# Reflective Supervision Guidelines

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**APPLICATION OR ENDORSED PROFESSIONAL**

- **Infant Family Specialist (Level II)**
  - Bachelor’s degree
  - Master’s degree
  - Level II Master’s prepared or Level III or Level IV-Clinical
  - Min. 24 clock hours
  - Level II Master’s prepared or Level III or Level IV-Clinical
  - Min. 12 clock hours
  - Annually
  - Ongoing

- **Infant Family Specialist (Level II)**
  - Level III
  - or Level IV-Clinical
  - Min. 24 clock hours
  - Level III
  - or Level IV-Clinical
  - Min. 12 clock hours
  - Annually
  - Ongoing

- **Infant Mental Health Specialist (Level III)**
  - Direct Service Provider
  - Level III
  - or Level IV-Clinical
  - Min. 50 clock hours
  - Level III
  - or Level IV-Clinical
  - Min. 12 clock hours
  - Annually
  - Ongoing

- **Infant Mental Health Specialist (Level III)**
  - Provider of Reflective Supervision to Others
  - Level III
  - or Level IV-Clinical
  - Min. 50 clock hours
  - Level IV-Clinical
  - Min. 12 clock hours
  - Annually
  - Ongoing

- **Infant Mental Health Mentor – Clinical (Level IV)**
  - Level IV-Clinical
  - Min. 50 clock hours
  - Level IV-Clinical
  - Min. 12 clock hours
  - Ends after having earned & maintained Level IV-Clinical for 3 years

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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 even if one of the peers has earned endorsement at Level III or Level IV-Clinical. The provider of reflective supervision is charged with holding the emotional content of the cases presented. The ability to do so is compromised when the provider is a peer of the presenter. Unnecessary complications can arise when the provider of reflective supervision has concerns about a peer’s ability to serve a particular family due to the peer’s emotional response AND the provider and peer share office space, for example.

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, VAIMH expects that endorsement candidates will have received the majority of the required hours from just one source with the balance coming from no more than one other source.

Infant Mental Health Reflective Supervision Consultant Competencies

VAIMH recommends that each consultant who is hired to provide reflective supervision or consultation to an individual or group on behalf of the promotion of infant mental health be:

- Knowledgeable about the community in which the individual/group provides service;
- Fully informed and respectful of agency policies, regulations, protocols and rules that govern the individual’s or group’s services, as well as program standards and specific components of those services;
- Knowledgeable and respectful of leadership roles within the agency;
- Able to establish positive working relationships with agency personnel;
- Knowledgeable about early development, from pregnancy through labor/delivery and the first 3 years of life, typical and atypical, complex and in multiple domains;
- Knowledgeable about attachment theory and the importance of early relationships to development;
- Knowledgeable about families, their importance to each child’s development, their differences, cultural norms and values;
- Knowledgeable about developmental competence and psychopathology, identification of strengths and risks;
- Knowledgeable about situations specific to risk: prematurity, birth of a baby with special needs, the death of an infant, adolescent parenthood, alcohol and drug abuse, child abuse and neglect, domestic violence, homelessness, poverty, grief and loss;
- Knowledgeable about assessment approaches, sensitive to understanding the infant or toddler within the context of each caregiving relationship, and assessment “tools”;
- Knowledgeable about service or intervention models, techniques and principles appropriate to the Program;

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Knowledgeable about principles and practices promoting infant mental health;

Knowledgeable about relationship-based services;

Knowledgeable about reflective practice;

Ability to meet regularly and consistently as agreed upon by the individual/group;

Ability to create a place where individual/group feels safe in describing and exploring their experiences, thoughts and feelings about the work with infants, very young children and families;

Ability to enter into and sustain trusting relationships with individual/group;

Ability to model and encourage nurturing behavior;

Ability to provide meaningful support, being careful to enhance competency and self-worth;

Ability to provide developmental guidance as appropriate, following individual/group’s lead;

Ability to reduce sense of isolation or loneliness that often accompanies work with infants, toddlers and families referred for services;

Ability to observe, listen, wonder and respond;

Ability to pay attention to the emotional state of each individual/group;

Ability to facilitate the expression of thoughts and feelings awakened by the work, talk about them, contain them, and offer comfort and support;

Ability to have and express empathy in response to the experiences, thoughts and feelings shared individually and within the group; nurture empathy in others;

Ability to attend to both the content (that is, what is happening with a particular infant or toddler and family, program or center) and the process underlying these events including the feelings evoked by both the content and the process;

Ability to give the individual/group the opportunity to experience his/her feelings consciously, and to understand them in the light of the infant or toddler’s development, parent-child relationship needs, parental history and current challenges;

Ability to ask questions that encourage reflective practice;

Ability to help individual/group to explore the parallel process, using feelings to inform understanding of the infant, the parent, the early developing relationship and self.

Distinguishing Between Administrative, Clinical and Reflective Supervision/Consultation

Many supervisors of infant and family programs are 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 and clinical supervision are not always reflective.

**Administrative supervision** relates to the oversight of federal, state and agency regulations, program policies, rules and procedures. Supervision that is primarily administrative will be driven to achieve the following objectives:

- hire
- train/educate
- oversee paperwork
- write reports
- explain rules and policies
- coordinate
- monitor productivity
- evaluate

**Clinical supervision/consultation**, while case-focused, 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 objectives that are listed above as well as the following objectives:

- 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** is distinct due to the shared exploration of the parallel process. That is, attention to all of the relationships is important, including the ones between practitioner and supervisor, be-tween practitioner and parent, and between parent and infant/toddler. It is critical to understand how each of these relationships affects the others. Of additional importance, reflective supervision/consultation relates to professional and personal development within one’s discipline by attending to the emotional content of the work and how reactions to the content affect the work. 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 primary objectives of reflective supervision/consultation include the following:

- 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
Reflective supervision/consultation may be carried out individually or within a group. 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 caregiving relationships.

Reflective supervision/consultation may mean different things depending on the program in which it occurs. A reflective supervisor or consultant may be hired/contracted from outside the agency or program, and may be offered to an individual or group/team in order to examine and respond to case material. If the supervisor or consultant is contracted from outside the agency or program, he or she will engage in reflective and clinical discussion, but administrative objectives only when it is clearly indicated in the contract.

If the reflective supervisor/consultant operates within the agency or program, then he/she will most likely need to address reflective, clinical and administrative objectives. 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, some schedule a meeting separate from the reflective supervision time. Others choose to address disciplinary concerns during the regular reflective supervision meeting. Disciplinary action should never occur within a group supervisory/consultation session. In all instances, the reflective supervisor/consultant is expected to set limits that are clear, firm & 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) 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." Jeree Pawl (1998)

Best Practice Guidelines for the Reflective Supervisor/Consultant

- Agree on a regular time and place to meet
- Arrive on time and remain open, curious and emotionally available
- Protect against interruptions, e.g. turn off phone, close door
- Set the agenda together with the supervisee(s) before you begin
- Respect each 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

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• 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
• 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, as the supervisee appears ready or able
• 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

Best Practice Guidelines for the Reflective Supervisee

• 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 others
• Reflect on supervision/consultation session to enhance professional practice and personal growth

Building Capacity for Reflective Practice:

VAIMH recognizes that in many regions there are few supervisors/consultants who meet the qualifications for endorsement (as specified above). If an endorsement applicant has 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, VAIMH can be a resource, too.

VAIMH invites endorsement applicants to contact the **State Early Childhood Mental Health Coordinator**, Bonnie Grifa at 757-410-2738 or bgrifa@vcu.edu if further assistance is needed in finding reflective 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 Reflective Supervisors with supervisees through the internet, by phone conference, or face to face.

**Reflective Supervision Fees:**

VAIMH endorsed professionals have agreed to provide Reflective Supervision at the following rates:

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<tr>
<td>Individual Session</td>
<td>$65 per hour</td>
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<tr>
<td>Group Session</td>
<td>$50 per person per 1.5 hours (typically provided every other week)</td>
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Reflective Supervision/Consultation: References and Suggested Resources


