Reflective Supervision/ Consultation:

Preventing Burnout, Boosting Effectiveness, and Renewing Purpose for Frontline Workers

College of Education and Human Development
Institute of Child Development

Center for Early Education and Development

University of Minnesota
Driven to Discover®

The Reflective Practice Center at CEED

The Reflective Practice Center (RPC) at the University of Minnesota Center for Early Education and Development (CEED) serves as an intellectual home for high-quality, cutting-edge research in reflective practice. At RPC, we disseminate knowledge about reflective practice, help professionals incorporate reflective practice principles into their work, and inform policy dealing with infant and early childhood mental health. Our center is the first of its kind internationally.

Introduction

Reflective supervision/consultation (RS/C) is an innovative model of professional development used to support frontline workers—home visitors, early education teachers, early interventionists, child welfare workers, public health nurses, child care providers, juvenile justice workers, allied health professionals—anyone involved in providing services for children and families.

Frontline workers need the support of RS/C because working with children and families who live in high-stress situations or have challenging problems requires large amounts of emotional energy. Working with children and families under those circumstances can feel overwhelming and emotionally draining, leading to burnout, emotional numbing, or even secondary traumatic stress symptoms.

RS/C providers report that workers who receive RS/C show improvements in work skills and self efficacy, as well as decreased levels of burnout and turnover. For these reasons, RS/C is a promising practice growing in popularity.

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We use the term "reflective supervisors" to refer to those who are employed by organizations and agencies who may provide administrative and/or clinical supervision to their staff members in addition to reflective supervision. "Reflective consultants" are hired by organizations or agencies to specifically provide reflective consultation to staff members of an organization or agency.

Reflective practices, and RS/C, are used by professionals in a wide range of human service, medical, and educational fields. Most recently, we have concentrated on

understanding and promoting the use of RS/C in the field of early childhood development, care, and education.

At RPC, we conducted a nationwide landscape survey investigating the training, delivery, and impact of RS/C in the early childhood field. State infant and early childhood organizations, RS/C providers, and RS/C recipients responded to questions regarding types and delivery of training they offer and have received, supports and barriers to offering and receiving RS/C training, and the impact RS/C had on their professional and personal lives.

The results were powerful. RS/C providers and recipients passionately describe the positive impact RS/C has on their emotional resilience, their approach to serving families, and their ability to work effectively with colleagues and families. Organizations and individuals confirm the strong demand for RS/C training across all 31 respondent states and a need to increase access to RS/C training. They also describe gaps in RS/C training that need to be addressed.

There are very few professional practices that offer ongoing support to the early childhood workforce and that convey multiple professional and personal benefits. This book will help answer questions about RS/C and its impact on the field. We hope that this information can inform your practice or encourage your organization to explore incorporating RS/C into its professional development strategy.

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"I have seen professionals grow internally and within the external relationships, truly see their own value in the relationships they have with others and how powerful those relationships are in the healing, growing, and changing capacities of ourselves and those we work with."

Infant Mental Health Clinician, Michigan

All quotations are from the RPC's nationwide landscape survey of RS/C providers and recipients

What Is Reflective Supervision/ Consultation?

RS/C is ongoing professional development that involves regularly scheduled discussions between a trained supervisor or consultant and staff members, either individually or in groups. RS/C sessions, which last between 60-120 minutes, may be held in person or via video conferencing.

During these discussions, frontline workers in early childhood fields learn how to manage their emotional responses to their work with families. They also learn how to use those emotional responses, along with knowledge about child development and parent perspectives, to more effectively serve families.

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Supervision is considered reflective if it includes:

1. **Regularity:** Committing to a protected, consistent, regularly scheduled meeting time.
2. **Reflection:** Stepping back from the experience to sort through feelings and thoughts about what one is observing and doing.
3. **Collaboration:** Working together as a partnership in which control of power is shared, rather than an expert/learner dynamic.

Deep reflection depends on feeling safe enough for both reflective supervisor and supervisees to recognize and acknowledge challenges and mistakes, admit bias, and tolerate not always knowing the "right" answer while moving forward in their work. High-quality reflective supervisory relationships incorporate empathy, vulnerability, and a willingness to entertain multiple possibilities without jumping to conclusions. This means that a trusting relationship between the supervisor and supervisee is key to successful RS/C.

Our research shows RS/C providers are supervisors or consultants who come from many different human service, medical, and educational fields, including home visiting, child welfare, mental health, child care, early intervention, and the allied health professions. In our sample, the majority have master's degrees. Most of those with master's degrees have credentials in infant mental health or social work, and have been providing RS/C between one and 10 years. The majority received their training from multiple sources while they were working in the field, continue to receive ongoing RS/C themselves, and hold an endorsement documenting their qualifications for being an RS/C provider. They are passionate about providing RS/C because they themselves have benefited from it and have witnessed its impact on early childhood professionals.

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Individuals who work directly with children and families are candidates for receiving RS/C: home visitors, early education teachers, early interventionists, child welfare workers, public health nurses, child care providers, juvenile justice workers. Reflective supervisors also receive RS/C because the ongoing experience of receiving it is seen as necessary to continuing to effectively provide it to others.

"I can honestly say that I've been transformed by the practice of RS/C, in innumerable ways, including how I think about myself, about others, about work, about contexts...I believe that I am more compassionate, humble, strong as a result of this practice. Braver. More competent."

Infant-Family Early Childhood Mental Health Specialist, California

All quotations are from the RPC's nationwide landscape survey of RS/C providers and recipients

The Impact of RS/C

We have been accumulating evidence about the impact RS/C has on knowledge, skills, and morale of supervisors and recipients.

One example comes from extensive interviews done with 15 early intervention providers (teachers; speech, occupational, and physical therapists; psychologists) from a school district who received monthly group RS/C. Analyses of themes from their descriptions of their experience over time led to the creation of the "4Rs" model to describe the mechanisms of change.

Release: RS/C provides an outlet for participants to release the mental and emotional stress that builds up while working directly with highly stressed families and young children. Participants were able to voice concerns and frustrations and receive validation and affirmation. The experience of being held safely in the relationships within their group acted as a safety valve, so they could let go of the strong emotions that arose from their work.

Reframe: Participating in safe relationships allowed practitioners to ask themselves questions about their work, consider multiple perspectives, and unpack their own biases. These processes were critical to understanding family context and seeing clients from a strengths-based perspective.

Refocus: RS/C helped practitioners distill the areas of their work where they believed they could have the most impact despite the multiple stressors facing each family. It helped them think of new ways to approach their work and reduced feelings of helplessness and hopelessness.

Respond: Participating in RS/C helped practitioners slow down and become more flexible in their work. They reported becoming more responsive to families' needs rather than their own fixed agenda. They were able to purposefully create the safe, trusting relationships with families necessary for their work.

"My whole life has been enriched due to RS/C. My relationships with partner/children, friends, professional colleagues, and probably even strangers benefit from my practice of being curious, authentic, non-judgmental, content not to know."

Reflective Supervision/Consultation Provider and Recipient, Arizona

All quotations are from the RPC's nationwide landscape survey of RS/C providers and recipients

Training and Tools

RS/C is being advanced by organizations across the country: at least 38 states have infant mental health (IMH) associations that frequently promote RS/C as a professional development strategy. Many state IMH associations offer in-person trainings on RS/C, with some offering it online. Programs most often offer continuing education credit, but some offer academic credit or credit that can be applied towards endorsement.

Endorsement is a system used by state IMH associations that are members of the Alliance for the Advancement of Infant Mental Health. Created by the Michigan Association for Infant Mental Health, the endorsement system honors professionals who apply infant and early childhood mental health principles to their practice. It is granted through documentation and verification of the required specialized education, work, and in-service training, including RS/C. Although relatively new, the endorsement process has already moved the field ahead rapidly by ensuring that those who earn certain endorsement levels are qualified to provide high-quality RS/C.

IMH associations also embed information about RS/C in presentations and trainings, conversations with colleagues, and through endorsement systems for RS/C practitioners. There are some institutions of higher learning that offer certificate programs that include RS/C or exposure through graduate clinical training programs.

RIOS™: Reflective Interaction Observation Scale

The RIOS is a tool used both for research and as a practice guide to define and describe the topics of conversation and depth of reflection present in a reflective supervision session.

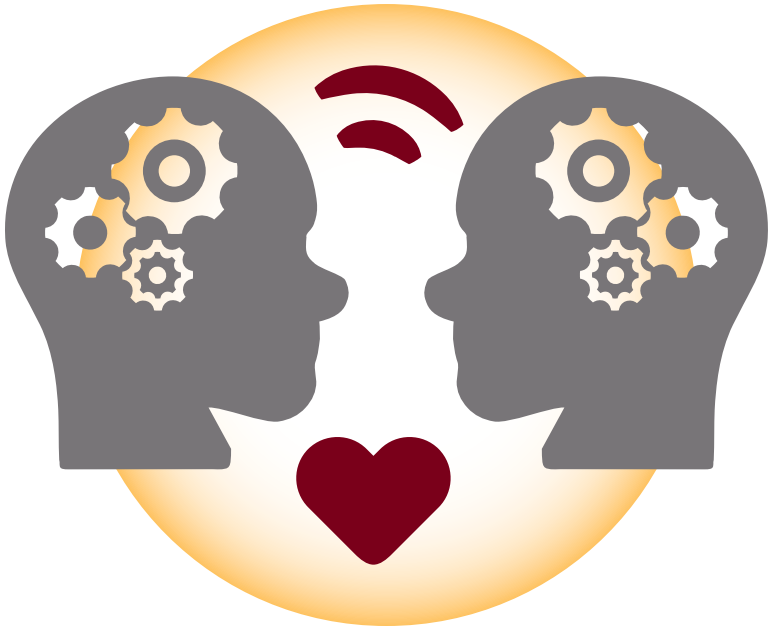
The RIOS evolved from a collaboration between the Alliance for the Advancement of Infant Mental Health and RPC. After a dozen clinical and research experts engaged in intensive revision, discussion, and field testing, it is now being used as a framework for understanding the unique components of RS/C.

The RIOS defines and operationalizes the process of reflective supervision by identifying its unique components. It helps articulate what occurs in the complex relationship between supervisor and supervisee(s) and differentiates reflective supervision from other forms of relationship-based professional development.

Essential Elements

The RIOS groups the content of RS/C into five defining constructs, or Essential Elements, based on infant mental health theory and practice.

- Understanding the Family Story
- Holding the Baby in Mind
- Professional Use of Self
- Parallel Process
- Reflective Alliance



Collaborative Tasks

The reflective process encompasses a cumulative and overlapping progression of Collaborative Tasks that the supervisor and supervisee(s) engage in together.

- Describing – "What do we know?"
- Responding – "How do we and others think and feel about this?"
- Exploring – "What might this mean?"
- Linking – "Why does this matter?"
- Integrating – "What have we learned?"

Online Access

CEED offers two online courses that explore the RIOS in depth. More information can be found at **ceed.umn.edu/online-courses**.

"I have watched practitioners become more comfortable with the idea that they are agents of change and that it is their relationships with their clients that create change. I believe that happens through the relationships we develop in RS."

Clinical Coordinator, Michigan

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The Future of RS/C

Based on state IMH association responses, three main challenges need to be addressed: improve the buy-in, valuing, and prioritizing of RS/C by key stakeholders; increase available funding and financial resources for RS/C; and increase the capacity and number of high quality RS/C providers. There also is a need for continued research to build the evidence base and refine best practices.

Promote awareness and buy-in at a systemic level

While some state IMH associations have successfully increased awareness, understanding, and buy-in from stakeholders in their states, others note that this basic foundation of buy-in is necessary before they are able to succeed at the substantive challenges around funding and building a high-quality workforce.

Continue to build a cadre of high-quality RS/C providers

In our landscape survey, 68% of the responding associations reported that they provide training in RS/C. While other organizations may also offer training (e.g., institutions of higher learning), there is a clear need to increase the amount of training available and help individuals access training.

As the field continues to progress, there is a need for advanced ongoing training. Survey respondents offered suggestions for advanced training topics: working with the dynamics of group supervision, understanding the developmental progression of reflective capacity, balancing the needs of administrative supervision with those of reflective supervision, offering more didactic training, and addressing equity and disparities.

Because RS/C is a relational practice, RS/C providers also seek to be part of communities with other RS/C providers. Strong peer relationships with other RS/C providers afford support for their own work, just as RS/C providers offer support to the children and families with whom they work. Participating in communities of learning for RS/C practitioners is also essential.

Bring RS/C to your workplace

Learn more about how RS/C can be useful to you and your colleagues. Visit **ceed.umn.edu** or contact **ceed@umn.edu**.

Add to the evidence base and refine best practices

While evidence documenting the impact of RS/C on RS/C providers is beginning to accrue, it is also necessary to document its impact on children and families. Furthermore, as the field incorporates RS/C as a regular, ongoing practice, researching how to make RS/C most useful and effective by investigating implementation variables such as variations in dosage, formats, and training will be critical. For example, what is the optimal length of an RS/C session? How often should RS/C be offered to be most effective? Is provision of RS/C online as effective as in-person? What are the most effective strategies for training RS/C providers?

RS/C is a promising professional development practice, because there is growing evidence that it helps practitioners handle challenging situations and emotions and promotes their well-being. As part of our landscape survey, an Infant and Early Childhood Mental Health Consultant from Alabama shared, "I've had at least three providers who walked into my office saying immediately that they saw no need in [RS/C] because they were going to quit their jobs anyway. A year and a half later and no one has left their jobs." Efforts are expanding to meet the demand for training and ongoing RS/C—a demand that's increasing because of this practice's capacity to reduce burnout, improve effectiveness, and restore a sense of purpose for workers who are on the front lines with families every day.

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