



**New Mexico Association for Infant Mental Health**  
Endorsement for Culturally Sensitive, Relationship-based Practice  
Promoting Infant Mental Health

**REFLECTIVE SUPERVISION AND CONSULTATION DEFINED**

Reflective supervision is critical to competent infant mental health practice. For that reason, reflective supervision (or reflective consultation) is highly recommended for Infant Family Associates (Level 1 endorsement) and required for Infant Family Specialists (level 2 endorsement), Infant Mental Health Specialists (Level 3 endorsement), and Infant Mental Health Mentors with a Clinical focus (Level 4-clinical endorsement). NMAIMH is joining with our members and state systems to increase the capacity to provide this critical service. To start, a clear definition of reflective supervision is needed.

For the purposes of endorsement as defined by the NMAIMH, reflective supervision/consultation is a distinctive form of competency-based professional development that is provided to practitioners who are working in the infant-family field on behalf of infants'/toddlers' primary caregiving relationships. Reflective supervision is provided by a skilled and experienced practitioner who is employed by the agency where the supervision is being provided. In these situations, the individual's job description includes the provision of reflective supervision and this role is recognized by staff members. Some agencies may hire or contract with a skilled and experienced practitioner whose primary role is to provide reflective consultation to identified staff members, either individually, in group sessions, or both. Roles, responsibilities and expectations for both reflective supervisors and reflective consultants are clearly articulated and understood by all involved in these important relationships. Central to effective infant mental health principles is the belief that all learning and development take place and are organized within the context of relationships. Professional growth, developing competence, and discovery about infant-family work and oneself will occur within the context of a trusting supervisory or consultative relationship.

An essential competency developed through reflective supervision/consultation is the ability to engage in shared exploration of the *parallel process*. That is, both the supervisor and the supervisee attend together to all of the relationships, including the ones between practitioner and supervisor, between practitioner and parent(s), and between parent(s) and infant/toddler. Additionally, in reflective supervision/consultation there is an exploration of how each of these relationships affects the others. Reflective supervisors/consultants listen carefully and wait thoughtfully, allowing the supervisee to discover solutions and explore concepts and perceptions without interruption. Through this way of being, a holding environment is created. That is, there is a space created where it is safe to expose and explore accomplishments, insecurities, mistakes, questions, and differences in approaches to the work with infants, toddlers, and their families. Practitioners who are "held" in this way are more likely able to hold and nurture the complexity of parent-child relationships. Jeree Pawl (1998) has proposed the Platinum Rule as a way to think of this process: *Do unto others, as you would have others do unto others*.



The primary objectives of the reflective supervision/consultation relationship are to:

- Establish consistent and predictable meetings and times
- Support/enhance the development of NMAIMH competencies
- Ask questions that encourage the in depth sharing of details about the infant, parent, and emerging relationship
- Remain emotionally present
- Teach/guide
- Nurture/support
- Apply the integration of emotion and reason
- Foster the reflective process to be internalized by the supervisee
- Explore the parallel process and create time for personal reflection
- Attend to how reactions to the content (what is happening or being addressed) affect the process underlying the activities, including feelings evoked by both the content and the process

Reflective supervision and consultation supports the development of competent infant mental health practice, professional and personal development within one's professional discipline. Central to effective reflective supervision/consultation is the development of *use of self* (Heffron, Ivins & Weston, 2005). Use of self is the capacity to observe and be aware of one's own thoughts, feelings and behaviors as important sources of communication and information in a variety of direct service experiences. Through reflective supervision/consultation, the supervisee is supported to increase her awareness of her own internal experience and how that experience influences behavior. Additionally, the supervisee is supported to increase awareness and appreciation of the internal experiences of others (infants, toddlers, caregivers, team mates) and how they are different from her own. This heightened awareness is consciously attended to during reflective supervision and is an essential NMAIMH competency.

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 fulfill the reflective supervision/consultation requirement for endorsement.

**Have I Received/Provided Reflective Supervision/Consultation?** The following are best practice guidelines that one can consider when reflecting on the supervision/consultation experiences you have received as well as those you may have provided as a supervisor or as a consultant.

The Supervisor/Consultant:

- Is able to apply the NMAIMH competencies to support supervisee's professional development
- Agrees with supervisee on a regular time and place to meet
- Arrives on time and remains open, curious, and emotionally available
- Protects against interruptions (turns off phone, closes door)
- Sets the agenda with the supervisee before beginning the discussion
- Respects each supervisee's pace and readiness



- Allies with supervisee's strengths, offering reassurance and specific feedback that is helpful for professional growth related to the competencies
- Observes and listens carefully, attending to both the process and the content that is shared
- Strengthens supervisee's observation and listening skills
- Uses gentle inquiry to explore the internal experiences of the supervisee and to support the supervisee to hypothesize about the internal experiences of the infant, parent and team mates as appropriate to increase awareness and alternative approaches to the work
- Suspends harsh and critical judgment
- Invites the in depth sharing of details about a particular situation, infant/toddler, parent, their competencies, behaviors, interactions, emerging relationship, strengths and concerns
- Listens for the emotional experience that the supervisee is describing when discussing a situation or response to the work, e.g. joy, pleasure, ambivalence, anger, impatience, sorrow, confusion, etc.
- Invites supervisee to recognize and talk about feelings awakened in the presence of an infant/toddler and parents
- Wonders about, names, and responds to those feelings with appropriate empathy
- As the supervisee appears ready or able, encourages exploration of thoughts and feelings that the supervisee has about the work with the infant/toddler and family as well as about one's responses to the work
- Encourages 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
- Holds the content and processes explored with the supervisee from one session to the next and keeps track of patterns/trends in each supervisee's interaction tendencies and professional development
- Maintains a shared balance of attention on the infant/toddler, parent/caregiver and supervisee
- Reflects on the current supervision/consultation session in preparation for the next meeting
- Remains available between sessions if there is a crisis or concern that needs immediate attention

**The Person Receiving Reflective Supervision/Consultation:**

- Uses the NMAIMH competencies to guide/support one's own professional development
- Agrees with the supervisor or consultant on a regular time and place to meet
- Arranges schedule to avoid disrupting or missing supervision/consultation sessions
- Arrives on time and remains open and emotionally available
- Comes prepared to share the details of a particular situation, home visit, assessment experience, or dilemma



- Asks questions that encourages thinking more deeply about one's own work with very young children, their families, and oneself
- With the supervisors'/consultant's support and guidance, hypothesizes about the internal experiences of the infant, parent and team mates as appropriate to increase awareness and alternative approaches to the work
- Increases awareness of the feelings experienced in response to one's own work and in the presence of an infant, very young child and parent(s)
- As the supervisee is ready and able, shares her feelings with the supervisor/consultant
- Explores the relationship between one's own feelings and the work one is doing
- Allows the supervisor/consultant to provide support; tells the supervisor/consultant what feels helpful and supportive
- Remains curious and open to new interpretations of and possibilities for the work
- Suspends harsh and critical judgment of self and others
- Reflects on the supervision/consultation session to identify what works well to enhance one's own professional practice and personal growth

Within infant-family service programs, administrators and staff members often represent a wide range of professional disciplines, educational backgrounds, life experiences, and experiences with and expectations about supervision. Supervisors have many tasks to accomplish through supervision: some administrative, some related to professional licensure of the supervisee/staff member (clinical supervision), and some related to continued professional development that may not be tied to licensure. When assessing the reflective supervision/consultation experiences you have received and those you have provided, it is important to use the guidelines above to assess how your experiences have been inclusive and reflective of the points included in this definition. The result may be that some of the hours of supervision/consultation you received were reflective of this definition and will be included in your endorsement portfolio. It may also be true that upon reflection, a number of hours of consultation/supervision you received were of a different nature, were not reflective of the definition above, and while valuable to your professional development are not included in your portfolio for endorsement in *culturally sensitive, relationship-based practice promoting infant mental health*. Endorsement candidates are encouraged to use this definition to explore with your Endorsement Advisor how to best represent in your endorsement portfolio your experiences receiving, and as appropriate providing reflective supervision/consultation.



## **References and Suggested Resources Reflective Supervision and Consultation**

Bernstein, V. (2002-03). Standing firm against the forces of risk: Supporting home visiting and early intervention workers through reflective supervision. Newsletter of the Infant Mental Health Promotion Project (IMP). Volume 35, Winter 2002-03.

Cohen, E. & Kaufman, R. (2000). Early Childhood Mental Health Consultation (monograph). Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Washington, D.C. National Technical Assistance Center for Children's Mental Health at the Georgetown University Child Development Center.

Fenichel, E. (Ed.). (1992). Learning through Supervision and Mentorship to Support the Development of Infants 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. Washington, D.C.: ZERO TO THREE, pp. 177-186.

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 Meal Health. Finello, KM (Ed.). Jossey-Bass. San Francisco, CA. pp 427-452.

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

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-Shanok, 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, pp. 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?