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What is Reflective Supervision in Infant and Early Childhood Mental Health?

"This work that we are doing is too important, and too complex, to do alone," shared Dr. Mary Claire Heffron in an interview with Dr. Barbara Stroud. "[in this work] we deserve to think about this (our work), to refuel, and to feel that somebody is there to see them, and to value this work that often times the public doesn't get to see." She added, "If you are an architect someone can admire the building. I'm currently working on a garden and someone can come out and say 'wow, look at those tomatoes!' But if you are really working with families and young children about this 'process of being' your work often goes unseen. Nobody knows exactly what you are doing, what you are thinking, where you are puzzled, where it is sometimes really painful to do this work, also where it is sometimes very joyful. And so, reflective supervision, whether individual or in a group, is that chance to come together, to get support, to grapple about 'oh my gosh, what's the best way to proceed, to do this?'"

Reflective Supervision (RS) is an ongoing professional development practice for clinicians. Through regularly scheduled reflective sessions, the clinician and their reflective supervisor establish a collaborative and reflective alliance. RS supports clinicians in addressing the challenges of their work and this, in turn, leads to better service to families. When a clinician feels seen, heard, and understood in the supervisory relationship it can provide a model for strengthening relationships and promoting the growth and development of babies, young children, their parents, and caregivers. Concretely, RS provides a regular opportunity for a clinician to talk about their work and the impact their work has on themselves and others. RS fosters critical self-awareness and the ability to consider multiple perspective and strengthens the clinician's overall reflective capacity.

"Reflective supervision is a place where thoughts and feelings can be expressed, contained and, as appropriate, explored within the context of a safe and secure supervisory relationship ...a place to give work 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, criticized, or corrected." (Weatherston, Weigand & Weigand, 2010).

RS differs from clinical or administrative supervision, where the focus may be on the nuts and bolts of service delivery or the "how to's" of specific clinical practice. What are some of the core features of RS? We will describe several key features in more detail, but briefly, some of the unique features include:

- Meetings are regular, consistent and protected
- Intentional focus on all relationships (i.e. baby and caregiver, caregiver and clinician, baby and clinician, clinician and supervisor, etc.)
- Centering attention on the relationships as the agents for change
- Shared exploration of the parallel process
- Focus on the experiences of all parties, including babies and young children, parents and clinician, always being careful to keep the baby or young child at the center of the work
- Paying close attention to feelings (including those of the clinician) & how they might impact/inform the work
- Emphasis on supervisor's ability to listen and wait to allow the supervisee to explore on their own (as opposed to "expert role")

- Emphasis on reflective capacity and use of self
- Acknowledging power dynamics in the relationship (and all relationships)
- Valuing vulnerability as a pathway to trust, connection, learning and growth
- Valuing the process of rupture and repair (discomfort is not just ok, it is necessary for growth)

Why RS in Infant Mental Health Work: Parallel Process

A primary focus of infant-parent psychotherapy is to increase reflective capacity in the caregiver. **Reflective capacity** means, "Being aware of one's own personal thoughts, feelings, beliefs, and attitudes as well as understanding how these practices affect one's behaviors and responses when interacting with others." (Tomlin, Weatherston, Pavkov, 2014). Our capacity for reflection grows in the context of a relationship with another person who has strong reflective skills and self-awareness.

The **parallel process** in infant mental health refers to our understanding that relationships impact relationships. In this way, clinicians can use the RS relationship to support their own growth in reflection and to deepen their self-awareness.

Just as babies need a safe and secure relationship in order to feel emotionally regulated and confiiving themselves. The IMH clinician needs the experience of being known, held and supported in the midst of work that often feels overwhelming, painful and challenging. As a clinician can use the felt sense of security in the RS space to explore their work more deeply, they are able to try new things, take risks and grow in their skills. RS offers a space for the clinician to use the supervision relationship as a "safe base" from which they can explore their experience of the work and come to intentional and grounded (in theory and knowledge) next steps.

Both the RS provider and RS recipient have key roles in establishing a relationship that will lead to optimal growth and learning for the clinician.

The **RS provider** aims to enable and co-create an

environment in which the recipient can experience trust, safety, collaboration, and respect so that they can explore their work with increasing vulnerability and depth over time. The RS provider serves as a collaborator and guide. The provider exhibits presence, sensitivity, consistency, reliability and predictability in their actions and behaviors and supports the recipient in practicing these ways of being in their work with families.

The **RS recipient** has an active role in co-creating an effective reflective relationship with their provider, though given the inherent power dynamic of a supervisory or mentorship relationship, the majority of this responsibility will lie with the provider. Participants in RS are experts in their own work with families and are important reflective collaborators with their RS provider. RS recipients can support the reflective process by coming to RS prepared to talk about their work and the impact their work has on them with openness to input and feedback from the RS provider.

Ultimately RS impacts and supports many facets of our work. Among these are ensuring that we are not doing this work alone, that we feel seen and understood, that we can use ourselves and our relationships to nurture other relationships, and that by seeking this safe holding space we can retain our own capacity to engage effectively in this often challenging, and often joyful, work.

There are many resources and tools available to support further learning about RS. We provide just a few below.

Suggested Resources for Further Learning

Alliance Best Practice Guidelines for Reflective Supervision/Consultation: https://allianceaimh.org/reflective-supervisionconsultation

Heffron, M.C. & Murch, T. (2010). *Reflective supervision and leadership in early childhood programs.* Washington, D.C. ZERO TO THREE.

Heller, S., & Gilkerson, L. (Eds.) (2009). *A practical guide to reflective supervision.* Washington, D.C. : ZERO TO THREE.

Stroud, B. (2020). *Mary Claire Heffron - Reflective Supervision Interview [Video].* YouTube. https://www.youtube.com/watch?v=fqDEm-du9To&t=2s

Washington Association for Infant Mental Health Reflective Supervision Guide: https://www.wa-aimh.org/rs-guidelines-project

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