



Australian Association
for Infant Mental Health
West Australian Branch

AAIMH

Best Practice Guidelines for Reflective Supervision in Infant Mental Health

What is Reflective Supervision?

Reflective supervision is now well established in the field of Infant-Early Childhood work as a tool for supporting practitioners in their therapeutic work with infants, young children and their families, maintaining practitioner skills, and ensuring a quality service is provided.

The primary focus of *Reflective Supervision* is “the shared exploration of the emotional content of infant and family work as expressed in relationships between parents and infants, parents and practitioners, and supervisors and practitioners”. (Weatherston & Barron, 2009, p.63).

In the supportive environment of a reflective supervisor who listens and waits, the clinician can make sense of their own emotional response, explore concepts and discover solutions. By attending to the emotional content of the work and how reactions to the content affect the work, reflective supervision relates to professional and personal development within one’s discipline (Best Practice for Reflective Supervision/Consultation Guidelines, MI-AIMH, 2016).

“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).

(Retrieved from <http://www.aaimhi.org/resources/reflective-supervision/>)

Purpose of Guidelines

- (1) To emphasise the importance of reflective supervision for best practice in Infant Mental Health (pregnancy to 5 years old),
- (2) To better assure that those providing reflective supervision are appropriately trained.

For the purposes of this document, reflective supervision refers specifically to work done in the infant/family field on behalf of the infant/young child’s primary care-giving relationships. Infant Mental Health encompasses pregnancy to age 5.

Importantly, please note that AAIMH Endorsement[®] is specifically for professionals and practitioners working with infants and young children and their families from conception to 3 years of age.

Distinguishing Between Administrative Supervision, Clinical Supervision and Reflective Supervision

There are three main types of supervision: Administrative, Clinical, and Reflective Supervision.

Administrative Supervision (also known as Line Management)

Administrative supervision is usually job specific and concerned with oversight of Commonwealth, State or Territory laws and agency policies and practices. Supervision that is primarily administrative will involve the following content:

- recruitment
- training and professional development
- monitoring of information management and documentation requirements
- writing of reports
- explaining rules and policies
- co-ordinating
- monitoring productivity
- evaluation.

Clinical Supervision

Clinical supervision is predominantly discipline-specific and is case-focused.

Supervision that is primarily clinical will most likely include many or all the administrative content that is listed above, as well as the following:

- reviewing casework
- discussing the assessment and formulation process
- discussing the diagnostic impressions and diagnosis
- identifying strategies related to the intervention
- reviewing the intervention or treatment plan
- reviewing and evaluating clinical progress in relation to discipline-specific competencies
- giving guidance and advice
- teaching.

Reflective Supervision

For those working in Infant Mental Health, reflection is a core area of competency. Reflective supervision provides a place for practitioners to reflect on their work including the relationships associated with it. It differs from clinical supervision in three key ways:

1. Attention to all relevant relationships, including between practitioner and caregiver, caregiver and infant/young child, and practitioner and supervisor.
2. Attention to the emotional content of the work and how reactions to the content affect working with the infant and caregiver.
3. Emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions on his/her own without interruptions from the supervisor.

The ultimate aim of reflective supervision is to facilitate the ongoing development of the Infant Mental Health practitioner's reflective process for the purpose of optimising Infant Mental Health service.

The components of reflective supervision include:

- developing a supervision agreement that includes the establishment of consistent and predictable meetings and times
- forming a trusting relationship between supervisor and practitioner
- questioning that encourages details about the developing relationship between the caregiver and their infant/young child
- listening and remaining emotionally present, allowing time for personal reflection
- facilitating integration of emotion and reason
- fostering recognition and exploration of the parallel processes
- attending to how reactions to work influences responses and the reflective process
- teaching and guiding and nurturing and supporting.

Identifying a formal Reflective Supervision relationship

- Reflective supervision may be carried out on an individual supervisor-supervisee basis or within a group setting.
- Reflective supervision may be provided by an Infant Mental Health reflective supervisor:
 - from within the worker's agency/service, and/or
 - who is contracted from outside the agency/service to provide reflective supervision to individuals or staff within that agency/service, and/or
 - who is sourced privately by the individual.
- If the supervisor is contracted from outside the agency/service, it is anticipated that he/she will engage in reflective and clinical supervision. Administrative content should only be discussed when it is clearly indicated in the contract and is outside the scope of reflective supervision.
- If the reflective supervisor operates within the agency or service, it is possible that he/she might need to address reflective, clinical and administrative content. It would be important to have clear guidelines on how these different content components will be managed in the supervision. For example, when discussions related to disciplinary action need to occur, it is usually a line manager who will address these. When the line manager is also the one who provides reflective supervision, it is preferable to schedule a meeting separate from the reflective supervision time. Disciplinary action should never occur within a group supervisory session.
- Peer supervision (defined as colleagues meeting together without an identified supervisor to guide the reflective process), while valuable for many experienced practitioners, does not meet the reflective supervision criteria for endorsement as specified in this guide.
- In all instances, the reflective supervisor should set limits that are clear, firm and fair, to work collaboratively, and to interact and respond respectfully.

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

“Reflective supervision is a place where thoughts and feelings can be expressed, contained, and as appropriate...a place to give words to the powerful emotions that are often aroused by this work, trusting that these thoughts and feelings will be held and affirmed rather than judged, reframed, criticised, or corrected.”

Weatherston, Weigand, & Weigand (2010).

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.

“Do unto others as you would have others do unto others.”

Pawl (1998).

“Three core reflective tasks (in RS include):

- *relating and re-experiencing emotionally significant events*
- *examining and evaluating the meaning of the feelings, thoughts, intentions, actions evoked during those events*
- *considering how to use this understanding for professional (personal) growth”.*

Weigand, (2007).

“Reflection is a core competency, including contemplation, self-awareness, curiosity, professional/personal development, parallel process and emotional response”

(Competency Guidelines®, rev.2017)

‘The mutually created relationship of trust that develops during reflective supervision supports the kind of reflective interaction necessary for high quality infant mental health practice’ (Watson, Bailey & Storm, 2016, p. 642).

‘Regular meeting times, holding a listening stance, and a focus on deepening before moving to solutions are tenets of individual reflective supervision which are also essential for group safety’ (Heffron, Reynolds & Talbot, 2016. p. 629)

‘Relationships connect parents and children, providers and parents, and other members of human systems— families, organizations, and communities. Specific qualities of relationships are critical to effective functioning of human systems and positive developmental outcomes for their members’ (Sparrow, 2016, p. 609)

‘The positive effects of dyad-focused treatments can be protected and enhanced when reflective practice is used in organizations and communities to strengthen relational processes that encourage:

- *trust and safety,*
- *the valuing of errors as opportunities for reparation and fresh insights,*
- *cultural self-understanding,*
- *stepping outside of one’s self to see others’ perspectives, and*
- *thinking in systems’ (Sparrow, 2016, p. 614).*

Best Practice Guidelines for the Reflective Supervisor

- 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.
- Supportively engage with supervisee's strengths, offering reassurance and praise, as appropriate.
- Observe and listen carefully.
- Strengthen supervisee's observation and listening skills (to build capacity to consider feelings, experiences and viewpoints of parents/caregivers and the infant/young child).
- Suspend harsh or critical judgment and hold an attuned non-judgemental stance.
- Invite the sharing of details about a particular situation, infant, toddler, parent, their competencies, behaviours, 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). Encourage an openness to hearing a range of feelings from positive to ambivalent to negative feelings.
- Wonder about, name and respond to those feelings with appropriate empathy and acknowledge and validate feelings the supervisee is expressing.
- 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.
- In preparation for the next meeting reflect on the previous supervision session.
- Engage in reflective supervision with your own identified mentor.

Best Practice Guidelines for the Reflective Supervisee

- Agree with the supervisor on a regular time and place to meet.
- Arrive on time.
- 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 you and your work with infants, very young children and families.
- Be aware of your emotional responses to your work in the presence of an infant or very young child and caregivers.
- Explore your feelings, experiences and viewpoints in connection to the work you are doing.
- Be open to support from your supervisor.

- Remain curious and remain open and emotionally available.
- Suspend critical or harsh judgment of yourself and of others.
- Reflect on the supervision session to enhance professional practice and personal growth.

Requirements for Reflective Supervision for AAIMH WA Endorsement® Applicants

Applicants for Endorsement as Infant Family Practitioner should seek reflective supervision from someone who is Endorsed as an Infant Mental Health Practitioner and/or an Infant Mental Health Mentor (Clinical).

Exception to this general rule: A Bachelor's prepared **Infant Family Practitioner** applicant may seek reflective supervision from a Master's prepared person who has earned **Infant Family Practitioner** endorsement if there is no one who is an Infant Mental Health Specialist available to provide this, and if the Master's prepared **Infant Family Practitioner** seeks reflective supervision while providing supervision to others.

Applicants for Endorsement as an Infant Mental Health Practitioner are expected to seek reflective supervision from someone who has earned Endorsement as Infant Mental Health Practitioner or as an Infant Mental Health Mentor (Clinical).

Applicants for Endorsement as an Infant Mental Health Mentor are expected to seek reflective supervision from someone who has earned Endorsement as an Infant Mental Health Mentor (Clinical). Additionally, if the applicant is providing reflective supervision to others, 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 as an Infant Mental Health Practitioner are expected to obtain a minimum of 12 hours of continuing reflective supervision per calendar year. If an endorsed professional is providing reflective supervision to others, it is expected that half of these hours are dedicated to the provision of reflective supervision.

Professionals seeking Renewal of Endorsement as an Infant Mental Health Mentor (Clinical) 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 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.

AAIMH WA recommends that **those who provide reflective supervision to others** seek individual or group supervision from a person who has earned endorsement as an Infant Mental Health Mentor (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, young children and their families.

Reflective supervisors who have not earned Endorsement® or cannot meet the standards as defined in the guidelines above are invited to contact AAIMH WA to enquire about training and participation in reflective supervision groups (see below).

Number of Reflective Supervision Providers

As in relationship-focused practice with families, reflective supervision 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 over a period of time. Therefore, AAIMH WA 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

AAIMH WA recognises that in many areas there are few supervisors who meet the qualifications specified above. If an Endorsement® applicant is having difficulty finding supervision to promote or support the practice of infant mental health or if a service has difficulty finding someone to provide reflective supervision to guide and support staff who are applicants for Endorsement®, AAIMH WA can be a resource.

AAIMH WA invites Endorsement® applicants and supervisors to contact AAIMH WA to assist in finding supervisors 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 to guide the reflective process), while valuable for many experienced practitioners, does not meet the reflective supervision criteria for endorsement as specified in this guide.

References

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Suggested Readings

<http://www.aaimhi.org/resources/reflective-supervision/Reflective-Supervision-references.pdf>

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