

News & Events

Find out what's new this quarter, including featured stories, upcoming events, and new resources to help you move your home visiting work forward!

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Note from the TARC Director

TARC Director Allison Parish shares her reflections on the importance of reflective supervision/consultation at the awardee-level.

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Home Visiting Perspective



Implementing Reflective Supervision/Consultation at the Awardee Level

Ready to give awardee-level reflective supervision/consultation a try? This article presents some practical strategies for MIECHV teams.

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Awardee Spotlight

Tennessee's Parallel Process

Two members of Tennessee's MIECHV team reflect on their experience implementing reflective practice at the state level.

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Featured Resources

A thumbnail for a resource titled "Passing the Baton: Succession Planning for MIECHV Awardees". It features logos for MIECHV and HRSA. The text on the thumbnail includes: "This letter serves as notice of my resignation..." and "The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness." There is also a small circular image of a woman working at a computer.

Visit the MIECHV Program website to learn more!

Passing the Baton: Succession Planning for MIECHV Awardees

This tip sheet provides guidance and resources to support succession planning by MIECHV awardees.

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Related Resources

Check out additional resources on reflective supervision/consultation.

[Read More](#)



We value your feedback. Please send comments and questions about the MIECHV TARC News and Events newsletter to tarc@edc.org.

This document was prepared for the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), by Education Development Center, under HRSA contract number 75R60219D00040.

Note from the TARC Director

In the nearly two decades I have spent in the field of home visiting, most of the reflective supervision I have seen has been limited to supervision of home visitors. However, through my involvement in Florida’s infant mental health (IMH) association, I learned more about the use of reflective supervision/consultation (RS/C) in a variety of fields, and with staff in various positions. I have come to believe that everyone working in the early childhood field—no matter how far removed from the family—can benefit from this practice.

In their 2022 paper released by Zero to Three¹, Hause and LeMoine agree:

“When professionals, in all levels of service, participate in RS/C, they are afforded space to explore their own responses and feelings, contemplate their professional “use of self,” be intentional in their decision making and policy development, and provide consistent and compassionate support to staff.”

Schmelzer and Eidson also explored the topic of RS/C for leaders in the Michigan IMH Association’s 2020 newsletter. In their article “[The Intersection of Leadership and Vulnerability: Making the Case for Reflective Supervision/Consultation for Policy and Systems Leaders](#),” they asserted that “having access to RS/C space allows leaders to tolerate discomfort, mistakes, rupture, and vulnerability, all of which are necessary to access creativity, attunement, growth and mitigate bias.”

I appreciate that engaging in RS/RC may make some professionals feel uncomfortable; not everyone wants to explore their feelings in the context of their work. However, we require this of home visitors because we believe it is vital to their work with families, and that it helps “keep the baby in mind.” Maintaining this focus is equally important at the state/territory level. RS/C helps us keep children and families at the forefront, and grounds us in why we are doing this work.

The articles included in this newsletter present strategies for implementing an RS/C space at the awardee level, and feature the exciting work that Tennessee is doing in this area. If you hope to start a system for RS/C similar to the one in Tennessee, the [Alliance for the Advancement of Infant Mental Health](#) provides a list of current infant mental health

¹ Zero to Three (2022). Beyond Reflection: Advancing Reflective Supervision/Consultation to the Next Level. Downloaded April 25, 2022 from https://edd7a5243b34af7605d8-b8043178b2a243312d0713ebe0b9a50c.ssl.cf2.rackcdn.com/zerotothree_15fc65c24004ad5c6a0f60389a68fa4b.pdf

associations. You can also contact the [Reflective Supervision Collaborative](#), which offers trainings on establishing RS/C systems and can help you locate a consultant. Additional resources are featured elsewhere in this newsletter. The MIECHV Technical Assistance Resource Center (TARC) can also provide technical assistance on this topic; we have staff who are expert in RS/C and would be happy to partner with you in this effort!

Allison Parish
Director, MIECHV Technical Assistance Resource Center

HV Perspective: *Walking the Walk—Implementing Reflective Supervision/Consultation at the Awardee Level*

Reflective supervision/consultation (RS/C) is the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in one's work.¹ Distinct from administrative and clinical supervision, RS/C provides a space for professionals to discuss their work in the absence of judgment, within a safe environment, with someone who will empower them to realize their capabilities. RS/C also offers a safe space for a staff member to explore their own values, beliefs, and biases with a trusted person.

RS/C is characterized by the emphasis it places on understanding and exploring how the relationships we have in one context affect how we interact in another, noting that how we behave in one relationship will be mirrored in all others—at the individual level, as well as at the organization and systems levels. In reflective supervision, the process is facilitated by the employee's supervisor. In reflective consultation, it is provided by an outside consultant. In both cases, the support can be provided individually or to a group.

RS/C is an integral part of MIECHV programming within local implementing agencies (LIA); in fact, it is required by the MIECHV Notice of Funding Opportunity and well-integrated into LIA systems. Yet limited attention has been directed toward the value of this approach at the awardee level—as a tool for building staff capacity as well as to set the tone for and model the approach for LIAs.

Implementing reflective supervision or reflective consultation at the awardee levels offers awardee staff an opportunity to explore the challenges that arise in their work with LIAs. To prepare them, for example, for a difficult call they may need to have about unallowable expenditures or reported complaints about services. RS/C provides a way for the staff member to plan for the conversation, then later reflect on the experience and explore ways to be more comfortable with future conversations.

Ready to try it? Here are some strategies for implementing RS/C at the awardee level:

- **Decide whether to take an RS or RC approach.** The benefit of RS is that it builds organizational capacity to engage in the practice, which in turn increases the likelihood that the practice will be sustained, over time. It can also strengthen the supervisory

¹ Gilkerson, L. & Shahmoon-Shanok, R. (2000). Relationships for growth: Cultivating reflective practice in infant, toddler and preschool programs. In J. Osofsky & H. Fitzgerald (Eds). [WAIMH Handbook of infant mental health](#). Vol. 2. Early intervention, evaluation and assessment. New York: John Wiley & Sons.

relationship by creating an atmosphere of openness and trust. However, if there are no staff who have been trained in how to provide RS, or if you believe that the power differential inherent in supervisor/staff relationships may affect employees' willingness to share openly, consider using a consultant.

- **Take steps to reduce potential power inequalities.** Power inequality is inherent in a supervisory relationship. These inequalities can be exacerbated by class, culture, racial, and other differences that may exist between the supervisor and supervisee, or among supervisees. Acknowledge these differences from a place of cultural humility. Take time to build a team/collaborative approach. Establish shared goals. Create a comfortable climate by beginning the meeting with an open-ended question or a mindfulness activity.
- **Distinguish reflective supervision from other kinds of supervision.** Unlike administrative supervision, reflective supervision is intended to provide time for an open, honest, non-judgmental, problem-solving, back-and-forth conversation. Make sure that both the supervisor and supervisee understand that what is shared during this time will never be used in the employee's performance appraisal.
- **Establish a sacred meeting time.** Meetings should be regular, predictable, and protected, and allow enough time for both sharing and problem-solving.

If choosing consultation over supervision:

- **Develop clear criteria for what you're looking for in a consultant.** Reach out to community partners (especially mental health agencies) and state and local affiliates of early childhood and mental health (IECMH) organizations to identify potential consultants. If your state licenses, certifies, or endorses IECMH consultants, find someone who meets these state qualifications. Make sure your candidate has experience providing reflective consultation and participates in their own reflective supervision or consultation practice.
- **Make sure to budget** for any fees the consultant may charge. In developing a contract, consider how long each RC session will last, how frequently sessions will take place, and the contract period.
- **Consider whether to meet individually or as a group.** Meeting individually provides staff with one-on-one attention; also, some people may feel safer sharing with a single person than with a group of peers. However, meeting as a group provides opportunities for peers to share and explore issues with one another other, thus reducing the "power"

of the consultant. Group options may also allow more flexibility in terms of participation (for example, a group could include multiple MIECHV awardees).

Once you have decided on your approach, make sure that you have the organizational support needed to undertake the initiative. Getting buy-in from your chain of command is key! This will help you sustain RS/RC practices in the face of potentially conflicting organizational priorities competing deadlines.

Jeree Pawl, a pioneer in the field of infant mental health, is noted for saying this about supervision: “Do unto others as you would have others do unto others.” While implementing RS/C at the awardee level may be a new concept for some, Pawl’s words provide the perfect encouragement for awardees who would like to “walk the walk” and model this approach for their LIAs.

Awardee Spotlight: Tennessee’s Parallel Process—Implementing Reflective Practice at the State Level

Reflective supervision/consultation (RS/C) is an integral part of MIECHV programming within local implementing agencies (LIAs). Yet, despite the well-documented benefits of RS/C, few awardees offer these supports to their own staff.

Tennessee is one exception.

Since 2020, Sarah Sanders, Section Chief of Tennessee’s Early Childhood Initiative Section and project director for the state’s MIECHV program, has participated in a reflective practice group exclusively for state systems leaders. Organized by Tennessee’s Association of Infant Mental Health (AIMHiTN), a professional membership organization for TN’s early childhood workforce, the monthly sessions offer participants a vital opportunity to share and receive support from colleagues working in similar roles and facing many of the same challenges.

“We all carry the same load,” said Sanders. “It’s helpful to have a place to share the weight of responsibility,”

The sessions also provide an important opportunity for leaders from across the infant and early childhood, mental health, and education arenas to “walk the reflective practice walk”—that is, model a practice that they are expecting of their field staff, including their LIAs.

The idea for the group crystallized following a 2018 reflective practice summit sponsored by AIMHiTN. The summit underscored the benefits of RS/C for field staff, so why not also extend these benefits to leadership? After securing funding—a combination of funds already dedicated to RS/C, private grants, and unrestricted dollars—AIMHiTN launched the state-wide Early Childhood Systems Leaders Reflective Practice initiative in 2020, with participation from four child-serving state agencies and over a dozen leaders from contract agencies across the early childhood field.

The initiative began with a series of webinars on RS/C principles and practices. These webinars, developed in partnership with the Alliance for the Advancement of Infant Mental Health, helped to ensure that participants had a shared understanding of the approach and its foundations. Leaders were then invited to join regularly scheduled reflective practice space sessions. From the start, expectations for participation in these spaces was fluid: while meeting always take place at the same time each month, members attend as time permits, with the understanding that the door is always open and that’s it okay to miss when responsibilities and

deadlines get in the way. Given the significant demands on members' time, this flexibility has been key to the group's success and sustainability.

This fluidity extends to session content, as well. Discussion topics aren't generated in advance, but organically evolve based on the needs of the people in the (virtual) room. This approach allows participants to get what Sanders describes as "spontaneous support."

Organizers also recognized the importance of having an external facilitator lead the sessions. Kimberly Diamond-Berry, a seasoned reflective consultation specialist from the Alliance for the Advancement of Infant Mental Health, has been leading the group since its inception. Diamond-Berry's outside perspective, combined with her keen facilitation skills, has helped to create a space where participants can be open and vulnerable. According to Sanders, Diamond-Berry isn't there to provide answers, but to steer the ship. Most of the support the group receives is from one another; Diamond-Berry's main role is to draw the group's attention to issues that emerge, and create the space to address them.

Sanders' experience participating in the statewide reflective practice initiative has been positive on many levels.

"It's affirming to know that you're not alone in your work—that others have the same feelings and experiences. It's also easy to get sidetracked by all the time we spend writing grants and producing reports. [The reflective practice spaces] help me keep babies and families in mind. They help me feel connected to families and home visitors, and to remember why I do my work as a state administrator—so that Tennessee families can get the support they need to thrive."

The sessions have also cemented Sanders' commitment to RS/C for her LIA staff.

"Before being in state government, I worked in homes, doing case management. There were times I left jobs because I wasn't comfortable. If I'd had reflective supervision at that time, I may have felt more prepared to continue in that work."

Moving forward, AIMHiTN plans to continue offering the reflective practice space as part of state staff's professional development and learning. State leaders are also exploring ways to evaluate the effectiveness and benefits of the approach.

Sanders is proud of Tennessee's statewide reflective practice initiative. Her main surprise? That more states aren't doing it!

To learn more about Tennessee's statewide RS/C approach, contact Angela Webster, Executive Director of AIMHiTN at angelaw@aimhitn.org or Sarah Sanders at sarah.sanders@tn.gov.

Resources

[Best Practice Guidelines for Reflective Supervision/Consultation](#)

Developed by the Michigan Association for Infant Mental Health and the Alliance for Mental Health, this resource includes best practice guidelines for reflective supervision/consultation (RS/C). It clarifies the differences among administrative, clinical, and reflective supervision, and introduces the Reflective Interactive Observation Scale (RIOS™), a measurement and practice tool awardees can use to define and operationalize their RS/C processes and content.

[Demystifying Reflective Practice: Defining Reflective Supervision and Consultation for Infant and Early Childhood Professionals](#)

Developed by the Wisconsin Infant/Early Childhood Mental Health Policy Committee, this short brief defines reflective practice, and outlines its benefits and essential elements.

[Illinois Children's Mental Health Partnership Reflective Practice Guide](#)

Created by the Reflective Practice Work Group of the Early Childhood Committee of the Illinois Children's Mental Health Partnership, this guide is based on the premise that everyone can benefit from reflective practice—whether operating at an administrative or supervisory level, or working directly with young children and families.

[Reflective Supervision: A Guide from Region X to Enhance Reflective Practice Among Home Visiting Programs](#)

Developed as part of the MIECHV Region X Innovation in Home Visiting Workforce Development Project, this guide presents core principles of reflective supervision.

[Reflective Supervision Handbook for West Virginia Home Visitation Supervisors](#)

Developed by West Virginia Home Visitation, this handbook includes questions awardees can use to assess their readiness to implement reflective supervision and design a model appropriate for their setting. It includes a section that specifically addresses the importance of RS/C among program leaders and supervisors.