


To Keep the Lamp Burning...Reflective Supervision Consultation

Robert Gallen, Ph.D., IMH-E
Associate Professor of Applied Developmental Psychology
University of Pittsburgh
ZERO TO THREE Academy of Fellows

Robert Gallen, Ph.D., IMH-E

- Licensed Clinical Psychologist
- Coordinator of MS Programs in Applied Developmental Psychology at the University of Pittsburgh
- ZERO TO THREE Academy
- Part C Early Intervention Provider
- robert.gallen@pitt.edu



Infant Mental Health
Applied Developmental Psychology

Overview

Study in Infant Mental Health can be done as a concentration within the Master's of Science program in Applied Developmental Psychology or as a certificate certificate.

Our hybrid certificate program prepares students and professionals to address the social/emotional and mental health needs of very young children and their families through the provision of high-quality interventions and environmental supports.

You will learn:

- Principles of infant and early childhood mental health.
- Strategic skills to support the social-emotional development of very young children and their families.
- Learn about the scope of infant/early mental health practice and opportunities for advocacy and action.
- Learn how researchers and community-based faculty engage in the early childhood workforce.
- Learn how to apply infant mental health theory into practice.

Curriculum

Our program is organized to meet the needs for the advancement of Infant Mental Health founded on a set of core theoretical principles of infant and early childhood development and mental health practice that all work with children, families, and the workplace who work with them. It will be relationship-based, culturally sensitive, grounded in an understanding of theory, mental health and research, and support of the reflective practice.

Courses that are offered through a hybrid of online and in-person learning include:

- Foundations of Infant Mental Health
- Infant Mental Health Interventions I
- Infant Mental Health Interventions II
- Infant Development
- Infant Assessment
- Reflective Supervision and Consultation

Careers


Infant Mental Health is a cross-disciplinary field of study and practice. The IMH Certificate and Concentration will provide you with the academic and skills developmental necessary for advancement in Community Services, Relationship-Based Practice, Promoting Infant Mental Health through the Professional Association of Infant Mental Health at the Infant Family Specialist (Developmentally Informed), Infant Mental Health Specialist (Treatment/Intervention), and Infant Mental Health Mentor (Clinical, Faculty or Policy Leadership) levels.

The ADP MS program has options as preparation for licensure or certification in APRC, ACA, and Child Life.

FOR MORE INFORMATION

Robert Gallen, PhD
Applied Developmental Psychology
Phone: 412.726.2402
Email: robert.gallen@pitt.edu

infantimh.pitt.edu






Agenda

- Define
- Breakdown
- Why?
- Observe
- Evidence
- Implementation

What is Reflective Supervision/ Consultation?

Best Practice Guidelines for Reflective Supervision/Consultation



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A relationship-based supervisory approach that supports staff to provide services in ways that support healthy parent-child relationships

— Shea, Goldberg, & Weatherston, 2016, Heffron & Murch, 2010, Bernstein & Edwards, 2012, Flowers & Burgeson, 2015, Fenichel, 1992

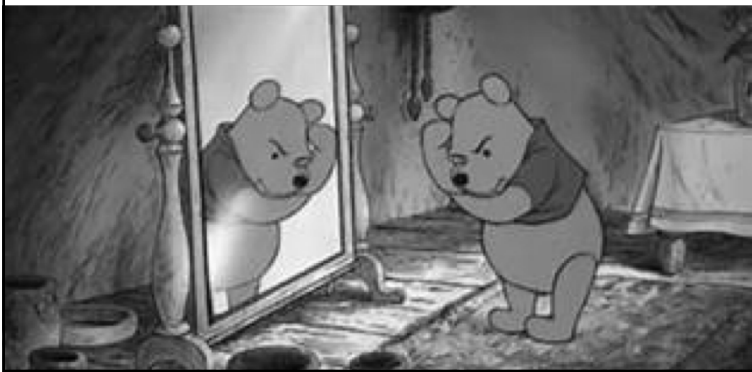


- ***“When it’s going well, supervision is a holding environment, a place to feel secure enough to expose insecurities, mistakes, questions and differences.”***

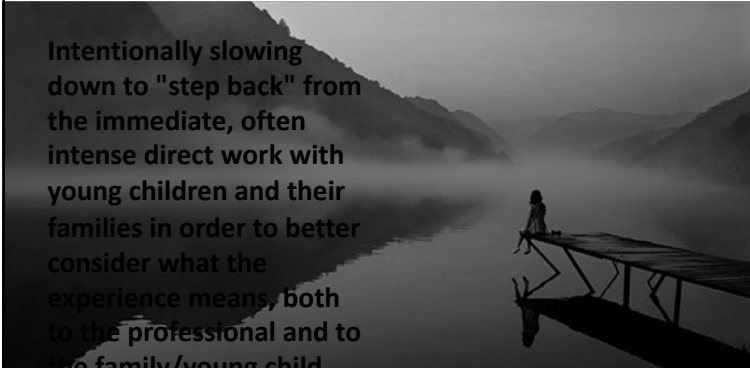
— Rebecca Shahmoon Shanock (1992)

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



RSC includes...

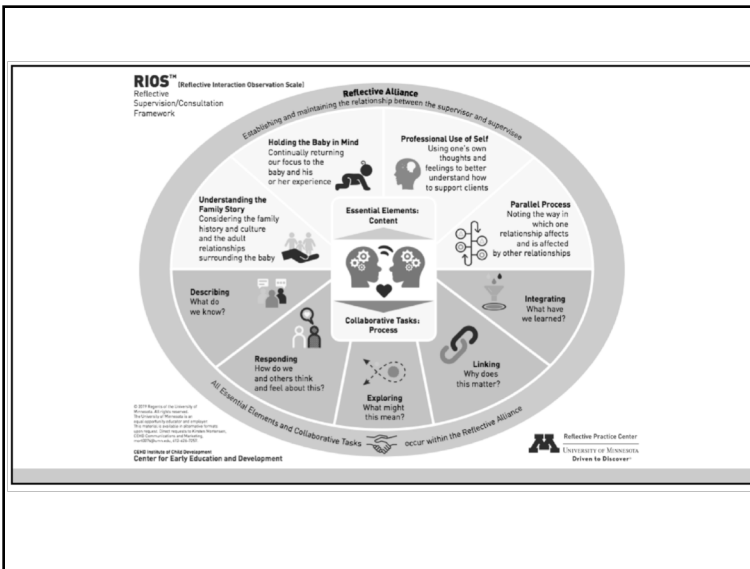


Intentionally slowing down to "step back" from the immediate, often intense direct work with young children and their families in order to better consider what the experience means, both to the professional and to the family/young child

– Parlakian (2001)

“Reflective supervision is a relationship for learning.”
 – Fenichel, 1992; Shahmoon-Shanok, 2007

“The process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with young children and their families.”
 • Eggbeer, Mann, & Seibel, 2008



The RIOS Five Essential Elements of RSC

- **Understanding the Story**
- **Parallel Process**
- **Holding the Baby in Mind**
- **Professional Use of Self**
- **Working Alliance**

Reflective Interaction Observation Scale (RIOS): 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

The RIOS Five Essential Elements of RSC

Understanding the Family Story

Discuss the relationships between family members and those connected to the family, including what is seen and heard and other relevant facts and information about past and present relationships. Questions encourage details about the parents/caregivers and the relevant relationships in their lives.



The RIOS Five Essential Elements of RSC

Holding the Baby in Mind

Attention will always cycle back to the baby/young child, his or her experience and wellbeing, relationship with the parent/caregiver, as well as the impact of the presence of the baby/young children on the others in the story.



The RIOS Five Essential Elements of RSC



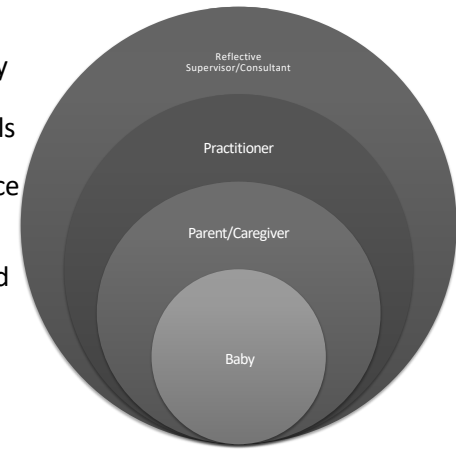
Professional Use of Self

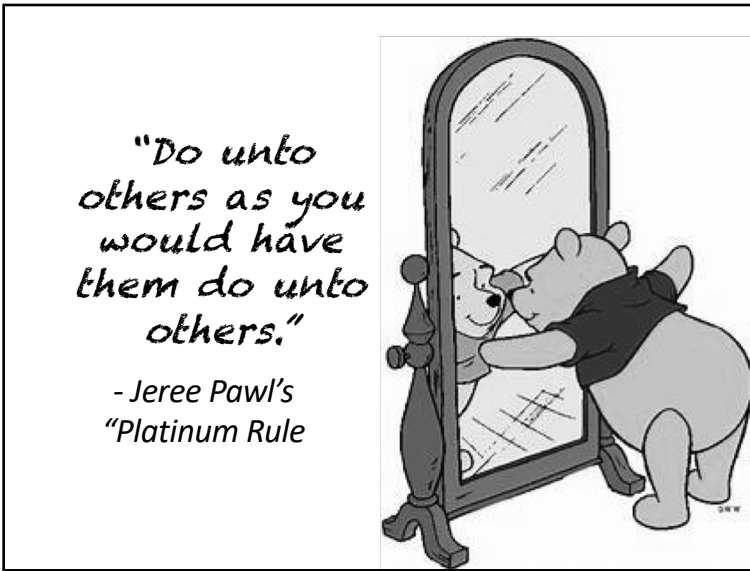
Careful attention is given to the one's subjective experiences, thoughts, beliefs and emotional responses, which become important information and lend greater understanding and clarity to the work with infants, young children, parents/caregivers and families.

The RIOS Five Essential Elements of RSC

Parallel Process

The pair will consciously connect the lived experience of individuals and their relationships with the lived experience and relationships of others. They recognize that what has happened in one relationship impacts emotions and behaviors in other relationships.

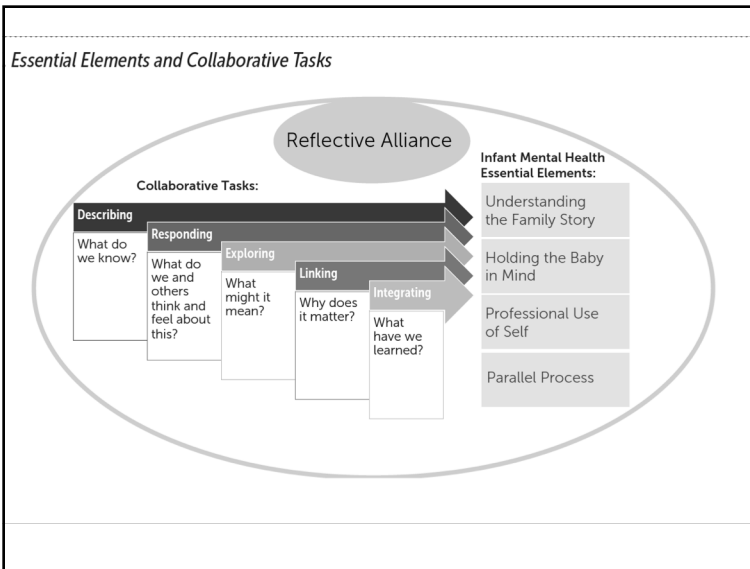




The RIOS Five Essential Elements of RSC

Reflective Alliance

The quality of the relationship developing between supervisee and supervisor is of utmost importance. Both must come to the interaction with the intent to explore openly and reflect on the deeper meanings under the surface of the story in order to learn together.



Cultural Responsiveness

- We serve culturally and linguistically diverse families
- Staff of color/non-majority groups are less likely to be promoted to supervisory/leadership positions
- Supervisors start discussions related to diversity and support provider awareness and ability to engage in open communication about diversity with families.
- RSC can help face (rather than avoid) the discomfort, the challenge, the risk, and the tension of engaging in these discussions.
 - (Stroud, 2010)

THE TENETS

DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN AND FAMILIES

Young Families Foundation/Professional Development Network/Young Working Group

CENTRAL PRINCIPLE FOR DIVERSITY-INFORMED PRACTICE

1. Self-awareness leads to better services for families. Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, ableism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

STANCS TOWARD INFANTS, CHILDREN, AND FAMILIES FOR DIVERSITY-INFORMED PRACTICE

2. Champion Children's Rights. Children, infants, and children are citizens of the world. The global community is responsible for supporting positive, engaging, families, and local communities in welcoming, protecting, and nurturing them.

3. Work to Acknowledge Privilege and Combat Discrimination. Discriminatory policies and practices that harm adults harm the infants and children in their practices' knowledge privilege where we hold it, and use it strategically and responsibly. We combat racism, classism, sexism, ableism, homophobia, xenophobia, and other systems of oppression across our practices, and our fields.

4. Recognize and Respect Non-Dominant Bodies of Knowledge. Diversity-informed practice recognizes, centers, and builds on the wisdom, skills, and knowledge of strength, and routes to healing within all families and communities.

5. Honor Diverse Family Structures. Families decide who is included and how they are structured; no particular family configuration or organization inherently supports or impedes its well-being. Diversity-informed practice recognizes and routes to counter the historical bias toward traditional family configurations, honoring all family members while honoring the critical child-rearing contributions of other parents and caregivers including grandmothers, fathers, kin and full family, adoptive parents, foster parents, and early care and educational providers.

PRINCIPLES FOR DIVERSITY-INFORMED RESOURCE ALLOCATION

6. Understand that Language Can Hurt or Heal. Diversity-informed practice recognizes the power of language to divide or connect, deplete or create, hurt or heal. We strive to use language (including body language, images, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and community-at-tuned services.

7. Support Families in Their Preferred Languages. Families are best supported by facilitating infants and children's development and mental health when services are available in their native languages.

8. Allocate Resources to Systems Change. Diversity and inclusion must be proactively considered when doing any work with or on behalf of infants, children, and families. Account allocation includes time, money, and specific, additional practices, and other supports and accommodations, whether systems of oppression may be institutionally reproduced. Individuals, organizations, and systems of care need ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

9. Adult Space and Open Pathways. Infant, child, and family serving work/life are most dynamic and effective when heteronormativity is dismantled individually and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

ADVOCACY TOWARD DIVERSITY, INCLUSION, AND EQUITY IN INSTITUTIONS

10. Advocate Policy That Supports All Families. Diversity-informed practice considers the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

TENETS INITIATIVE


YOUNG FAMILIES FOUNDATION

1000 N. Dearborn Street
Chicago, IL 60610
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www.youngfamiliesfoundation.org



Diversity is used in the most inclusive and non-oppressive, affirming way and defining, as well as other identity markers, and referring to groups and individuals both on the 'up and down the ladder' along all axes.

Diversity-informed practice is a dynamic, continuous process of identifying, reflecting, and adjusting to the needs, abilities, and experiences of all people. Diversity-informed practice uses a thoughtful and intentional selection of explicit, intended practices to all diverse groups, including and extending beyond race and ethnicity, and using explicit and implicit practices and structures.

Best Practice Guidelines
for Reflective Supervision/Consultation



"RS/C often includes administrative elements and is always clinical, while administrative supervision is generally not reflective and clinical supervision is not always reflective."

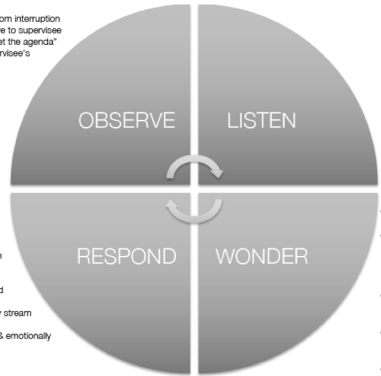



Blended Model of Reflective Supervision

- Administrative, clinical and reflective supervision components are often integrated into the same conversation during supervision.
- Blended model uses an intentional focus on process (rather than on content)
- Supervisors "... merge the qualities of an effective, efficient administrative supervisor with the qualities of a thoughtful, responsive reflective supervisor."
– Bertachi & Gilkerson, 2009

FOUR LITTLE WORDS
for Reflective Supervision/Consultation DJW

[Supervisor's Role]




- Protect time & place from interruption
- Sit quietly, fully attentive to supervisee
- Allow supervisee to "set the agenda"
- Remain aware of supervisee's emotional state

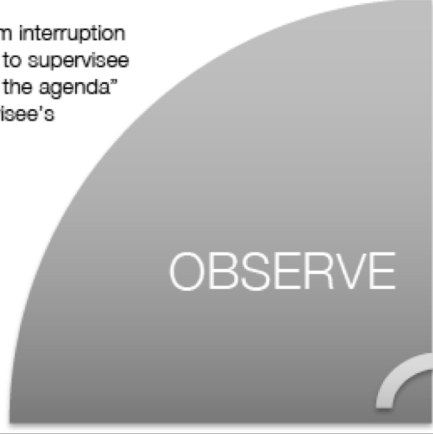
- Invite supervisee to share details of the assessment or observation or home visit or practice hour
- Follow supervisee's lead
- Respect supervisee's pace
- Remain open, non-judgmental & emotionally present


- Share supervisee's pleasure(s) & pain(s)
- Allow feelings to be expressed, name them
- Support and guide, as appropriate
- Respond with honesty and warmth
- Avoid offering a steady stream of "advice"
- Remain open, curious & emotionally available

- Pause, allow time to think before you speak
- Wonder with the supervisee what the parent, caregiver or infant might have experienced/felt during the assessment, visit, practice hour
- Wonder about the supervisee's thoughts/feelings in response to the material presented
- Wonder about the supervisee's balance between thinking and feeling
- Wonder about how coherent, organized, flexible, consistent and curious the supervisee is



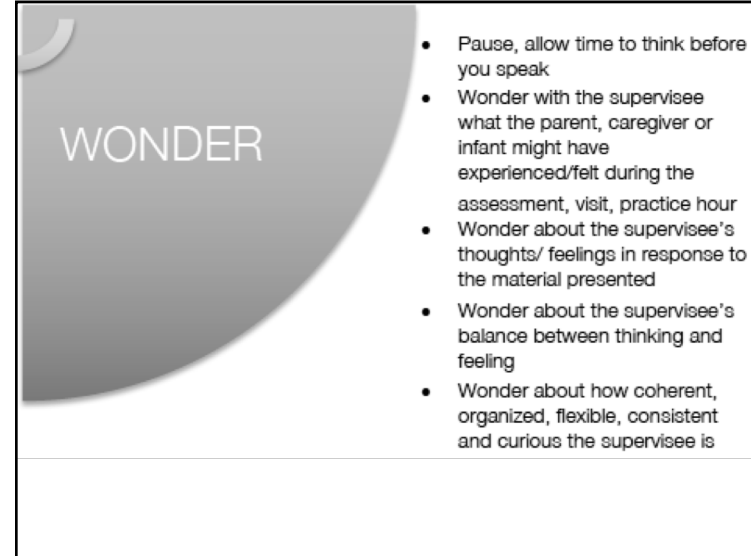
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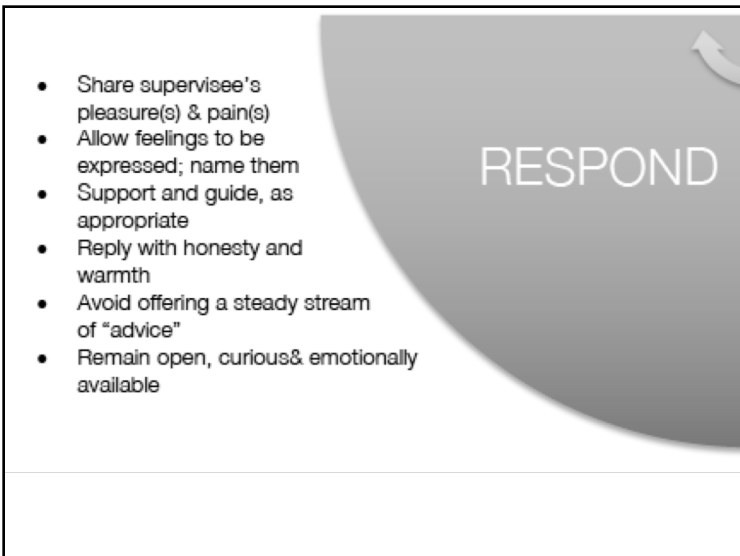
LISTEN

- Invite supervisee to share details of the assessment or observation or home visit or practice hour
- Follow supervisee's lead
- Respect supervisee's pace
- Remain open, non-judgmental & emotionally present



WONDER

- Pause, allow time to think before you speak
- Wonder with the supervisee what the parent, caregiver or infant might have experienced/felt during the assessment, visit, practice hour
- Wonder about the supervisee's thoughts/ feelings in response to the material presented
- Wonder about the supervisee's balance between thinking and feeling
- Wonder about how coherent, organized, flexible, consistent and curious the supervisee is



RESPOND

- Share supervisee's pleasure(s) & pain(s)
- Allow feelings to be expressed; name them
- Support and guide, as appropriate
- Reply with honesty and warmth
- Avoid offering a steady stream of "advice"
- Remain open, curious & emotionally available

WHY DO WE NEED RSC?

Work with infants, young children, and their families is complex, sometimes confusing, intense, and always challenging.

Often the needs are extensive and the available resources feel inadequate to address the wide range of concerns that impact the family.

- Heffron & Murch (2013)

“We go through some pretty crazy things in a regular day and don't have any type of system set up to even address how to deal with it.”

- Part C Early Intervention Provider

Secondary Traumatic Stress

From Gallen, Lepore, Peterson, & Willford (In Revision)

Occupational Hazards

- Domestic Violence
- Substance Abuse
- Historical Trauma
- Child Abuse and Neglect
- Mental Health Difficulties
- Chronic Health Issues
- Generational Poverty
- Living with Constant Crisis

Why Reflective Supervision?

- This work with vulnerable, high-risk populations requires a highly skilled workforce
 - Finello, et al., (2016)
- Frequent exposure to the trauma of children and families has a cumulative effect
 - Shea, et al., (2016)
- “... reflective supervision helps early childhood practitioners cope with the stress and feelings of being overwhelmed that often result when working with vulnerable families and children”
 - Bernstein and Edwards (2012)
- Reflective supervision is necessary to maintain fidelity to models, the quality of services, and for the well being of home visitors.
 - Heffron et al. (2016)
- Help to address client mental health problems, substance abuse, and domestic violence in terms of skills and confidence

Traumatic Countertransference

Emotional, physical or interpersonal reactions toward the client (Burke, Carruth & Pritchard, 2006, pg. 287-288).

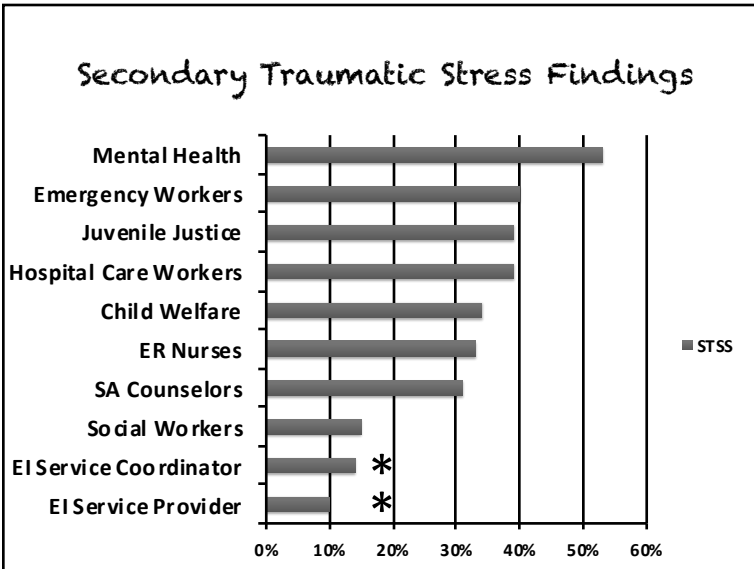
“...disturbing, disheartening, disgusting, shocking, and frightening”

– Osofsky, Putnam, & Lederman (2008)

Professionals working with trauma often experience reactions to clients’ stories

"Occupational Hazards"

<p><i>Vicarious Trauma</i></p> <p>Harmful changes in view of self, others and the world as a result of exposure to traumatic content</p>	<p><i>Secondary Traumatic Stress</i></p> <p>Syndrome among professional helpers that mimics PTSD and occurs as a result of exposure to traumatic material</p>
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"Occupational Hazards"

<p><i>Compassion Fatigue</i></p> <p>Gradual lessening of compassion over time with loss of pleasure in work, sleeplessness, apathy, and reduced job performance, etc.</p>	<p><i>Burnout</i></p> <p>Long-term onset of employment related exhaustion, loss of interest, and reduced sense of accomplishment.</p>
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Growth of the Approach

- **Current credentialing systems:**
- *Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health®* (MI-AIM/Alliance)
<https://www.allianceaimh.org/endorsement-licensing/>
- *California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health*
<http://cacenter-ecmh.org/wp/professional-development/>
- *Colorado Coaching Credential*
http://www.cocoaches.net/uploads/Coaching_Credential_Overview.pdf

– Tomlin and Heller (2016)

WHAT IS NEEDED TO IMPLEMENT FOR EFFECTIVE REFLECTIVE SUPERVISION?

- Regularity
- Supervisor Needs (Supports)
- Organizational Support
- Ongoing Training including RSC for Supervisors
- Trust in the Process
- Adequate Time and Attention



IMPLEMENTATION CHALLENGES

- Providers trained to "leave their feelings and issues at the door"
- Confusing to be asked to "tune in" to emotions and feelings
- Early childhood is a "culture of action"
- Time taken from children and families
- RSC comes at the expense of other program requirements
- "More pressing priorities"
- What is the evidence?
- Administrative understanding and support
- Financial and programmatic resources

– Gilkerson (2004), Bernstein & Edwards, 2012, Heffron, 2005, Heffron & Murch 2010, Van Berekelaer, nd



What is the evidence?



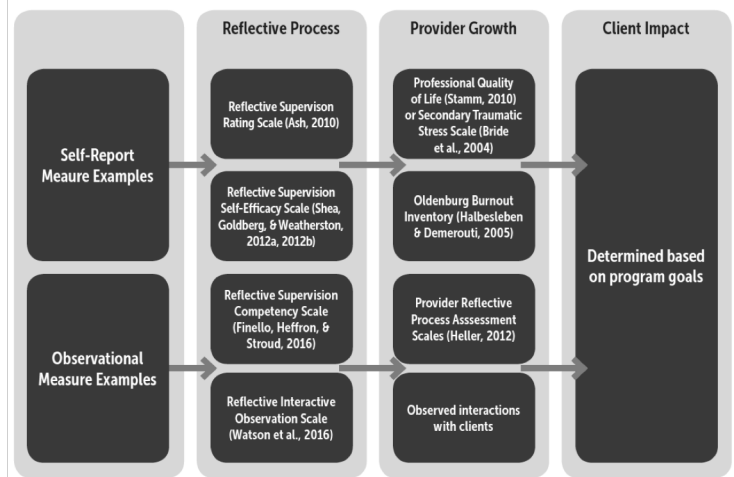
Current Research Efforts

- In order to develop effective RSC training programs and to justify the continued requirement for RSC, we must:
 - Clearly define what it is
 - What makes it work
 - Identify the specific competencies needed to provide reflective supervision with fidelity
 - Develop measures are needed to evaluate the implementation and effectiveness of reflective supervision.
 - Rating scales and observation ratings have been developed to rate actions or behaviors that are present in supervisory interactions
- A concerted process is underway to develop the necessary evidence base to support of RSC.
- Work groups (Alliance) are developing projects to evaluate RSC impact and outcomes

RSC RESEARCH OVERVIEW

- Small-scale studies conducted following pilot implementation of training and/or administration of a specific tool or procedure related to reflective supervision.
- There is significant evidence to support theories linking reflective skills in parents with child outcomes including treatment approaches for remediation of attachment problems
 - Fonagy & Target, 2005; Sadler et al., 2006 as cited in Tomlin, et al., 2014).
- Most research on “reflection” has been directed toward understanding, evaluating, and improving parents' capacities to be reflective.
 - Tomlin et al. (2014)
- There are several qualitative reports and “widespread recognition” of the value of RSC, yet there is currently limited empirical evidence about its effects on professionals and their practice.
- Efforts are currently underway to identify the core processes essential to RSC, to examine the impact of RSC on the practitioner and on the client, and to discriminate between the unique aspects of RSC
 - Tomlin & Heller, 2016

RSC Evaluation Tools



Reflective Supervision Rating Scale (2010)

Jordanna Ash



Reflective Supervision Rating Scale

Instructions: Circle one of the 4 given options on the right to rate your opinion of each statement below. Each sentence begins with "My supervisor(s)..."

	Rarely	Sometimes	Usually	Almost Always
1) ...and I have formed a trusting relationship.	1	2	3	4
2) ...and I have established a consistent supervision schedule.	1	2	3	4
3) ...questions encourage details about my practice to be shared and explored within the supervision session.	1	2	3	4
4) ...is engaged throughout the entire session.	1	2	3	4
5) ...is both a teacher and a guide.	1	2	3	4
6) ...makes me feel nurtured, safe and supported during supervision.	1	2	3	4
7) ...shows me how to integrate emotion and reason into case analyses.	1	2	3	4
8) ...has improved my ability to be reflective.	1	2	3	4
9) ...allows me time to come to my own solutions during supervision...	1	2	3	4
10) ...explores my thoughts and feelings about the supervisory process itself.	1	2	3	4
11) ...and I together set the agenda for supervision.	1	2	3	4
12) ...thinks with me about how to improve my observation and listening skills...	1	2	3	4
13) ...listens carefully for the emotional experiences that I am expressing.	1	2	3	4
14) ...encourages me to talk about emotions I have felt while consulting and working with families.	1	2	3	4
15) ...keeps families' and children's unique experiences in mind during supervision.	1	2	3	4
16) ...wants to know how I feel about my consultation or practice experiences.	1	2	3	4
17) ...helps me explore cultural considerations in my work.	1	2	3	4

Findings: Increased Reflective Capacity

- Gilkerson & Imberger (2016) adapted the FAN (Facilitating Attuned Interactions) model to increase reflective capacity and practice of home visitors.
- Tomlin, Sturm, and Koch (2009) found that Part C EI providers
 - Increased their ability to recognize that reflective skills are important in their work
 - Decreased judgmental attitudes toward families
 - Increased willingness and ability to provide individualized services to families
 - Reported better use their discipline-specific knowledge to support the parent-child relationship
- Watson and Neilsen, & Gatti (2012) described qualitative findings that regular meetings with a RSC supported supervisees ability to identify and use their feelings to inform their work with families
- Using a professional development model, Shea, Goldberg, and Weatherston (2016) trained supervisors and supervisees in RSC.
 - All participants achieved mastery of RSC skills and knowledge measured by responses to training vignettes.
 - Supervisees demonstrated increase in use of RSC skills in their work with families.
 - Supervisors demonstrated increase in self-efficacy regarding their ability to apply RSC skills

Findings: Increased Quality and Job Satisfaction

- Positive supervisory relationships are associated with higher job satisfaction, less turnover, less burn-out, increased comfort with disclosure, and less anxiety in a HV sample (Tomlin & Heller, 2016)
- Observational studies show that child welfare agencies with more relationship-based supervision have lower turnover and greater success in obtaining permanent placement for children (National Council on Crime and Delinquency, 2006)
- RSC enhanced nurses' work satisfaction with very low birth-weight infants and families (Pridham et al. 2006)
- A HV program found significant positive changes in how staff conducted their work with families and in their satisfaction with their work (Gilkerson, 2004).
- Part C EI providers in Pennsylvania reported that RSC specific experiences were associated with important program quality factors identified (Gallen, et al., 2016).
 - Higher ratings by supervisees of supervisors' reflective supervision correlated with higher job satisfaction, higher ratings of the quality of RSC, better work-life balance, and higher compassion satisfaction.
 - Higher supervisee ratings of the supervisor associated with lower ratings of burn out, secondary traumatic stress overall and avoidance symptoms
- RSC associated with an increase in reflective capacity of childcare providers (Virmani and Ontai, 2010) and more positive interaction between children in care and early care staff (Virmani et al., 2013)
- RSC is also associated with retention in childcare providers (Howes, James, & Ritchie, 2003).

Conclusions



- RSC appears to contribute to program quality through;
 - Improved quality of interactions with children and families
 - Increased Reflective Capacity
 - Improved ability to identify and talk about emotions
 - Decreased negative judgment of families
 - Improved ability to support families
 - Adherence to model fidelity
 - Increased job satisfaction
 - Increased staff ability to manage stress and implement self-care strategies
 - Reduced secondary trauma
 - Reduced burnout
 - Improved retention of staff and clients
- Need for continued evaluation and development of tools to systematically assess;
 - Reflective supervision process elements
 - Supervisor confidence/ competence
 - Supervisee progress in practicing reflectively
 - Connect these measures to child/family/program outcomes data.
- Need for more studies and data!

- **RSC is “... a form of ongoing professional development that helps early childhood practitioners work effectively with vulnerable families, support parent-child relationships, deepen [provider] understandings of their experiences, cope with work-related stress, feel less isolated in their work, and prevent burnout.”**

- (Amini Virmani & Ontai, 2010; Emde, 2009; Gilkerson, 2004; Gilkerson & Cochran Kopel, 2005; Heffron, 2005 as cited in Bernstein & Edwards, 2012).



Key Resources

- Alliance for the advancement of infant mental health (2018). Best practice guidelines for reflective supervision/consultation. <https://www.allianceaimh.org/reflective-supervision-consultation>
- Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. ZERO TO THREE, Washington D.C.
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- Weatherston, D., Weigand, R. F., & Weigand, B. (2010). Reflective supervision: Supporting reflection as a cornerstone for competency, *ZERO TO THREE*, 31(2),22-30.