Reflective Supervision/Consultation: An overview
Nichole Paradis, LMSW, IMH-E® (IV-C)

Agenda

This session will cover:

• Brief overview of infant mental health principles and practices
• Overview of reflective supervision/consultation: What & Why
• Essential elements of reflective supervision/consultation
  • Holding the Baby in Mind
  • Working Alliance
  • Understanding the Story
  • Professional Use of Self
  • Parallel Process
• Evaluation of reflective supervision/consultation
• Feedback from home visitors who have participated in reflective supervision/consultation
What is the Alliance?

- U.S. IMH Associations
  - 23 Members
  - 6 Discovery Process

Australian Asn. for Infant Mental Health
- West Australia
- Southern Australia

Irish Assn. for Infant Mental Health

What is Infant Mental Health?

1. The social and emotional wellbeing of an infant or toddler within the context of a relationship, culture, and community

2. An interdisciplinary field dedicated to:
   - Understanding and promoting the social and emotional wellbeing of all infants, very young children, and families
   - Within the context of secure and nurturing relationships
Infant Mental Health Principles

The theoretical foundations and values that guide our understanding of what infants/toddlers need, for example:

- Attachment theory, family systems theory, trauma-informed approaches, transactional model
- Babies exist in the context of their caregiving relationships and within the cultural context of their family
- Experiences during pregnancy and in the first three years lay the foundation for all future development
- Relationships are critical; best way to support babies is to support their parents/families to build/strengthen nurturing relationships with them
- There can be both ghosts and angels in the nursery that will impact the emerging attachment relationships

IMH-Informed Practice

- Application of IMH principles to any work intended to promote infants’ social emotional well-being
- Can apply to early care & education, home visiting services, early intervention, health care (pediatrics, nursing, psychiatry), behavioral health care, child welfare/custody, special education, OT, PT
- And systems work too:
  - Research
  - Advocacy
  - Program development, evaluation, administration
Quotes About Reflective Supervision/Consultation

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

“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 Shanok (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
More Quotes…

“Two people thinking are probably going to do a better job than one person alone.” J. Pawl

“…it is not possible to work on behalf of human beings to try to help them without having powerful feelings aroused in yourself.” J. Pawl

“…the process of examining with someone else, the thoughts, feelings, actions and reactions evoked in the course of working closely with infants, young children and their families.” L. Eggbeer, T. Mann & N. Seibel

How does it differ from clinical supervision?

Reflective supervision/consultation goes beyond clinical supervision to include attention to all of the relationships. It is critical to understand how each of these relationships affects the others:

- A trusting relationship between supervisor and practitioner
- Consistent and predictable
- Includes questions that encourage details about the infant, parent and emerging relationship
- Both parties commit to remain emotionally present
- Teach/guide
- Nurture/support
- Apply the integration of emotion and reason
- Explore the parallel process and to allow time for personal reflection
- Attend to how reactions to the content affect the process

From MI-AMIH’s Best Practice Guidelines for Reflective Supervision/Consultation
Why do reflective supervision?

- A way to slow the work down for consideration
- Helps to establish the boundaries and scope of practice (What is my role and what is not?)
- Determine how quality assurance will be defined and attained
  Eggbeer, Mann & Siebel (2007)

Home visitors are underprepared to deal with the complex mental health issues in the families they are serving
  MacKrain & Mytton-Ortega (2013)
Evaluation of RS/C

Self Efficacy Scales

- Developed by Sarah Shea (Eastern Michigan University), Sheryl Goldberg & Deborah Weatherston (both of MI-AIMH) in 2012
- Pre/Post measure for supervisees and supervisors in both mental health and non-mental health settings
- Sample items:
  - Based upon your reflective supervision experiences, how confident are you that you can...
  - Feel safe to discuss emotional responses to infants and families in the context of supervision?
  - Identify ways in which my emotional responses may have interfered with my ability to identify or meet the needs of infants and families?
  - Discuss instances of not knowing what to do in work with infants and caregivers?

Reflective Interaction Observation Scale (RIOS)

- A tool examining the essential components of reflective supervision
- Developed by researchers at University of Minnesota and other members of the Alliance as a step toward establishing an evidence-base for the effectiveness of RSC
- Recent publication: Watson, C. Shelley Neilsen Gatti, S., Cox, M., Harrison, M., & Hennes, J. (2014). Reflective supervision and its impact on early childhood intervention. Early Childhood and Special Education; Advances in Early Education and Day Care, 18, 1-26
Essential Elements

Understanding the Story

• Supervisee offers what is known about the work
• Attention of both reflective partners is on gaining understanding of the realities of the situation
• Events, interactions, and information from the work with the family are discussed with appreciation for the context within which the story unfolds

Parallel Process

• Interlocking network of relationships between supervisors, supervisees, families, and children*
• Process of consciously connecting the lived experience of individuals and their relationships with those of others
• In order to reach understanding of thoughts, motivations, feelings
Essential Elements

Holding the Baby in Mind

- Central tenant of reflective practice within infant mental health work
- In the process of working with a family, attention always cycles back to the baby and his experience and his welfare

Professional Use of Self

- Involves intentional decisions about how to use one’s personal experiences, thoughts, beliefs, and emotional responses within a given relationship
- A professional makes conscious, moment-by-moment decisions about the degree to which she uses her personal history and immediate responses throughout the course of establishing and maintaining a relationship
Essential Elements

Working Alliance
- Process of creating and nurturing an effective and supportive professional relationship
- Based on a mutually understood purpose, focus, and approach
- Requires a respectful collaborative stance and process

Lessons Learned

From Building Statewide Capacity for Infant Mental Health Consultation and Reflective Supervision Within Home Visiting Programs, December 2014 presentation at ZERO TO THREE by colleagues in Wisconsin

Staff reported more awareness of self, listening more

“I’ve been reflecting a lot with staff this week. I think the incorporation of reflective supervision into our program has been really paying off; home visitors are really slowing down their visits and beginning to reflect with families. I hear my staff ‘wondering’ aloud, which makes me think they are thinking on a deeper level.”

- Home Visiting Supervisor
Lessons Learned

Interpretations from Wisconsin's evaluation team

- Capacity for RS/C often deepens and changes during the first year of reflective supervision.
- Through RS/C, a parallel process evolves where the home visitor begins to connect his/her own more confident understanding of the complexities of a case with his/her actual interactions with the parent during the home visit and the parent’s interactions with the child.
- RS/C may contribute to a better understanding of how to support infants within the context of a relationship.

Barriers to Buy-In

- Varying levels of administrator support
- Not understanding the value
- Limited empirical evidence regarding effectiveness
- Time is money
- Is this therapy?
- Culture
- Trust issues
- Wanted a concrete understanding of “what to do”
Efforts to validate the investment

The Alliance, once formed, will be in a position to seek funding and to collaborate with researchers to establish an evidence base that will seek to demonstrate:

- Reduced turnover
- Less “burnout”/greater job satisfaction
- Better fidelity to the model
- Improved outcomes for babies and families

Upcoming publications

Infant Mental Health Journal special issue on reflective supervision/consultation

- May be available before the end of the year.
- Co-edited by Joy Osfosky and Deborah Weatherston

ZERO TO THREE Journal special issue on the assessment of reflective supervision and practice

- Due before the ZERO TO THREE Conference in December 2016

See next slide for past special issues
References


Resources

Contact Information

For more information about the Alliance for the Advancement of Infant Mental Health, please visit: http://mi-aimh.org/alliance/

Nichole Paradis, LMSW, IMH-E® (IV-C)
Associate Director, Endorsement® Director
npardis@mi-aimh.org
734.785.7705; 7210