitor and the perceptions of the home visitors of the families with whom they interact.



#### Empathizing with and Acknowledging Feelings

Although not always recognized or discussed, feelings are always present, both in the interactions in family homes and in the supervision session. Sometimes, when describing a home visiting situation, the home visitor might seem unaware of mental states (thoughts, feelings, intentions, motivations, etc.). Reflective supervisors ask questions that prompt for mental state awareness.

*“What might the parent have been thinking/feeling in that moment?”*

*“That’s how the mother describes the father’s involvement. Can you imagine how he might describe how he engages with the baby?”*

*“In home visiting, we have a strong belief that propping a baby’s bottle and not holding the baby during feeding is not good. What’s your sense about this mom? Do you think she holds the same belief?”*

*“What do you think that was like for the child?”*

If the supervisor senses a possible in-the-moment lack of awareness, they might choose to empathize with this difficulty and/or acknowledge the feelings being expressed.

*“Sometimes it can be hard to even guess at what might be going on in someone’s mind. Do you ever feel like you’re sort of flying blind and hoping you get it right?”*

*“I can sure understand why you were so upset with how the child was treated in that situation. It must have been hard to watch and listen to how the parent was talking to the child. In that moment, whose perspective were you most easily able to hold? How did that affect both how you felt and what you did next?”*

When empathizing with or acknowledging feelings, the supervisor tries to pay attention to whether or not this helps the home visitor become better regulated. Emotional regulation often helps the home visitor become clearer in talking about what they noticed and in making connections between mental states and behaviors.

Some experiences can cause us to feel flooded by emotion and unable to notice anything other than feelings. In some conversations it may be helpful to start with empathy and acknowledgment of how mental states impact our ability to be present with families.

*“Wow! There was so much going on in that moment for you and for the parent and child. It sounds pretty intense. Do you remember what you did to get yourself a little grounded in that moment?”*

*“As you describe what was happening, I almost picture you like a deer, frozen in the headlights. What do you remember about what it was like for you in that moment?”*

*“Our autopilot can be a wonderful helper in some situations. In that moment, when you were feeling so strongly about what was going on, were you aware of making a choice about how to respond or did your autopilot kick in? Was that helpful?”*

## **Making Connections**

Reflective supervisors can support home visitors to consider the emotions, thoughts, beliefs, motivations, or intentions that might be influencing the behavior or situation being described.

Effective reflective practice meets the reflector where they are in terms of their description of the situation.

## BEHAVIOR ↔ MENTAL STATE

For example, if the home visitor is very descriptive of a situation using more **behavioral terms** (who did what), the reflective supervisor might use clarifying questions to convey interest and understanding and then move toward questions about possible mental states.

*“You described the mother as walking away from her child in the park and saying, ‘Fine! I’m leaving and you can stay here all by yourself. It’s going to get dark and the bad guys will get you.’ Can you tell me a little more about what happened right before that? What did the child do? How did the mom respond to that? Then what happened? What were you doing during this exchange? What was going on in your mind? What do you think the mom might have been thinking or feeling right then? How about the child?”*

If the home visitor provides descriptions about **mental states** (thoughts, feelings, intentions, etc.) the reflective supervisor might use clarifying questions and also help the home visitor describe what they saw (behaviors) that helped them understand the mental state.

*“You’ve said several times, ‘All this mom cares about is partying with her friends. She could care less that her baby needs her to step up and be a real mama!’ I’m thinking you’ve had a number of experiences with this young mom that makes you think this. Can you tell me more about what’s been going on? When the mom is talking about how much fun she has with her friends, what is her baby doing during those conversations? Does mom seem to notice how the baby responds? How clear is the baby in signaling his need for his mama’s attention? What helps mom tune in to this and what gets in the way?”*

The reflective supervisor supports the home visitor to make connections between what might have been going on in the parent’s mind as well as the child’s mind, while also describing what they were experiencing in their own mind during the described situation.

This **inter-connectedness of mental states** often feels challenging and confusing. Empathy and acknowledgement of feelings can help normalize and regulate so that this higher level of thought can be more effective.

*“I’m asking you to juggle a lot of ideas and perspectives: the child’s, the parent’s, and your own. None of us can hold all of these things in mind all the time. We just keep working to get better at doing it over time.”*

*“I’m getting confused. When you say, ‘She just zoned out.’ I’m not sure if you’re talking about the child or the parent. Maybe I zoned out for a minute while you were describing this situation. I wonder if you ever find yourself zoning out in the middle of some of these exchanges?”*

A frequent challenge when considering the inter-connectedness of mental states is recognizing that while inter-connected, each person’s mental state is unique and belongs to that person.

The idea of separate-yet-connected is explored through reflective supervision.

*“I can hear in your voice how much this father’s harsh way of interacting with his son upsets you. It sounds like you might even be feeling a need to protect Jeremiah from his dad during these exchanges. Am I reading this right? How do you notice and hold onto your strong reactions to this father while still being able to observe Jeremiah’s responses with some curiosity and objectivity?”*

*“Would it be helpful to think about how anger and upset were expressed in your household when you were growing up? Were boys and girls treated differently when these feelings were expressed? Were there differences in how this occurred in your family compared to the families of friends, neighbors, or cousins? I wonder how your idea of “what’s ok” differs from the idea of what’s ok with this family?”*

*“You seem pleased with how connected and helpful your relationship with this mom feels. What have you noticed about the mom’s response to you that helps you know how she feels about your relationship? Do you sense or wonder about any imbalances in how you each see the relationship? What might you look for to explore this idea further? How might that help in your work with this family?”*

## **Recognizing and Normalizing Reflection Challenges**

Reflective supervisors intentionally recognize that although we can work to be more attuned and emotionally present, it is not possible to truly know what goes on in another person’s mind.

- Possible conflicting mental states are named and explored:
  - Might the home visitor’s anger toward a parent be related to their sense of helplessness or inability to “do enough” for this family?
- In an environment of emotional safety, reflective supervisors are able to explore with the home visitor how strong emotions (their own, the caregiver’s, the child’s) can lead to misinterpretation of both behaviors and mental states. Reflective supervisors use this exploration to help regulate feelings and explore alternative interpretations of a situation so that home visitors can use this same practice with families.

*“You walked in on storm of anger and accusations flying between these family members. I almost feel as if I’m having trouble catching my breath just hearing about it. Do you remember your first moments in that situation? What was it like for you and how did you manage?”*

---

<sup>1</sup> Landy, S. and Menna, R. (2006). Enhancing parents’ self-reflectivity and empathy for the child. Chapter 7 (pp. 223-239) in *Early Intervention with Multi-Risk Families: An Integrated Approach*. Brookes Publishing: Baltimore, MD.

## APPENDIX B

### SAMPLE QUESTIONS

An important and always developing aspect of Reflective Supervision involves each supervisor finding their own voice as they engage in interactions with home visitors. Sometimes, sample questions help us think about how we would ask a question or bring up a topic that we feel unsure about.

#### **Co-creating the Supervisory Relationship**

Questions like the following support home visitors to contribute to the ongoing process of co-creating the supervisory relationship.

- How has your week been?
- Is there anything in particular you've come wanting to talk about today?
- Is our discussion going in a direction that is helpful to you?
- Are we talking about what is most important to you today?
- We've got about 30 minutes left for today. Are we getting to everything you were hoping to discuss?
- I'm wondering if my question surprised you or made you uncomfortable? I noticed . . .
- It felt as if I was pretty abrupt/personal with that question. What was that like for you?
- There are some issues we need to talk about in terms of (paperwork, timelines, number of visits, cancellations, etc.). I'm wondering how we can handle that and also talk about any particular families you wanted to discuss?
- We've been meeting for a while now. I'm wondering how our supervision is going for you? What's been helpful? What should we think about doing differently?

#### **Balancing Reflection with Administrative Supervision**

- It seems as if now that we're having trouble meeting our target for number of visits completed each month, we've been using our time for a lot of problem solving about cancellations. I'm worried that we might be missing important discussions about the visits you are able to complete. Are there situations you'd like to share that would help you think more deeply about the families you have seen recently?
- These past few supervision sessions have felt different. I can't tell if you are coming in more rushed and maybe a little flustered, or if I've been so focused on these reports that are due that I've been distracted and less here for you. What has it been like for you? What have you noticed?

#### **Exploring the Home Visitor's Perceptions of the Supervision Process**

- Sometimes it's hard for me to get a picture in my mind about the situation you are describing. Would you be comfortable sharing more details about your visits?
- Are my questions helpful?
- Is there a different way we might want to work together on this?
- I'm not originally from this community and think I probably grew up under some pretty different circumstances than this family. Do you ever find yourself wondering if I really "get it"?

## Exploring the Home Visitor's Perceptions of the Supervision Process (continued)

- If I ask a question or make a comment that does not seem to fit well with what your experience is with the family, would you feel able to tell me that?
- I find myself thinking about the richness of your communication with the families when you are able to speak the same language. And then, we come together and because I don't speak the language of the family, you have to translate not just details, but feelings and perceptions for me. What's that like for you?

### More Process-Related Questions

- How were you hoping to spend our time together today?
- Are we getting to what is most important to you about this situation?
- Do you think I might be missing something that feels important to you that I understand
- We've got about \_\_\_ minutes left today. How are we doing? Do we need to shift our attention or spend some more time on this situation?
- Is there anything about our conversation today that stands out for you as something we should keep in mind for next time?
- This was a pretty heavy discussion. How are you feeling? What else have you got on your schedule for today? What might you need to do to move from this mental space to your next tasks?

### Keeping the Baby in Mind

Even (especially) in complex and challenging adult interactions, the experience of the baby is explored.

- Did you notice what the child was doing during this exchange?
- Where was the child during all of this?
- Did the child seem to be reacting in any particular way?
- How might this have been affecting the child?
- You said the baby was napping in the other room. Do you find yourself wondering what she was experiencing even while asleep during the argument?

### Questions to Explore Power, Privilege and Culture

- You've just shared with me that you might not be working very hard to reschedule missed appointments with this mom who you find difficult. Just as we're having this discussion, I am denying your leave request for next week. This timing feels awkward to me. Can we talk a little more about this?
- Sometimes you make statements about how you and other Native families manage children's behaviors. As a non-Native person I find myself wondering about your perceptions. I think I've been worried about asking you for more details. I don't want you to think I doubt your knowledge of these things. At the same time, I know we can all make assumptions about situations that are worth exploring in supervision. I'm going to go out on a limb here and ask, when you say that "Native grandmas XYZ", do you feel certain that this applies to this grandmother specifically in this situation? What helps you be clear about this?

## Exploring Power, Privilege and Culture while Being Slow and Intentional

- I want our reflective supervision time to be as helpful as possible to you. Sometimes, I might need to interrupt you as you are telling me about something that you've been experiencing with a family. I worry about what that will feel like for you. I can feel my grandma's disapproving look as I interrupt someone who is speaking. Still, as we work together, there will be times when I want us to slow down and explore some details more fully. Do you have any thoughts about how we can handle the awkwardness of sometimes interrupting one another?
- Many of us have been supervised in all kinds of ways that might or might not have been reflective. As you and I talk about your experiences with families, there will be times when I ask you about your intentions or reasons for responding in the way you describe. I'll try to be careful about how I ask those questions. It can feel as if I'm questioning your skills when I'm more likely trying to understand what was going on in your head while you were making choices about how to best help a family. I'm hoping that if my way of asking questions is uncomfortable for you, you will let me know. It's always fine with me if you want to ask why I am asking something. That will help me be more clear and intentional as I learn to be a better reflective supervisor.
- Whoa! I'm feeling overwhelmed and confused as I listen to all that you're telling me. I feel like we need to slow down and focus in on one part of this complicated situation at least to start. Is there one part of this that seems more important to you than others?
- When I think about how I am when I get together with my sisters and mom, I have to laugh at how differently I talk with them. I think they'd look at me as a reflective supervisor and wonder who took over my body. What's this reflective process like for you? When you think about your more typical way of being with others, does anything come to mind for you about our process?

## Questions that Reflect the Belief that Feelings Matter while Respecting Each Person's Current Starting Place

- What comes up for you as you are describing your work with this family?
- What was that like for you?
- What came to mind when . . . ?
- What do you imagine mom might have been feeling or thinking during your visit last week?
- What do imagine the baby was feeling or experiencing?
- I noticed you got very quiet . . . are you comfortable telling me what just happened for you?
- There was a lot going on in that living room! What have you learned about how this particular family expresses anger? What typically happens after a big blow up like this? Have you thought about how this is similar to or different from how anger was expressed in your house as you were growing up?
- You describe this grandpa as an "angry man". Can you tell me more about what he does that gives you this impression?
- You describe yourself as someone who prefers to avoid conflict. When you are with a family in conflict, do you notice anything about how your body feels in those moments? What's that like for you? What do you do when you notice those sensations in your body? Is that helpful?

## Exploring Power, Privilege and Culture while Recognizing that Feelings Matter

- In thinking about how I grew up in my own family, I can't remember us ever talking about feelings. Would it be helpful to talk about what that was like in your family? Did you talk about feelings together? Is this a comfortable process or a challenge? In what ways?
- This discussion makes me think of how many different ways there are across families and cultural groups of handling conflict. Is that something we could explore further? Would it be helpful to think about how your family handled conflict when you were growing up? Were there differences between boys and girls? Parents and children? Public and private situations?
- You've mentioned that this mom seems sort of resigned to letting you visit. Do you think she really doesn't feel as if she can say, "No" to our services? Why might that be? In what ways might this affect her ability to be honest with you about things? Might this be affecting you in terms of how you feel about your visits and how you interact with this mom?
- Can you think of any advantages you experienced or ways that you were protected growing up just because of the family and cultural group you are a part of or because of the way you look? How about disadvantages or feelings of being unsafe for the same reason? How might that privilege or lack of privilege have affected your sense of yourself in the world? In thinking about this mom's experiences, what might be some differences from your experiences growing up? What about the child's experiences?
- Have you and the father had a chance to talk about any ways he might hope to give his child a different experience than his own childhood? What would it be like to bring up a conversation like this? If you have had this conversation, what did you notice about how the discussion felt for this dad?
- This mom has shared a lot with you about what her life was like growing up. Has she talked some about any of her own childhood experiences that she hopes to carry on with her child? As she talks about this, can you tell what feelings this brings up for her? What about for you? Maybe some of her ideas feel unrealistic or even like they might not be best for the child from your perspective. What's that like for you?



## ACKNOWLEDGEMENTS

In the making of this guide, many individuals have generously given their time and expertise. The Reflective Supervision Collaborative was composed of reflective supervision leaders from Washington, Oregon, Idaho and Alaska that began meeting on this work in May of 2016 with a vision for a region wide approach to reflective supervision implementation that would meet the needs of home visitors throughout our states.

### Collaborative members:

**Jacqui Van Horn**

*Reflective Supervision Consultant and Lead Author  
New Mexico*

**Jamie Elzea**

*Executive Director  
WA Association for Infant Mental Health*

**Kristi Armstrong**

*Director of Endorsement and Reflective Practice  
WA Association for Infant Mental Health*

**Sherri L. Alderman**

*President  
Oregon Infant Mental Health Association*

**Leslie Brown**

*RS Consultant  
Oregon Infant Mental Health Association*

**Grace Parson**

*Grant Coordinator  
Oregon Infant Mental Health Association*

**Redmond Reams**

*Past President  
Oregon Infant Mental Health Association*

**Carol Young**

*President and Endorsement Coordinator  
Aim Early Idaho*

**Gail Trujillo**

*President  
Alaska Association for Infant and Early Childhood Mental Health*

**Jeanine Jeffers-Woolf**

*RS Consultant  
Alaska Association for Infant and Early Childhood Mental Health*

The MIECHV governance committee gave thoughtful guidance and support from the inception of this project until it went to print. They, along with the Evidence-Based Model Representatives, helped ensure that these guidelines would meet the diverse needs of our region's home visiting workforce.

### Governance Committee Members:

**Sherrell Holtshouser**

*Alaska*

**Kristin Bergeson**

*Idaho*

**Erin Bruce**

*Idaho*

**Kerry Cassidy Norton**

*Oregon*

**Benjamin Hazelton**

*Oregon*

**Drewellyn Riley**

*Oregon*

**Laura Alfani**

*Washington State*

**Nina Evers**

*Washington State*

## Evidence Based Model Representatives:

***Molly O’Fallon***  
*Director of Program Quality  
Nurse Family Partnership*

***Patricia Marickovich***  
*MIECHV Coordinator  
Office of Head Start*

***Kate Whitaker***  
*National Director of Training and Professional Development,  
Healthy Families America/Prevent Child Abuse America*

***Kerry Caverly***  
*Vice President of Program Implementation and Support  
Parents As Teachers*

We would also like to thank our editor, cultural competence editor and graphic designer for helping us achieve a final guide that incorporated over 100 voices of feedback throughout our process:

## Editing and Design

***Pm Weizenbaum, Editor***  
*Pm Weizenbaum Editing*

***Debbie Leekeenan***  
*Anti-bias Leaders in Early Childhood Education*

***Danielle Carnes***  
*Decipher, LLC*

And finally, the collaborative has a deep appreciation for many colleagues that travelled from Alaska, Idaho, Oregon and Washington for the Region X Reflective Supervision Summit in May 2018 in Seattle, Washington. Those in attendance were able to provide meaningful, insightful feedback. Thank you to the administrators, supervisors and practitioners in the field that brought the vision of this work to life.

## IN COLLABORATION WITH



WASHINGTON ASSOCIATION FOR  
Infant Mental Health



AK-AIMH



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.*

---

If the contents of this document are used elsewhere, please use the suggested citation below:

Van Horn, J. (2018). Reflective supervision: A guide from Region X to enhance reflective practice among home visiting programs. Developed by the Reflective Supervision Collaborative in Region X, chaired by WA-AIMH.