Alliance for the Advancement of
Infant Mental Health

Michigan Association for
Infant Mental Health
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Best Practice Guidelines for Reflective Supervision/Consultation

Purpose of Guidelines

(1) To emphasize the importance of reflective supervision and consultation for best practice,
(2) To better assure that those providing reflective supervision and consultation are appropriately trained.

For the purposes of this document, reflective supervision/consultation refers specifically to work done in the infant/family field on behalf of the infant/toddler's primary care-giving relationships.

Distinguishing Between Administrative Supervision, Clinical Supervision and Reflective Supervision/Consultation

Supervisors of infant and family programs are generally required to provide administrative and/or clinical supervision, while reflective supervision may be optional. Put another way, reflective supervision/consultation often includes administrative elements and is always clinical, while administrative supervision is generally not reflective and clinical supervision is not always reflective.

Administrative Supervision

Concerned with oversight of federal, state and agency regulations, program policies, rules and procedures. Supervision that is primarily administrative will involve the following content:

- Hire
- Train/educate
- Oversee paperwork
- Writing of reports
- Explain rules and policies
- Coordinate
- Monitor productivity
- Evaluate

Clinical Supervision/Consultation

Clinical supervision/consultation is case-focused but 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 content that are listed above, as well as the following:

- Review casework
- Discuss the diagnostic impressions and diagnosis
- Discuss intervention strategies related to the intervention
- Review the intervention or treatment plan
- Review and evaluate clinical progress
- Give guidance/advice
- Teach

Reflective Supervision/Consultation

Reflective supervision/consultation goes beyond clinical supervision to shared exploration of the parallel process, i.e., attention to all of the relationships, including that between practitioner and parent, between parent and infant/toddler, and between practitioner and supervisor. It is critical to understand how each of these relationships affects the others.

Of additional importance, by attending to the emotional content of the work and how reactions to the content affect the work, reflective supervision/consultation relates to professional and personal development within one's discipline. Finally, there is often 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 without interruption from the supervisor/consultant.

The components of reflective supervision/consultation include:

- Form a trusting relationship between supervisor and practitioner
- Establish consistent and predictable meetings and times
- Ask questions that encourage details about the infant, parent and emerging relationship
- Listen
- Remain emotionally present
- Teach/guide
- Nurture/support
- Integrate emotion and reason
- Foster the reflective process to be internalized by the supervisee
- Explore the parallel process and allow time for personal reflection
- Attend to how reactions to the content affect the reflective process

Reflective supervision/consultation may be carried out individually or within a group. It may be the responsibility of the agency/program supervisor or a reflective supervisor/consultant may be contracted from outside the agency or program.

- If the supervisor or consultant is contracted from outside the agency program, he or she will engage in reflective and clinical discussion, but will discuss administrative content only when it is clearly indicated in the contract.
- If the reflective supervisor operates within the agency or program, then he/she will most likely need to address reflective, clinical and administrative content. When discussions related to disciplinary action need to occur, it is the direct supervisor who addresses them. When the direct supervisor is also the one who provides reflective supervision, it is preferable to schedule a meeting separate from the reflective supervision time; however, some supervisors choose to address disciplinary concerns during the individual clinician's regular reflective supervision meeting. Disciplinary action should never occur within a group supervisory/consultation session.
- Peer supervision (defined as colleagues meeting together without an identified supervisor/consultant to guide the reflective process), while valuable for many experienced practitioners, does not meet the reflective supervision/consultation criteria for endorsement as specified in this guide.

In all instances, the reflective supervisor/consultant is expected to set limits that are clear, firm and fair, to work collaboratively, and to interact and respond respectfully.

In sum, it is important to remember that relationship is the foundation for reflective supervision and consultation. All growth and discovery about the work and oneself takes place within the context of this 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).
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> Reflective 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.
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> "*Do unto others as you would have others do unto others*." Jeree Pawl (1998).

Best Practice Guidelines for the Reflective Supervisor/Consultant

- Agree on a regular time and place to meet
- Arrive on time
- Protect against interruptions, e.g. turn off phone, close door
- Set the agenda together with the supervisee(s) before you begin
- Remain open, curious and emotionally available
- Respect supervisee's pace/readiness to learn
- Ally with supervisee's strengths, offering reassurance and praise, as appropriate
- Observe and listen carefully
- Strengthen supervisee's observation and listening skills
- Suspend harsh or critical judgment
- Invite the sharing of details about a particular situation, infant, toddler, parent, their competencies, behaviors, interactions, strengths, concerns
- Listen for the emotional experiences that the supervisee is describing when discussing the case or response to the work, e.g. anger, impatience, sorrow, confusion, etc.
- Respond with appropriate empathy
- Invite supervisee 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
- As the supervisee appears ready or able, encourage exploration of thoughts and feelings that the supervisee has about the work with very young children and families as well as about one's response(s) to the work
- 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.
- Maintain a shared balance of attention on infant/toddler, parent/caregiver and supervisee
- Reflect on supervision/consultation session in preparation for the next meeting
- Remain available throughout the week if there is a crisis or concern that needs immediate attention
- Engage in reflective supervision/consultation with your own identified mentor/consultant

Best Practice Guidelines for the Reflective 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 the supervision/consultation session to enhance professional practice and personal growth

Requirements for Reflective Supervision/Consultation for Endorsement® Applicants

Applicants for Endorsement at Level II should seek reflective supervision/consultation from someone who is Endorsed at Level III and/or Level IV (Clinical).

> Exception to this general rule: A bachelor's prepared Level II applicant may seek reflective supervision/consultation from a master's prepared person who has earned Level II endorsement if there is no one at Level III available to provide this, and if the master's prepared Level II professional seeks reflective supervision/consultation while providing supervision to others.

Applicants for Endorsement at Level III are expected to seek reflective supervision/consultation from someone who has earned Endorsement at Level III or Level IV (Clinical).

Applicants for Endorsement at Level IV are expected to seek reflective supervision/consultation from someone who has earned Endorsement at Level IV (Clinical). Additionally, if applicant is providing reflective supervision, at least half of the time spent in supervision must maintain a focus on the applicant's role as a reflective supervisor.

Professionals seeking Renewal of Endorsement at Level III are expected to obtain a minimum of 12 hours of continuing reflective supervision/consultation per calendar year. If endorsed professional is providing reflective supervision/consultation to others, it is expected that half of these hours are dedicated to the provision of reflective supervision/consultation.

Professionals seeking Renewal of Endorsement at Level IV-C are expected to obtain a minimum of 12 hours of continuing reflective supervision per calendar year. These professionals are also expected to include 3 hours of didactic training on reflective supervision/ consultation in their continuing education renewal hours. After being endorsed as an Infant Mental Health Mentor for 3 years or more, this is no longer a requirement but remains a best practice recommendation.

MI-AIMH recommends that **those who provide reflective supervision/consultation to others** seek individual or group supervision/consultation from a person who has earned endorsement at Level IV (Clinical). This supervision should be reflective, regularly scheduled and offer a focus on the complexity of supervising others who provide relationship-based services to infants, toddlers and their families.

Reflective supervisors/consultants who have not earned Endorsement® or cannot meet the standards as defined in the guidelines above are invited to contact the MI-AIMH Central Office (734-785-7700) to inquire about training and participation in reflective supervision or consultation groups (see below).

Number of RS/C Providers
As in relationship-focused practice with families, reflective supervision/consultation is most effective when it occurs in the context of a relationship that has an opportunity to develop by meeting regularly with the same supervisor/consultant over a period of time. Therefore, MI-AIMH expects that Endorsement® applicants will have received the majority of the required hours from just one source with the balance coming from no more than one other source.

Building Capacity for Reflective Practice
MI-AIMH recognizes that in many regions there are few supervisors/consultants who meet the qualifications specified above. If an Endorsement® applicant is having difficulty finding supervision/consultation to promote or support the practice of infant mental health or if a program has difficulty finding someone to provide reflective supervision/consultation to guide and support staff who are applicants for Endorsement®, MI-AIMH can be a resource.

MI-AIMH invites Endorsement® applicants and supervisors/consultants to contact the MI-AIMH central office (734-785-7700) to assist in finding supervisors/consultants who are endorsed and available to work with them or to discuss the standards for best practice presented in this guide. Rapidly changing technology makes it possible to connect through the Internet, by telephone conference, or face to face.

Please note: Peer supervision (defined as colleagues meeting together without an identified supervisor/consultant to guide the reflective process), while valuable for many experienced practitioners, does not meet the reflective supervision/consultation criteria for endorsement as specified in this guide.

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