



Infant/Toddler Mental Health Coalition of Arizona

Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health



Mission: To promote and support nurturing relationships for all infants.

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Best Practice Guidelines for Reflective Supervision and Consultation

Reflective Supervision and Consultation is critical to effective infant mental health practice. In Arizona, we are building the capacity to make available reflective supervision/consultation to fit the following best practice guidelines adopted by the League of States using the Michigan Association for Infant Mental Health Endorsement system.

It is important to remember that relationship is the foundation for reflective supervision and consultation. All growth and discovery about the work and oneself will take place within the context of a trusting relationship. To the extent that the supervisor or consultant and supervisee(s) or consultee(s) are able to establish a secure relationship, the capacity to be reflective will flourish.

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

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

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

The guidelines that follow have been prepared to help clarify what the best practice methods of reflective supervision and consultation look like. Use them to help assess the reflective supervision/consultation experiences you have received and/or provided.

Modes of Reflective Supervision:

Reflective Supervision can be provided in individual or group sessions. Sessions can be face to face (group or individual) or using remote technology such as telephone, webcam, video conferencing or other mode in which participant(s) meet in regularly scheduled meetings (e. g. weekly, bi-weekly, monthly) with a qualified supervisor/consultant facilitator. Peer supervision, defined as colleagues meeting together without an identified supervisor/consultant to guide the reflective process, while sometimes valuable for more seasoned practitioners, does not qualify as reflective supervision/consultation as required for endorsement.

Reflective Supervision and Consultation Best Practice Guidelines for the Supervisor/Consultant

- Agree on a regular time and place to meet
- Arrive on time and remain open, curious and emotionally available
- Protect against interruptions, e.g. turn off phone, close door
- Set the agenda together with the supervisee(s) before you begin
- Respect each supervisee's pace/readiness to learn
- Invite the sharing of details about a particular situation, infant, toddler, parent, their competencies, behaviors, interactions, strengths, concerns

- Observe and listen carefully
- Strengthen supervisee's observation and listening skills
- Ally with supervisee's strengths, offering reassurance and praise, as appropriate
- Listen for the emotional experience that the supervisee(s) is describing when discussing the case or response to the work, e.g. anger, impatience, sorrow, confusion, etc.
- Respond with appropriate empathy
- Invite supervisee(s) to have and talk about feelings awakened in the presence of an infant or very young child and parent(s)
- Wonder about, name and respond to those feelings with appropriate empathy
- Encourage exploration of thoughts and feelings that the supervisee(s) has about the work with very young children and families as well as about one's response(s) to the work, as the supervisee(s) appears ready or able
- Encourage exploration of thoughts and feelings that the supervisee has about the experience of supervision as well as how that experience might influence his/her work with infants/toddlers and their families or his/her choices in developing relationships.
- Remain available throughout the week if there is a crisis or concern that needs immediate attention
- Suspend harsh or critical judgment
- Maintain a shared balance of attention on infant/toddler, parent/caregiver and supervisee
- Reflect on supervision/consultation session in preparation for the next meeting
- Employ thoughtful, professional use of self to maintain awareness of one's own responses, biases, and presses when providing reflective supervision

Reflective Supervision and Consultation Best Practice Guidelines for the Supervisee/Consultee

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

Distinguishing Between Administrative, Clinical and Reflective Supervision/Consultation

Many supervisors of infant and family programs are required to provide administrative and/or clinical supervision, while reflective supervision is optional. As described in greater detail above, reflective supervision relates to professional and personal development within one's discipline when working with infants, very young children, their families and other professionals, in part, by attending to the emotional content of the work.

Administrative supervision relates to the oversight of federal, state and agency regulations, program policies, rules and procedures. Supervision that is primarily administrative will be driven to achieve the following objectives: To hire, to train/educate, to coordinate, to oversee paperwork, to explain rules and policies, to evaluate, to write reports and to monitor productivity.

Clinical supervision/consultation, while case-focused, does not necessarily consider what the practitioner brings to the intervention nor does it necessarily encourage the exploration of emotion as it relates to work with an infant/toddler and family. Supervision or consultation that is primarily clinical will most likely include many or all of the administrative objectives, but will also include the following objectives: To review casework, to give guidance/advice, to determine a diagnosis, to develop an intervention plan, to teach and to review and evaluate clinical progress.

Reflective supervision/consultation most likely includes the administrative and clinical objectives listed above. For our purposes, we are using the term “supervisor” for someone employed by the program or agency who provides reflective supervision. “Consultation” is being used to describe a service offered by someone who is contracted with but not employed by the agency or program. Because a consultant is often hired from outside the agency or program to provide reflective consultation, he or she will engage in administrative objectives only when it is clearly indicated in the contract. It is important to note that reflective consultation may mean different things depending on the program in which it occurs. Some define consultation as individual time with a reflective consultant who has been contracted from outside the agency or program. Others define consultation as a group or team that examines and responds to case material and is facilitated by a reflective consultant from outside the agency/program or from within. Please note that some reflective supervisors, when discussions related to disciplinary action need to occur, schedule a meeting separate from the reflective supervision time. Others choose to address disciplinary concerns during the regular reflective supervision meeting. There are many ways to provide reflective supervision/ consultation. Individual needs and differences are always taken into consideration by both the supervisor/consultant and supervisee/consultee.

What sets reflective supervision/consultation apart is the shared exploration of the parallel process. That is, the attention to all of the involved relationships including the ones between supervisee and supervisor; between supervisee, the infant/toddler and other family members; and between parent/caregiver and infant/toddler and how each of those relationships affects the others. There is often a greater emphasis on the supervisor/consultant's ability to listen and wait allowing the supervisee to discover solutions, concepts and perceptions on his/her own rather than through direct teaching or advice-giving. In addition, there is often an important emphasis placed on the reflective capacities/self-awareness/professional use of self of the supervisor/consultant while interacting in supervision/consultation.

The primary objectives of reflective supervision/consultation are to:

- Participate fully in regularly scheduled, reflective interactions in order to explore the complexities of the work with infants/young children and their families
- Teach, guide, nurture, support;
- Ask questions that encourage details about the infant, parent and relationship;
- Listen;
- Remain emotionally present;
- Apply the integration of emotion and reason;
- Explore the parallel process and to allow time for personal reflection.

In each instance, the supervisor/consultant is expected to set limits that are clear, firm & fair, to work collaboratively and to interact and respond respectfully. The overarching tenet is the understanding that all supervision takes place within the context of a safe and supportive relationship.

Recommended Best Practice Guidelines for Those Who Provide Reflective Supervision/ Consultation to Endorsement Candidates:

1. Reflective supervisors/consultants should have earned or should meet qualifications for endorsement at Infant Family Specialist, Infant Mental Health Specialist or Infant Mental Health Mentor (Level II, III or IV respectively). It is in the best interest of infant-parent

- practitioners and the families they serve if the providers of reflective supervision/consultation meet these standards.
2. More specifically, reflective supervisors/consultants should have themselves received at least 24 clock hours of reflective supervision/consultation within a two year time frame at some point in the span of their career working with or on behalf of infants/toddlers and their families.
 3. Reflective supervisors/consultants who have not received this minimum standard of reflective supervision/consultation themselves should contact the ITMHCA Endorsement Project Director to strategize about opportunities to develop their reflective practice skills, e.g., participation in a reflective supervisors' group. (see 4. below).
 4. ITMCHA recognizes that in many instances, there are no qualified reflective supervisors/consultants available. In order to build that capacity, ITMHCA encourages interested supervisors/consultants to meet together for at least one year for two hours per month (with a qualified consultant and support from ITMHCA) to develop and experience reflective supervision skills. ITMHCA will develop opportunities for supervisors/consultants to participate in reflective groups to develop skills in reflective practice in many regions around the state. If you are interested in starting a reflective group in your region, please contact the ITMHCA Project Director.
 5. If an endorsement candidate has difficulty finding a reflective supervisor/consultant, ITMHCA can be a resource for the names of individuals from around the state who are qualified to provide reflective supervision/consultation to individuals and/or groups in person or over the phone.
 6. Please note: Peer supervision (defined as colleagues meeting together without an identified "supervisor/consultant" to guide the reflective process), while sometimes valuable for more seasoned practitioners, does not qualify as reflective supervision/consultation as required for endorsement.

Reflective Supervision and Consultation: Resource List

Bertacci, J. & Coplon, J. (1992). The professional use of self in prevention. In Fenichel, E. (Ed.), Learning Through Supervision and Mentorship to Support the Development of Infants, Toddlers and their Families: A Source Book. Washington, D.C.: Zero to Three.

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration and Services, U.S. Dept. of Health and Human Services. (2000). Early childhood mental health consultation (monograph). Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

Fenichel, E. (Ed.). (1992). Learning Through Supervision and Mentorship to Support the Development of Infants, Toddlers and their Families: A Source Book. Washington, D.C.: Zero to Three.

Bertacci, J. & Coplon, J. (1992). The professional use of self in prevention, pp 84-90

Shafer, W. (1992) The professionalization of early motherhood, pp 67-75

Shahmoon-Shanok, R. (1992) The supervisory relationship: Integrator, resource and guide, pp 37-41

Foulds, B. & Curtiss, K. (2002). No Longer Risking Myself: Assisting the Supervisor Through Supportive Consultation. In Shirilla, J. & Weatherston, D. (Eds.), Case Studies in Infant Mental Health: Risk, Resiliency, and Relationships. (pp. 177-186). Washington, D.C.: Zero to Three.

Gilkerson, L & Ritzler, TT (2005) The role of reflective process in infusing relationship-based practice into an early intervention system. In The Handbook of Training and Practice in Infant and Preschool Mental Health. Finello, KM (ed.) Jossey-Bass San Francisco, CA pp. 427-452.

Heffron, M.C. (2005). Reflective Supervision in Infant, Toddler, and Preschool Work. In K. Finello (Ed.), The Handbook of Training and Practice in Infant and Preschool Mental Health. (pp. 114-136). San Francisco: Jossey-Bass.

Heffron, MC, Ivins, B., Weston, DR (2005) Finding an authentic voice – Use of self: Essential learning processes for relationship-based work. *Infants and Young Children* 18(4): 323-336

Parlakian, R. (2002). Look, Listen, and Learn: Reflective Supervision and Relationship-Based Work. Washington, D.C.: Zero to Three.

Pawl, J. & St. John, M. (1998). How you are is as important as what you do. In Making a Positive Difference for Infants, Toddlers and their Families. Washington, D.C.: Zero to Three.

Shahmoon Shanock, R. (2006) Reflective supervision for an integrated model: What, why and how? In Mental Health in Early Intervention. Foley, GM & Hochman, JD (eds.) Paul H. Brookes Publishing: Baltimore, MD pp. 343-381

Shahmoon Shanok, R., Gilkerson, L., Eggbeer, L. & Fenichel, E. (1995). Reflective Supervision: A Relationship for Learning. Washington, D.C.: Zero to Three, p. 37-41.

Weston, DR, Ivins, B, Heffron, MC, Sweet, N. (1997) Formulating the centrality of relationships in early intervention: An organizational perspective. *Infants and Young Children* 9(3): 1-12.

ZERO TO THREE, Vol 28(2). (November 2007) Reflective Supervision: What is it and why do it?