REFLECTIVE SUPERVISION

Reflective Supervision is not a new concept. It is the process of examining with someone else the thoughts, feelings, actions and reactions evoked in the course of working closely with children and their families (Eggbeer, Mann & Seibel, 2007). Self-reflection is felt to be a key to effective practice.

Reflective Supervision involves the regular collaborative reflection between a service provider and a supervisor. It builds on the supervisee’s thoughts, feelings and values within a service encounter. Reflective Supervision is distinct from administrative supervision that does not include case-based reflection. The model differs from supervision where cases are reviewed mainly due to the occurrence of a crisis.

In the Reflective Supervision model, the supervisor and supervisee meet regularly. The commitment to the supervision time takes precedence over other obligations. The case and direction of the discussion are chosen by the supervisee. The supervisor guides the supervisee in examining feelings or thoughts about the case and encourages use of this awareness to better serve the client(s). The supervision relationship is based on collaboration, choice, trust, and control. It is similar to a Trauma-Informed Systems approach which works from strengths and in a safe setting. The goal is to create an environment where supervisees can do their best thinking in safety and with support.

The relationship-based, shared exploration allows the supervisee to discover solutions, concepts and perceptions without interruption. Reflection and collaboration promote learning and provide a safe place for expression of a full range of feelings that can be elicited in working with families. There is opportunity to discuss goals and measure progress (Eggbeer, et al., 2007). All growth and discovery occurs within the context of the trusting supervisory relationship (Minnesota Association for Children’s Mental Health).
Reflective Supervision is associated with greater resilience among providers. Relationship-based supervision and continuing education are associated with lower rates of burnout and turnover and greater success in obtaining permanency for children (Minnesota Association for Children’s Mental Health). Supervisees know they always have someone to turn to if there is a difficult decision or if they feel overwhelmed (Eggbeer et al., 2007).

In Virginia, Healthy Families and the Home Visiting Consortium are more fully adopting the Reflective Supervision model. Laurel Aparicio, MPA, Director of the Home Visiting Consortium explains the process. “We wanted to support what we know is best practice in supervision and over the last year we have implemented an Intensive Reflective Supervision Training and Learning Community for home visiting supervisors from all parts of the commonwealth,” she relates. “We brought in experts from Michigan to provide the training and lead monthly Reflective Supervision sessions. Additionally, a number of participants are engaged in the process to become future Reflective Supervision trainers for the Home Visiting Consortium. We wanted to build a pool of trainers who can meet the level of expertise required.”

Aparicio explains that many of the Healthy Families supervisors are not clinically trained. Historically, supervision has been administratively focused. This reality is noted by publications as well. For example, Eggbeer et al. (2007) discuss that supervisors in settings providing infant-family services seldom have adequate and intentional training for a supervisory role. Rather, they are moved into supervisory roles because of their accomplishments in other positions.

Aparicio continues, “Our programs are prevention programs and the typical training for supervisors has not been clinical training. However, the families we serve have dealt with significant trauma and present many challenges.” Traditionally, less attention was paid to how a home visitor was feeling during interactions with the family. Aparicio notes that it is not unusual for the prevention work
of Healthy Families to trigger strong feelings in workers. Therefore, it can be important to recognize how past experiences impact current relationships, both for the family served and for the provider.

Aparicio relates that Reflective Supervision “changes everything.” Among the positive effects are: more job satisfaction, higher quality of services for families, an increase in family retention, less burnout for workers, less turnover, and feelings of greater support. She offers some anonymous comments from the evaluations collected from participants:

“This process reduces the loneliness of being a supervisor. It is wonderful to talk to peers, knowing you are not the only one who experiences these challenges, making connections with others and exchanging ideas.”

“I was honored to be a part of the process, so nurturing and unlike any other experience I have had.”

“Reflective Supervision has been a tremendous support to workers and has many benefits for the program,” summarizes Aparicio. For more information on this best-practice model, contact Laurel Aparicio, MPA at (804) 338-0717 or by E-mail: laurel.aparicio@homevisitingva.com