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Reflective Supervision

What We Know and What We Need to Know to Support and Strengthen the Home Visiting Workforce

Supporting and Strengthening the Home Visiting Workforce (SAS-HV) Phase 1 Final Report

OPRE Report 2022-101

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OPRE Report 2022-101

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Submitted to

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Executive Summary

Introduction

Reflective supervision was developed in response to an identified need to support providers who work closely with families with young children.[1] Reflective supervision is thought to assist providers in developing important competencies[2–4] while also helping them manage the complexity of relationships and powerful emotions that often accompany the work.[1,5] If implemented well and over time, reflective supervision may improve service quality, staff retention, and family outcomes.[6] Consequently, most evidence-based home visiting models and funders, such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, encourage the use of reflective supervision.[7]

Given the wide acceptance of reflective supervision as a conceptually sound approach, the home visiting field needs a clear and agreed-upon definition of *reflective supervision* and an understanding of key elements and best practices that are most relevant and useful in the home visiting context.[4,8] In addition, the field needs evidence that reflective supervision is effective in achieving its intended outcomes and an understanding of which specific elements of reflective supervision affect which outcomes, and under which conditions.

The Supporting and Strengthening the Home Visiting Workforce project seeks to identify gaps in knowledge about reflective supervision and develop a conceptual model to support future research, policy, and practice.[i] The Office of Planning, Research, and Evaluation in collaboration with the Health Resources and Services Administration awarded the contract to James Bell Associates, in partnership with Johns Hopkins Bloomberg School of Public Health, MDRC, and the University of Colorado Denver.

This report summarizes findings from a review of existing literature on reflective supervision within home visiting and adjacent fields; presents a conceptual model of reflective supervision in home visiting; and includes a scan of existing materials to promote or assess reflective supervision.

Primary Research Questions

The project addressed five guiding questions:

1. How does the literature define reflective supervision? What are key elements of reflective supervision? What are gaps in existing research?

[i] The project also focuses on home visitor professional well-being, which will be presented in a separate report.

2. What factors promote reflective supervision in home visiting and related fields?
3. How does reflective supervision affect home visiting outcomes?
4. What trainings, resources, and strategies are in use within home visiting and related fields to promote reflective supervision? What are gaps in existing trainings, resources, and strategies?
5. How do researchers and practitioners measure reflective supervision? What are gaps in existing measures?

Methods

Key project tasks include a literature review, the development of a conceptual model, and an environmental scan of existing materials on reflective supervision.

The project team ("we") completed a literature review to understand how home visiting and adjacent fields, such as infant mental health and child welfare, address aspects of reflective supervision (see box). We reviewed 53 sources, including journal articles and relevant gray literature.

To develop a conceptual model of reflective supervision, we used literature review findings, an analysis of existing conceptual models and relevant theories, as well as ongoing engagement with local program staff, MIECHV awardees, Tribal MIECHV grantees, home visiting model representatives, training and technical assistance (TA) providers, and project consultants.

Last, we conducted an environmental scan to understand the current state of the field with respect to the availability and characteristics of trainings, resources, and measures ("materials") related to reflective supervision (see box). We also explored how existing materials align with the newly developed conceptual model of reflective supervision.

Literature Review Steps

1. Systematic searches of scholarly databases
2. Searches of reference lists of included articles identified in database searches
3. Targeted search of gray literature, such as home visiting reports and MIECHV state-led evaluation reports
4. Input from local program staff, home visiting model representatives, training and professional development providers, and project consultants

Environmental Scan Steps

1. Public call for information about relevant materials
2. Targeted website searches of 18 relevant organizations, entities, and efforts
3. Series of web-based searches using predetermined search terms
4. Exploration of relevant materials identified in the literature review

Key Findings and Highlights

Literature Review Findings

Findings suggest that there is no clear and agreed-upon definition of *reflective supervision* that specifies key elements and is supported by research evidence. Although definitions commonly emphasize the importance of regularity, collaboration, reflection, and the relationship between the supervisor and supervisee, they vary in the extent to which they specify key elements and goals of reflective supervision. The literature described elements of reflective supervision related to the supervisory relationship, structure and modes of delivery, areas of focus within sessions, reflective process, and supervisor techniques.

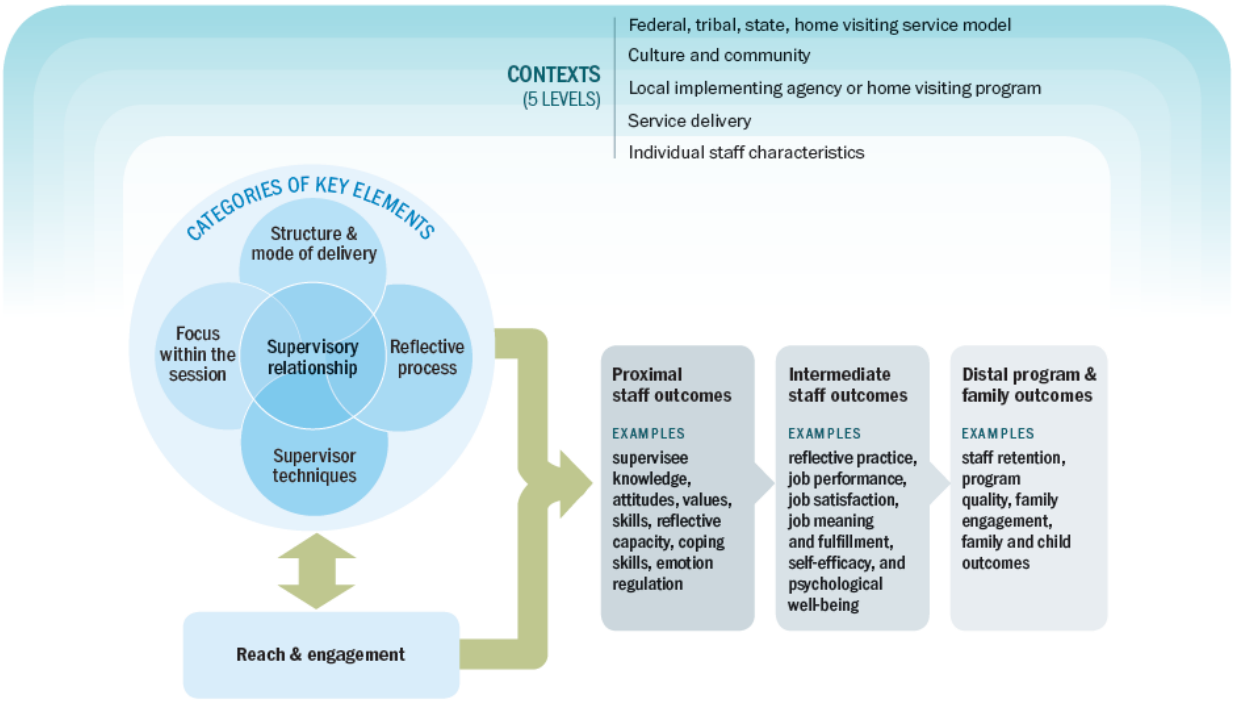
Very limited research exists on reflective supervision—both within and beyond home visiting. Much of the literature is conceptual, and existing research is descriptive or correlational, limiting our ability to make causal inferences about reflective supervision's impact on staff, program, or family outcomes. There is also limited research on influential contextual factors, strategies, and resources that may support or hinder the implementation or effectiveness of reflective supervision.

Reflective supervision is assumed to promote home visiting fidelity and quality—and, subsequently, improved family outcomes—but there is little research to support this notion. Results from a few studies suggest that reflective supervision may enhance supervisee self-efficacy, reflective practice, and job satisfaction; however, because no studies used a control or comparison group, we cannot say for certain that reflective supervision caused improvements in outcomes more than other factors did, such as time or experience on the job.

Conceptual Model Highlights

We developed a conceptual model that places reflective supervision within a complex home visiting system (exhibit ES.1). The model describes how factors throughout this system might influence the implementation or effectiveness of reflective supervision. The key elements of reflective supervision fall into five categories: (1) *supervisory relationship,* (2) *structure and mode of delivery,* (3) *focus within the session,* (4) *reflective process,* and (5) *supervisor techniques*. The model shows how key elements are expected to contribute to a series of outcomes for staff, programs, and families; the model also shows that reflective supervision's effectiveness in achieving intended outcomes likely depends on the extent to which organizations and staff implement and engage fully in the practice. The model offers a framework for thinking about reflective supervision in home visiting, provides a starting point for determining reflective supervision quality, and may be useful for identifying or developing evidence-informed strategies and resources to support implementation.

Exhibit ES.1. Conceptual Model of Reflective Supervision



Environmental Scan Findings

We identified 41 existing trainings, several of which are intended to be supplemented with related strategies such as coaching, mentoring, or participation in a community of practice. Beyond trainings, we found an array of resources that vary in depth and breadth of information; examples include books, manuals, guidelines, and websites. We identified 11 self-report and observational measures that aimed to evaluate a wide range of elements of reflective supervision, although none have been well validated. All materials supported elements within at least one of the categories described in the conceptual model; most spanned several of them. Most materials were developed for home visiting.

Recommendations

The home visiting field needs an agreed-upon definition of *reflective supervision* that specifies key elements and is supported by research evidence. Ideally, a definition would incorporate the perspectives of home visiting practitioners, researchers, and policymakers—to ensure that its elements are feasible, acceptable, relevant, and useful in the home visiting context.

The home visiting field needs validated measures of reflective supervision for research and practice. Measures are needed to assess reflective supervision implementation quality; to examine change in quality over time in response to interventions; and to test whether and how reflective

supervision is associated with intended outcomes. Measures should be acceptable, feasible, and useful for diverse communities and workforce populations.

The newly developed conceptual model of reflective supervision should be further specified and tested using methods that prioritize the perspectives of home visiting practitioners. In particular, there is a need for research to identify elements of reflective supervision that drive change in specific outcomes while taking into account context and the diverse strengths and needs of the home visiting workforce. Rigorous study designs and methods are needed to identify the pathways through which reflective supervision achieves proximal, intermediate, and distal outcomes. Because the home visiting workforce is diverse, future efforts should aim to understand which elements of reflective supervision work best for whom and in what contexts.

Trainings in reflective supervision must be rigorously designed and evaluated. Training developers should state clear and realistic goals, use training methods that are likely to help achieve those goals (e.g., methods that are consistent with principles of adult learning and training transfer), and evaluate fidelity of training implementation and outcomes. Ideally, training evaluations would use valid measures and rigorous designs, such as those that include a control or comparison group.

Introduction

High-quality supervision has been described as a "best practice" element of home visiting implementation.[9] *Reflective supervision* is a model or type of supervision that was developed in the early 1990s by a group of multidisciplinary infant and early childhood professionals who saw a need for a process that encourages reflection in nonclinical settings.[1,6] These professionals thought such reflection was important for providers working with families with infants and young children, due to the complexity of relationships and powerful emotions that often accompany this work.[1] At the time, many practitioners working in early childhood intervention, home visiting, and related fields serving families with young children received a form of supervision that focused primarily on administrative requirements and performance evaluation.[10] Reflective approaches to supervision were quite rare, especially in non–mental health settings.[11] Having identified a need, the group began to develop a "clinical-like" form where providers lacked formal mental health training.[6,11,12]

Reflective supervision has many potential benefits. As a professional development strategy, reflective supervision aims to build, reinforce, and sustain provider competencies.[2–4] In addition, reflective supervision intends to improve providers' abilities to cope with job-related stress and support dimensions of professional well-being, such as self-efficacy, job satisfaction, job meaning and fulfillment, and psychological well-being.[11–13] If implemented well and over time, reflective supervision may contribute to improvements in service quality, staff retention, and family outcomes.[6]

Reflective supervision is widely recommended within early childhood home visiting, where staff work closely with families who have multiple, diverse needs.[14] Home visitors meet regularly with families in their homes to provide relationship-based, family-centered parenting and health education; family support; and referrals to services in the community. Home visiting programs often serve marginalized communities characterized by high levels of poverty, crime, and violence,[15] and many home visiting programs prioritize families experiencing high levels of psychosocial stress and instability.[14,16] The nature of the work can evoke in practitioners a range of complex thoughts, feelings, and reactions—both positive and negative.[15,17–19] Although rich opportunities for personal growth and fulfillment abound in home visiting, cumulative exposures to job-related stress, if unaddressed, may increase risk for negative staff, program, and family outcomes.[20,21] Understanding and supporting the home visiting workforce is an enduring priority for the field—and may be especially important amid the challenges and stresses families and home visiting staff are facing during the COVID-19 pandemic.

A clear understanding of reflective supervision and its benefits and limitations is important to support workforce development and advance the field. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Tribal MIECHV programs require awardees and grantees to maintain high-quality supervision practices and encourage the use of reflective supervision.[13] Reflective supervision has been examined in home visiting initiatives, such as the Home Visiting Career Trajectories project,[19] MIECHV state-led evaluations,[22,23] and MIECHV Innovations awards.[8]

Although there is general agreement that regularity, collaboration, and reflection are needed for supervision to be considered reflective,[11,24–26] key elements and best practices of reflective supervision are not well defined, particularly in home visiting (see box for definitions of key terms).[4,8] Until recently, efforts to define *reflective supervision* have been led primarily by infant and early childhood mental health professionals, many of whom supervise clinicians with advanced degrees and who work in office-based settings.[27] Practices that are feasible and work well in these contexts may not translate directly to the home visiting context, in which nonclinical staff deliver services in environments that can be highly challenging and unpredictable. There is also a lack of clarity about elements that distinguish reflective supervision from other models of supervision, such as clinical supervision. Given the wide acceptance of reflective supervision as a conceptually sound practice, the early childhood home visiting field needs—

Definitions

Key element: Important part of reflective supervision that adds value or contributes to improvements in outcomes

Measure: A systematic way to assess the elements, qualities, or effects of reflective supervision

Contextual factor: Anything that exerts a positive or negative impact on implementation or outcomes of reflective supervision

Outcome: The result of giving or receiving reflective supervision

Implementation: Delivery of reflective supervision as intended with sufficient quality, dosage, and consistency

Effectiveness: Impacts of reflective supervision on intended outcomes

- A clear and precise definition of the term *reflective supervision*, including adequate specification of key elements to promote reliable implementation
- Clear and precise definitions of key elements of reflective supervision, to promote reliable measurement and evaluation
- A shared understanding of what it means to implement reflective supervision with sufficient quality
- Measures to assess reflective supervision

- Evidence about factors that promote the implementation and effectiveness of reflective supervision[28,29]
- Evidence on the effectiveness of reflective supervision in achieving short- and long-term outcomes, such as in sustaining or improving staff competencies, job satisfaction, job-related self-efficacy, job meaning and fulfillment, and psychological well-being
- Evidence regarding the pathways through which reflective supervision achieves intended outcomes
- Strategies and resources to support implementation of reflective supervision with sufficient quality to achieve the intended outcomes

Overview of Project Goals and Tasks

The Supporting and Strengthening the Home Visiting Workforce Project (SAS-HV), funded by the Office of Planning, Research, and Evaluation in the Administration for Children and Families in collaboration with the Health Resources and Services Administration, is designed to address gaps in existing knowledge and advance understandings of how to support and strengthen the home visiting workforce, including the workforce funded through the MIECHV and Tribal MIECHV programs. The project addressed two focal areas: (1) professional well-being and (2) reflective supervision. This report summarizes findings for the reflective supervision focal area; a companion report summarizes findings for the professional well-being focal area.

Guiding questions for the reflective supervision component of the project include—

1. How is *reflective supervision* defined by the literature? What are key elements of reflective supervision? What are gaps in existing research?
2. What factors promote reflective supervision in home visiting and related fields?
3. How does reflective supervision affect home visiting outcomes?
4. What trainings, resources, and strategies are in use within home visiting and related fields, to promote reflective supervision? What are gaps in existing trainings, resources, and strategies?
5. How is reflective supervision measured by researchers and practitioners? What are gaps in existing measures?

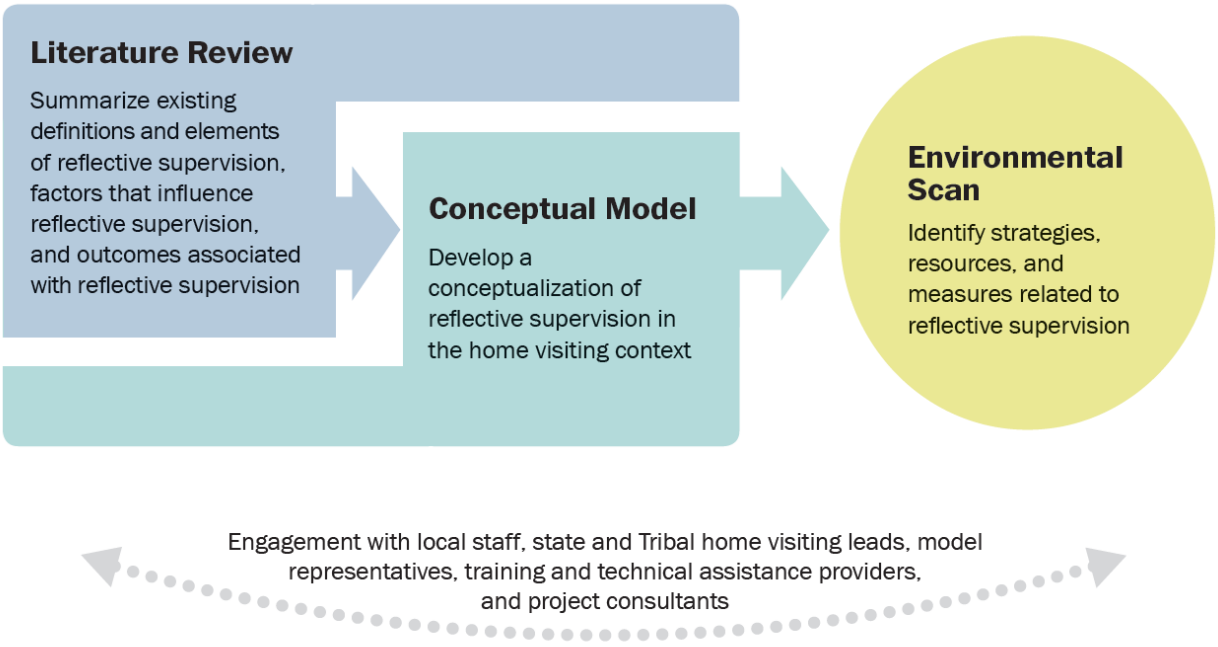
Exhibit 1 outlines key project tasks designed to address the guiding questions. Key project tasks include a focused literature review, development of a conceptual model, and an environmental scan of existing strategies and resources to promote reflective supervision and measures to assess implementation. The project team ("we") created the conceptual model using an iterative process informed by findings from the literature review and input from the following groups:

- Local home visiting program staff
- MIECHV awardees and Tribal MIECHV grantees

- Model representatives
- Training, professional development, and TA providers
- Consultants with expertise in home visiting, reflective supervision, early childhood education or child welfare workforce development, worker well-being, and TA provision

We engaged representatives from these groups throughout all project tasks.

Exhibit 1. Key Project Tasks and Goals



Roadmap of the Report

We begin with a summary of existing literature examining reflective supervision within home visiting and adjacent fields; this is followed by a summary and overview of a newly developed conceptual model of reflective supervision (see box for an overview). Findings from the literature review and ongoing engagement with local program staff, model representatives, training and TA providers, and project consultants informed this model. Finally, we present discoveries from an environmental scan to identify materials that can support reflective supervision. We conclude with a summary of findings across the three project tasks, identified gaps, and recommendations for future work.

We acknowledge that home visiting staff working in a variety of positions (e.g., program managers, supervisors, assessment workers) may benefit from reflective supervision; thus, throughout this report we use the broader terms *supervisor* and *supervisee* when referring to reflective supervision participants.

Overview of the Conceptual Model of Reflective Supervision

The conceptual model presents five overlapping *key elements* that constitute reflective supervision:

1. Supervisory relationship
2. Structure and delivery
3. Focus within the session
4. Reflective process
5. Supervisor techniques

It also describes *contextual factors* at multiple levels that influence implementation, as well as proximal, intermediate, and distal *outcomes* of reflective supervision.

See exhibit 7 for the conceptual model.

Literature Review

We completed a targeted review of literature from home visiting and related fields, such as those that deliver services to families with young children in home-based settings and other contexts (see box for key findings). The literature review addressed three sets of guiding questions:

1. How is *reflective supervision* defined in the literature? What are its key elements?
2. What factors influence reflective supervision? What strategies and resources promote reflective supervision?
3. How does reflective supervision influence outcomes for home visiting staff, programs, and clients?

Summary of Key Findings From the Literature Review

- Most literature on reflective supervision is theoretical or conceptual.
- Definitions of *reflective supervision* vary in content and level of specificity.
- The literature described key elements related to the supervisory relationship, structure and modes of delivery, areas of focus within the session, reflective process, and supervisor techniques.
- Very limited research exists on influential factors, strategies, and resources that may support or hinder the implementation or effectiveness of reflective supervision; no studies tested individual, organizational, or broader contextual factors as predictors of the key elements listed above.
- Reflective supervision is assumed to promote home visiting fidelity and quality—and, subsequently, improved family outcomes—but there is little research to support this notion, particularly in the home visiting context.
- Findings from a small number of qualitative and correlational studies suggest that reflective supervision may enhance supervisee self-efficacy, reflective practice, and job satisfaction, yet rigorous research is needed to identify causal impacts.
- Studies rarely examined associations between specific elements of reflective supervision and outcomes; rather, they examined reflective supervision as a whole “package” and often fell short of describing key elements as implemented.

Literature Review Methods

The literature review involved four steps: (1) systematic searches of four scholarly databases; (2) review of bibliography lists for articles included from database searches completed in step one; (3) targeted search of gray literature[ii] such as home visiting reports and state-led evaluations; and (4) input from local program staff, model representatives, training and professional development providers, and project consultants. The search strategy used terms related to the topic of interest (i.e., reflective supervision) and relevant populations and settings (e.g., home visiting, early intervention, child welfare).

Included articles met the following eligibility criteria:

- Addressed one of the guiding questions (listed above)
- Focused on populations of expectant families or families with children (infants through age 18) in an educational, supportive (including social services), or care-based setting (including health care) or in the child or family's home
- Reported on reflective supervision implemented in the United States
- Published in English
- Published between January 2010 and October 2020

To ensure inclusion of the most relevant sources, we expanded the eligibility criteria for articles identified in steps two through four to include highly relevant gray literature and seminal publications published prior to 2010. See appendix B for more details regarding literature review methods.

Limitations of Our Approach

Our targeted approach has some limitations that must be considered when making conclusions. First, this was not a systematic review of the literature. We conducted a focused search of four databases for literature specific to reflective supervision published from 2010 to 2020. We addressed this limitation by including seminal articles and gray literature found through snowball searches and recommendations from expert consultants and potential home visiting beneficiaries. Nevertheless, we may have missed articles published very recently or indexed in other databases. We also received permission to include relevant MIECHV evaluation reports from three states—Virginia, Michigan, and West Virginia—but there may be other states with relevant findings that have not been included. Second, because this was not a systematic review, we did not assess the methodological quality or rigor of empirical studies. We addressed this limitation by giving some

[ii] *Gray literature* refers to information produced outside of traditional publishing and distribution channels.

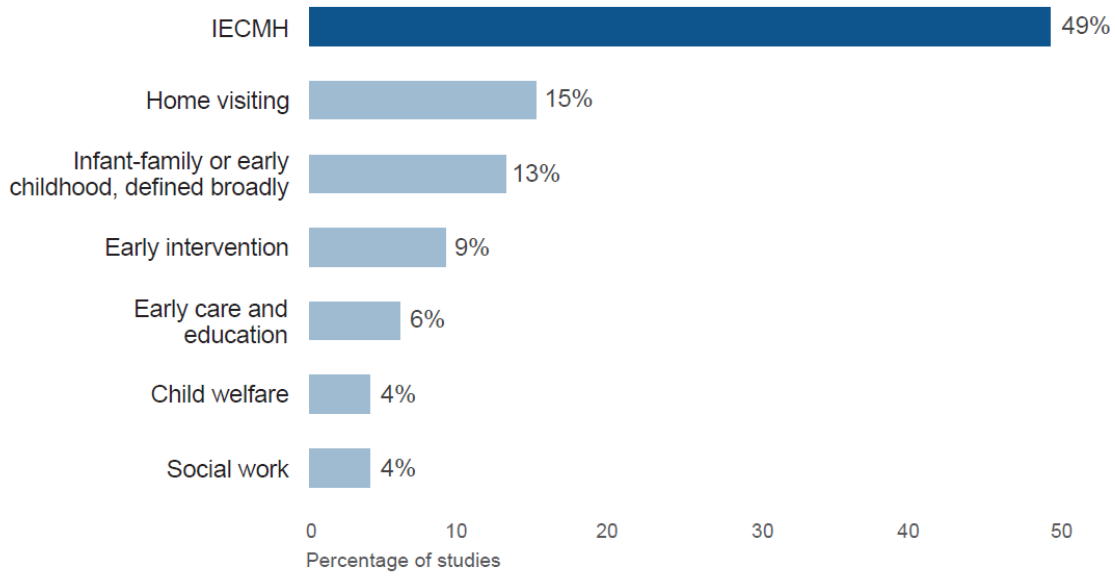
detail on study designs (i.e., descriptive or correlational) and methods (i.e., qualitative or quantitative) in the report.

Overview of Included Studies

We identified 53 eligible sources, including journal articles, books, book chapters, TA papers, white papers, guidelines, and evaluation reports. All but one source described work in infant or early childhood settings, and most literature was from the field of infant or early childhood mental health (IECMH), defined broadly (exhibit 2). Only eight sources (15 percent) were from the field of home visiting.

Exhibit 2. Field of Study for Literature

Most literature was from infant and early childhood mental health (IECMH)



Most literature (55 percent) was conceptual in nature. Conceptual literature described historical or theoretical underpinnings of reflective supervision, conceptually based elements and processes of reflective supervision, the use and significance of reflective supervision in varied settings, and potential areas for future study.

Only 24 sources (45 percent) described results from research or evaluations related to reflective supervision. All research studies and evaluations used descriptive (*n* = 13, 54 percent) or correlational (*n* = 11, 46 percent) designs; no studies used quasi-experimental or experimental designs that allow for determining cause and effect (see box on next page for an explanation of types of study designs). Most studies enrolled small samples (5 to 116 participants). Study

participants were mostly female (85–100 percent) and White (51–100 percent) and held at least a bachelor's degree (100%).[iii]

Of the sources that described results from research or evaluations, seven were in the field of home visiting.[8,19,22,23,30–32] See appendix E for a detailed summary of research studies reviewed from the home visiting field.

Literature Review Findings

This section provides a summary of literature review findings organized by guiding question.

How Is Reflective Supervision Defined in the Literature?

Definitions characterized reflective supervision as an approach, practice, process, philosophy, or relationship for learning; as a form of professional development; or as management technique. Although most sources (*n* = 34, 64 percent) defined reflective supervision, about a third did not. Some definitions were brief and touched on main ideas, whereas others were lengthy and included detailed information about intended goals, key elements, and other characteristics of reflective supervision.

Definitions of reflective supervision commonly emphasized the importance of regularity, collaboration, and reflection. Authors often referred to the landmark work of Fenichel,[24] who described reflective supervision as being characterized by regularity, collaboration, and reflection. In brief, the term *regularity* has been described as delivery of supervision routinely and with sufficient frequency; *collaboration* as the mutual nature of the interactions between the supervisor and supervisee; and *reflection* as a process that involves "stepping back to consider the work from multiple perspectives, including what one and others observe, feel, and think."[24(p9)]

Definitions

Competency: Knowledge, skills, attitudes, and personal traits, demonstrated in behavior, that allow a person to carry out their roles effectively

Parallel process: Ways in which relationships between a supervisor and home visitor mirror and/or influence relationships between home visitors and caregivers and between caregivers and their children

Clinical supervision: Formal provision, by approved supervisors, of relationship-based education and training that is work focused and that manages, supports, develops, and evaluates the work of colleagues

Administrative supervision: Supervision that focuses on oversight of performance, rules, and policies

[iii] Percentages are out of the subset of studies that reported these characteristics.

There was also general agreement across definitions that reflective supervision is relationship based. This means that learning and professional development occur within the context of relationships—between the supervisor and supervisee, supervisee and caregiver, and caregiver and child. Definitions almost always emphasized the central importance of the relationship between the supervisor and supervisee.

Some definitions emphasized important features or elements of reflective supervision. Others described elements of reflective supervision such as predictable meeting times, attention to the emotional content of the work, and use of specific techniques such as teaching or guiding. Other definitions suggested features that distinguish reflective supervision from other forms of supervision, such as *clinical*[33] or *administrative* supervision.[14] Qualities that may distinguish reflective supervision from administrative supervision include the use of a nondirective approach, attention to the *parallel process*, a focus on emotional reactions to the work, and consideration of how these reactions affect interactions between home visitors and the families with whom they work. Definitions did not specify clear differences between clinical and reflective supervision.

Qualities that may distinguish reflective supervision from administrative supervision include the use of a nondirective approach, attention to the parallel process*, a focus on emotional reactions to the work, and consideration of how these reactions affect interactions between home visitors and the families with whom they work.*

Definitions varied in the extent to which they described participant roles and intended outcomes of reflective supervision. Some definitions defined the role of the supervisor, such as to guide the supervisee to explore thoughts and feelings related to the work, provide expertise to inform decision making, and offer support and empathy to help supervisees regulate emotions and manage stress related to the work. Some definitions described intended outcomes, such as improvements in home visitor competencies, reflective practice, overall service quality, or staff wellness and retention (see boxes for definitions).

Definitions from the field of home visiting emphasized the function of reflective supervision as a professional development strategy to improve staff competencies, increase service

Definitions

Competency: Knowledge, skills, attitudes, and personal traits, demonstrated in behavior, that allow a person to carry out their roles effectively

Reflective practice: A deliberate act and approach to learning that involves a process of reflecting *in* action, *on* action, and *for* action when working with families

quality, or enhance staff wellness and retention. Definitions from the broader field of infant mental health that were not specific to home visiting emphasized partnership and collaboration between the supervisor and supervisee. Exhibit 3 shows definitions from the home visiting field.

Exhibit 3. Example Definitions of Reflective Supervision Used in Home Visiting

Document	Definition
MIECHV Notice of Funding Opportunity[13]	A distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who work to support very young children's primary caregiving relationships. Reflective supervision is a practice which acknowledges that very young children have unique developmental and relational needs and that all early learning occurs in the context of relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process; that is, [the principle that] attention to all the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on their own, without interruption from the supervisor.
Home Visiting Career Trajectories Report[19]	A relationship-based practice in which a home visitor and supervisor reflect on the home visitor's experiences working with families in the context of their own feelings and reflections. Reflective supervision is a management technique that emphasizes the importance of relationships (supervisor–supervisee relationships and home visitor–client relationships) and creates a space for home visitors to examine their own feelings.
Mother and Infant Home Visiting Program Evaluation Implementation Report[14]	A way for home visitors to discuss and reflect on the families in their caseload with their supervisors, to improve their decision-making and problem-solving abilities.
Reflective Supervision: A Guide From Region X to Enhance Reflective Practice Among Home Visiting Programs[4]	A very specific, relationship-based supervisory approach that supports competency-based, ongoing professional development and service quality. Reflective supervision is the process through which reflective practice is supported. Reflective supervision is a form of ongoing, intentional, scheduled professional development that focuses on enhancing the reflective practice skills of home visitors for purposes of program quality, including staff wellness and retention.

What Are the Key Elements of Reflective Supervision?

We use the term *key element* to refer to an important part of reflective supervision that adds value or contributes to better outcomes. Included literature described elements using varied terms such as *components*, *ingredients*, *tasks*, *objectives*, *qualities*, *structures*, *content*, *processes*, *activities*, *behaviors*, and *techniques*.

Our review and synthesis of elements of reflective supervision builds on two notable earlier efforts led by Tomlin and Watson, respectively (see box for a summary of their studies). Findings from these two previous studies offered a starting point for thinking about different types or categories of elements that comprise reflective supervision and a useful first list of key elements within those categories. Of note, neither effort was specific to the home visiting context.

Earlier Efforts to Identify Key Elements of Reflective Supervision

Tomlin et al. conducted a Delphi study[i] designed to identify the "critical components" of reflective supervision.[46] They surveyed 35 experienced reflective supervision practitioners (fields of practice were not specified) who identified 134 potential components within 6 categories: qualities of the supervisor, behaviors of the supervisor, mutual qualities and behaviors, structure, process, and behaviors of supervisee. Experts then rated each potential component for relevance to practice (1 = not essential to 5 = always essential). Experts rated 36 components as "always essential."

In a separate effort, Watson et al. worked with a group of infant mental health experts using a modified Delphi process and identified two key dimensions of reflective supervision.[41] The first dimension, "essential elements," described five content areas that may be addressed within a given session, such as by focusing on the experiences of a particular child or family or the supervisee's own thoughts, feelings, and experiences. The second dimension, "collaborative tasks," described five elements of a reflective process that could be used to explore a given content area in reflective supervision.

For this report, we reviewed recent literature from home visiting and related fields and extracted information on all constructs identified as potentially relevant "elements." We grouped constructs into thematic categories, starting with key categories and dimensions identified in the two earlier efforts described above (i.e., general groupings of structure, focus, reflective process, and behaviors). To capture additional elements that appeared frequently in the literature we added a fifth category of elements related to the supervisory relationship. We made minor adjustments to the category titles to more accurately reflect the elements within each category and align with broader efforts in the

field of home visiting to be more precise in how strategies and interventions, such as reflective supervision, are described.[34]

Below we describe five categories of elements discussed in the literature: (1) the supervisory relationship, (2) structure and mode of delivery, (3) focus of the session, (4) reflective process, and (5) supervisor techniques.

The Supervisory Relationship

We saw general agreement across the literature that a safe, trusting relationship between a supervisor and supervisee is a key element of effective reflective supervision. Literature described the supervisory relationship as a relationship for learning,[35] a "holding space,"[4] or a "container" for the work[36] that allows for and supports reflection, ensures that the supervisee does not feel alone in their work, and is the vehicle through which professional development occurs. The literature frequently mentioned essential characteristics of the relationship, such as trust,[37–42] safety,[3–5,36,43] collaboration,[2,11,41] and respect.[38,42,44,45] Sources emphasized that the relationship between supervisor and supervisee is cocreated over time and requires effort by both participants.[4] Most of the literature on the supervisory relationship was conceptual; the small body of research on the supervisory relationship was descriptive and did not examine factors that support the relationship or ways in which the relationship is associated with outcomes.

Essential characteristics of the relationship include trust, safety, collaboration, and respect.

Structure and Mode of Delivery

Some literature discussed structural elements of reflective supervision[3,4,11,22,30,43,45–47] or recommended that reflective supervision sessions follow a specific structure.[1,5,46] For example, Gilkerson described seven *phases* of a single reflective supervision meeting. In order, they were (1) preparing, (2) greeting and reconnecting, (3) opening the dialogue and creating the agenda, (4) gathering information, (5) formulating hypotheses, (6) considering next steps, and (7) closing.[1] Bernstein and Edwards described five *stages* of reflective supervision implementation that occur over multiple sessions. These included (1) orientation to reflective supervision, (2) acceptance, (3) shared understanding, (4) agreement and planning, and (5) accountability and follow-up.[5] The literature also addressed alternate formats and modalities through which reflective supervision can be delivered, such as in individual or group sessions or in person, by phone, or via virtual technology.[3,4,47] All literature describing elements of structure or mode of delivery was conceptual; we identified no research studies that examined or compared structural elements or modes of delivery.

Focus of the Session

Some literature suggested that discussing specific content may be an important element of reflective supervision.[31,39,41,42,45,46,48–53] For example, in their Delphi study, Watson et al. identified what they refer to as five "essential elements" that constitute the foci of discussions during reflective supervision.[41] These include a focus on understanding (1) the family story, (2) the baby or child and his or her experience, (3) one's own thoughts and feelings related to the work, (4) the parallel process, and (5) the relationship between the supervisor and supervisee.[41] Other authors described similar focal areas using different terms. In addition, some authors suggested that discussions in reflective supervision can focus on broader contextual issues, such as those related to the home visiting program or local community or culture.[39,49] The widely recognized Alliance for the Advancement of Infant Mental Health *Best Practice Guidelines for Reflective Supervision* emphasized the importance of maintaining a balance of attention across all of these focal areas within a given supervision session.[48] Most of the literature describing elements related to focal areas was conceptual; existing research was descriptive and did not examine associations between elements of focus and outcomes.

Reflective Process

Some literature described elements of a reflective process that could be applied across all focal areas.[19,26,26,37,41,44–46,52–56] Literature characterized the reflective process as a deliberate progression of steps that allow for mutual exploration of a focal area, to enhance understanding, seek insight, and inform the work moving forward. For example, Watson et al. described a process involving five collaborative steps*:* describing, responding, exploring, linking, and integrating.[41] The authors described the reflective process as dynamic and nonlinear because the dyad may cycle through it multiple times within a session as they explore different focal areas or topics. Other authors used varying terms to describe conceptually similar elements of the reflective process. Examples include as *exploring thoughts*,[26,52] *exploring feelings*,[19,53–56] *seeking meaning while addressing challenges*,[6,37,44,45,56] *discussing implications for the supervisee or the work moving forward*,[56] and *managing ruptures in the supervisory relationship when they occur*.[6,31] One element of reflective process, cocreating the supervisory relationship over time, was described as extending beyond a single session.[4,44] Literature suggested that although the reflective process may be guided or facilitated by the supervisor, it is intended to be collaborative and a shared responsibility.[46,57] The literature on the reflective process is mostly conceptual, and existing research is descriptive.

Although the reflective process may be guided or facilitated by the supervisor, it is intended to be collaborative and a shared responsibility.

Supervisor Techniques

Most literature described specific observable techniques supervisors use to build and sustain the supervisory relationship, facilitate the reflective process, and improve supervisee knowledge, skills, and other competencies.[2–4,11,12,24,26,27,31,35,38,39,41,42,45,46,48,49,51–54,58–61] Across the literature, techniques were referred to as *behaviors*, *practices*, and *tasks*. Commonly discussed techniques included setting an agenda together,[1,39,48] creating a calm and confidential environment,[27,38,42,45] asking questions,[4,42,45,48] active listening,[35,39,48,51] empathizing,[4,48,51,58] reflecting back,[56,62] allowing time for reflection,[4,42,52,54] and teaching or guiding.[4,26,39,41,42,48,49] Techniques mentioned less frequently included discussing goals,[2,12] protecting against interruptions,[48] communicating warmth and caring,[45] modeling,[59] and wondering about the thoughts and feelings of others.[11] Of note, techniques mentioned throughout the literature varied in specificity, and some techniques described broader strategies that may actually be composed of multiple smaller techniques. For example, "ask questions about feelings" is a very discrete technique, whereas "reflect" is broad and may require use of other skills. The literature on techniques was mostly conceptual, and the available research is descriptive.

What Factors Influence Reflective Supervision?

Eight research studies or evaluations examined factors, strategies, or resources that either promote or hinder implementation or effectiveness of reflective supervision.[8,19,31,39,44,45,58,63] All studies were descriptive or correlational (see box for an important note). One study used quantitative methods,[8] five studies used qualitative methods or methods involving expert consensus

Why Correlation Does Not Equal Causation

We often want to know whether a given factor or intervention leads to or *causes* an effect on an outcome. Unfortunately, this is not always easy to determine because many potential factors can lead to change. For example, if we want to know whether mentoring for supervisors *caused* improvements in supervisory practice, we must show that (1) mentoring measures and outcome measures are correlated, (2) outcomes are measured *after* mentoring took place, and (3) there are no other plausible explanations for the improvement, such as passage of time or increases in other supports that might contribute to improvements in supervisory practice (e.g., training, reading a book on supervisory practice, or reduction in caseload size). Although descriptive studies and correlational studies contain useful information, they cannot establish causation because they do not allow us to rule out alternative explanations for improvements; to do this, we need to use research designs that include control or matched comparison groups, or that allow for measuring outcomes repeatedly over time, including before and after the intervention.

techniques,[19,44,45,58,63] and two studies used a mix of quantitative and qualitative methods (see box on the next page for more information about types of research studies).[31,39] Four studies were in the field of home visiting.[8,19,23,31] The remaining literature describing influential factors, strategies, and resources was conceptual.

Below we discuss existing research organized by factors operating at three levels of the home visiting system: (1) individual staff characteristics; (2) local implementing agency and organizational factors; (3) and federal, tribal, state, and local community factors. Individual staff factors are further divided into supervisor attributes and supervisee attributes.

Types of Research Methods

Qualitative methods such as interviews and focus groups involve collecting nonnumerical data to understand nuanced concepts, experiences, or opinions.

Quantitative methods such as surveys and questionnaires involve objective measurement, categorization, and statistical analyses of numeric data to explore, describe, or evaluate phenomena.

Individual Staff Characteristics

Only one research study examined attributes of supervisors thought to promote effective reflective supervision.[45] Tomlin et al. solicited expert consensus on "essential qualities" needed for individuals providing reflective supervision.[45] Experts rated 15 of 37 qualities as "always essential;" examples included compassionate, self-reflective, and reliable. There was less agreement around other attributes, such as whether the supervisor needed to have provided direct services or have clear expectations of the supervisee. Conceptual literature mentioned additional potentially important attributes such as openness, acceptance, curiosity, presence, commitment, reverence, mutuality, patience, respect, self-awareness, honesty, dependability, consistency, and perspective-taking ability. Literature describing important supervisor attributes was based on expert or practitioner perspectives and did not test associations between supervisor attributes and reflective supervision implementation or effectiveness.

The literature rarely discussed important attributes of supervisees. One exception is the same study by Tomlin et al., in which experts were asked to rate essential "behaviors a supervisee demonstrates."[45] Experts endorsed no items as "always essential," but rated eight items as "almost always" essential, including having a non defensive stance, keeping realistic expectations, having the ability to ask for help, enjoying and being willing to partake in collaboration, being introspective and self-aware, and being open to suggestions and input from the supervisor.

Literature highlights important attributes of supervisors such as openness, acceptance, curiosity, patience, and perspective-taking ability.

Local Implementing Agency and Organizational Factors

Several sources described organizational resources needed to support reflective supervision implementation, such as adequate time, funding, and administrative support;[4,8,19,23,31,60] **training;**[4,8,30,31,37,39,44,58] **and mentoring and/or reflective consultation for supervisors.**[31] Other sources discussed the role of organizational culture. For example, organizations may be more likely to adopt and sustain reflective supervision if they are grounded in and supportive of relationship-based practices; provide a safe and stable work environment; promote professionalism; and prioritize continuous learning and reflection.[37,58,63] The literature mentioned other potentially important organizational factors such as committed and continuous leadership,[37,63] leaders who attend to hiring supervisors with essential attributes,[23] and leaders who support reflective supervision and hold staff accountable.[63] Research on organizational factors was based on expert opinion or correlational studies and did not test causal associations between factors and reflective supervision implementation or outcomes.

Organizations may be more likely to adopt and sustain reflective supervision if they are grounded in and supportive of relationship-based practices; provide a safe and stable work environment; promote professionalism; and prioritize continuous learning and reflection.

Federal, Tribal, State, and Local Community Factors

Literature examining broader factors and strategies is very limited; only two research studies examined systems-level strategies to support reflective supervision implementation.[8,31] As one example, participants in the Region X Home Visiting Workforce Study recommended forming partnerships between states and institutions of higher education to offer courses on reflective supervision.[8] A second study tested the effectiveness of a comprehensive tiered program of statewide supports to establish reflective supervision and improve reflective practice within MIECHV-funded home visiting programs in Minnesota.[31] We describe findings from this study in the following section. Conceptual literature described other potentially relevant factors such as legislation that specifies expectations for reflective supervision, strong collaborations with infant mental health associations, and common guidelines for reflective supervision.[42]

What Strategies Promote Reflective Supervision?

Trainings and related strategies have shown mixed success in improving aspects of reflective supervision implementation or effectiveness on outcomes. In addition to training, related strategies often included ongoing support for supervisors providing reflective supervision. Seven studies tested effects of trainings and related strategies.[23,30,31,39,44,53,60] Three studies were

conducted in the field of home visiting.[23,30,31] All studies used descriptive or correlational designs, and no studies included a control or comparison group. Because descriptive and correlational designs cannot tell us with any certainty that trainings and related strategies *caused* the effect on outcomes, findings should be interpreted with caution.

Effects of Strategies on Aspects of Reflective Supervision Implementation

Three studies found significant positive effects of training and related strategies on some, but not all aspects of reflective supervision implementation, such as supervisors' self-reported use of reflective supervision strategies or self-efficacy using skills in reflective supervision (exhibit 4). For example, Shea et al. found that after participating in reflective supervision training, infant mental health supervisors showed improvements for 16 of 17 items of the Reflective Supervision Self-Efficacy Scale for Supervisors; however, their supervisees showed significant improvements on only 1 of 17 items on the supervisee version of the same measure.[44] Studies that used qualitative or descriptive approaches also had mixed results. Williams et al. conducted a qualitative evaluation of a reflective supervision training for 34 supervisors overseeing licensed clinicians in publicly funded mental health agencies.[60] Participants reported that the instruction led to them becoming more reflective and less directive, and they perceived their supervisees as being more confident, expressive, and able to come up with their own solutions. In another study, Gallen et al. evaluated a training program for 29 Part C Early Intervention supervisors.[39] After training, supervisees rated their supervisors more favorably on 3 of 17 items on the Reflective Supervision Rating Scale compared with before training, and supervisors rated themselves more favorably on 8 of 17 items on a corresponding version of the scale.[iv]

Studies of trainings and related strategies to support reflective supervision implementation have shown mixed results.

Effects of Strategies on Reflective Supervision Outcomes

Two studies found mixed effects of trainings and related strategies on anticipated *outcomes* of reflective supervision, such as improvements in staff competencies or psychological well-being. Shea et al. piloted an instructional series for supervisors and supervisees employed in community infant mental health settings and found qualitative evidence that the training strengthened relationships between supervisors and supervisees, increased confidence in the use of reflective supervision as a tool, and bolstered reflective practice in practitioners' work with families.[44]

[iv] Authors did not report results from statistical tests.

As mentioned above, Watson et al. tested a comprehensive tiered program of statewide supports to establish reflective supervision and improve reflective practice within MIECHV-funded home visiting programs in Minnesota.[31] Supports included site training in reflective practice and infant mental health, two conversations with agency directors about reflective practice, monthly individual reflective consultation for supervisors provided by infant mental health consultants, monthly case consultations for home visitors co-led by supervisors and mental health consultants, as-needed mental health consultation, and weekly individual reflective supervision for home visitors. Whereas findings suggested improvements in some competencies, participants' emotional exhaustion increased over time.[v]

Exhibit 4. Associations Between Strategies and Aspects of Reflective Supervision Implementation

Training and related strategies	Study design	Aspect of reflective supervision implementation
Training for home visitors, supervisors, and program managers, followed by monthly RS groups for supervisors and program managers for 2 years[30]	One group, pre-post with 12-month follow-up	• Supervisor self-reported use of reflective strategies in RS (✚)
Eight-module training for community infant mental health practitioners[53]	One group, pre-post with 8- and 10-month follow-up	• Supervisor self-efficacy facilitating reflective supervisory tasks (+) • Supervisor perceptions of supervisee use of reflective practice skills in RS (+) • Supervisee self-efficacy regarding their own use of specific skills in RS (mixed findings)
Two full training days followed by 15 monthly 1.5-hour RS sessions for home visiting supervisors[23]	One group, pre-post with 12- and 18-month follow-up	• Supervisor self-perceived ability for "encouraging growth and skill development" during RS (✚)

Notes. Exhibit includes results from quantitative studies only. RS = reflective supervision. "+" = Statistically significant (i.e., $p \leq 0.05$) positive association; "✚" = Statistically significant positive association found in home visiting study; "−" = Statistically significant negative association. Results from Gallen et al. are not included in this exhibit because authors did not provide quantitative results.

[v] This study evaluated a tiered, multicomponent intervention; because training effects could not be isolated, results are not reported in the exhibit.

How Does Reflective Supervision Influence Outcomes for Home Visiting Staff, Programs, and Clients?

Thirteen descriptive or correlational studies examined outcomes of reflective supervision in areas related to staff competencies or work-related stress or well-being; no studies examined effects of reflective supervision on service quality or family outcomes.[19,22,26,31,32,39,43,50,52–54,60,64] Three studies were in the field of home visiting.[22,31,32] All studies were descriptive or used correlational designs to explore associations between variables at the same point in time or to assess differences in outcomes of interest measured before and after reflective supervision or reflective supervision trainings. Seven studies used qualitative methods such as interviews or focus groups, and six studies used quantitative methods such as surveys or questionnaires. Of note, studies rarely examined associations between specific *elements* of reflective supervision and outcomes; rather, they examined reflective supervision as the whole "package"—and often fell short of describing key elements as implemented.

Below we present outcomes organized thematically by (1) staff competencies and (2) work-related stress or well-being.

Staff Competencies

Eight studies that examined whether receipt of reflective supervision was associated with improvements in specific staff competencies showed consistently favorable results.[26,31,32,50,52,54,60,64] Most studies focused on competencies such as supervisors' or supervisees' perceived self-efficacy, knowledge, and skills related to reflective practice. Only one study was from home visiting,[32] although some investigations focused on providers engaged in home- or community-based work. Two quantitative studies showed statistically favorable associations between receipt of reflective supervision and supervisee's reflective practice skills and self-efficacy (exhibit 5).[26,54]

Two quantitative studies showed statistically favorable associations between receipt of reflective supervision and supervisees' reflective practice skills and self-efficacy.

Six studies that examined staff competencies used qualitative methods such as interviews or focus groups and did not test statistical associations with outcomes.[32,43,44,50,52,60] For example, six MIECHV home visitors who were interviewed as part of a state-led evaluation in Virginia reported positive outcomes—such as greater acceptance and understanding of families and increased feelings of self-efficacy—after participating in reflective supervision.[32] Supervisors who participated in the same evaluation reported enhanced empathy and understanding of their supervisees as well as more personal fulfillment.[32] In another study, Frosch et al. conducted qualitative interviews with early interventionists before and after they received 9 months of reflective supervision from an

Endorsed Infant Mental Health Mentor.[50] After receiving reflective supervision, participants showed "deeper analysis" of their experiences (based on word count and content of their responses). In another study, early interventionists rated their overall experiences of reflective supervision, and the vast majority indicated that these incidents contributed to their overall professional development, their ability to manage their own responses to infant and family conflict, and their ability to form and maintain positive relationships with coworkers.[26]

Exhibit 5. Significant Associations Between Reflective Supervision and Supervisee Competencies

Aspect of reflective supervision examined	Study design	Outcome
Group reflective supervision for early childhood interventionists[26]	One group, pre-post	• Supervisee's reflective practice self-efficacy (+)
Reflective supervision and reflective training for childcare workers[54]	Two groups, correlational	• Supervisee's approach showing complexity, insight, openness, acceptance, richness, and coherence (+)

Note. Exhibit includes results from quantitative studies only. "+" Statistically significant positive association found in the literature

Work-Related Stress or Well-Being

Four studies found consistent positive associations between receipt of reflective supervision and either job satisfaction or compassion satisfaction;[22,26,39,64] **however, findings on burnout, work-related stress, and aspects of psychological well-being were mixed.**[8,19,26,31,43] For example, two studies of infant mental health therapists and Early Intervention Part C providers found that specific characteristics of the supervisory relationship were associated with lower levels of burnout.[39,64] Studies in home visiting found that receipt of reflective supervision was associated with lower levels of depressive symptoms,[8] perceptions of better job satisfaction, and reduced stress.[32] In contrast, as described above, Watson et al. evaluated a multicomponent systems-level intervention for home visiting that included reflective supervision.[31] Findings showed that although supervisors and supervisees perceived improvements in knowledge and skills related to reflective practice principles, participants' scores on an emotional exhaustion scale increased over the course of the project.[31] In a large, national study of MIECHV-funded local home visiting programs, supervisors shared opinions that reflective supervision was important in helping prevent home visitor burnout; however, home visitors expressed more wide-ranging opinions, and some felt that reflective supervision was not always useful or implemented regularly.[19] Similarly, a study of clinical infant mental health therapists found that reflective supervision was helpful in managing work-related stress for some but not all supervisees.[43] Exhibit 6 shows findings from studies that examined associations between reflective supervision and work-related stress or well-being outcomes.

Other studies observed positive associations between perceptions of reflective supervision and supervisees' perceptions work-life balance[39] or perceptions of an organizational learning culture—defined as one that fosters openness, creativity, and reflexivity across the workforce.[65]

Exhibit 6. Significant Associations Between Reflective Supervision and Work-Related Stress or Well-Being Outcomes

Findings show mostly positive, but some negative, outcomes

Description or aspect of reflective supervision examined	Study design	Outcome
Supervisee's self-efficacy in reflective supervision [64]	One group, pre-post with 6-, 9-, and 12-month follow-up	• Job satisfaction (✚) • Burnout (—) • Supervisee's statement: "I find meaning in my job" (✚)
Supervisee's participation in reflective supervision plus training in reflective principles[31]	One group, pre-post with 18-month follow-up	• Emotional exhaustion (✚)
Group reflective supervision[26]	One group, pre-post	• Supervisee's work-related stress (+)
Supervisee's perception of reflective supervision quality[22]	One group, pre-post with 6-month follow-up	• Job satisfaction (✚) • Burnout (—)
Supervisee's rating of reflective supervision quality[39]	One group, pre-post	• Job satisfaction, compassion satisfaction, work-life balance, quality of supervision (+) • Burnout, avoidance (-)
Supportive reflective supervision[8]	One group, descriptive	• Depressive symptoms (-)

Note. Exhibit includes results from quantitative studies only. "+" = Statistically significant (i.e., $p \leq 0.05$) positive association; "✚" = Statistically significant positive association found in home visiting study; "−" = Statistically significant negative association; "—" - Statistically significant negative association found in home visiting study

In addition to research literature, conceptual literature describes expected outcomes of reflective supervision on supervisees, such as development of relational capacities,[3] reflective capacities,[2] and reduced stress and burnout.[11,12] In addition, one article suggested that group reflective supervision may help build team coherence and understanding.[3] Conceptual literature also suggests that reflective supervision can lead to long-term improvements in service quality and family outcomes.[58]

Summary and Implications of Literature Review Findings

This section summarizes key findings and implications for future work, by research question.

General Findings

Limited research exists on reflective supervision, particularly in the home visiting context; most of the literature is conceptual. Fewer than half of the sources included in this review describe empirical research (*n* = 24, 45 percent). In addition, most literature is from the broad field of infant or early childhood mental health, and samples in many studies included providers with formal training or advanced degrees in mental health–related disciplines. Lessons learned in these studies may not generalize well to home-based work provided by staff with more varied backgrounds and less specialized mental health training.

Defining Reflective Supervision

Existing definitions of reflective supervision show general agreement that regularity, collaboration, and use of reflection are needed for supervision to be considered reflective. Definitions also suggest agreement that reflective supervision is relationship based, meaning the relationship is foundational to achieving intended outcomes. In addition, literature consistently describes reflective supervision as a process that serves both formative (i.e., supports learning and professional development) and restorative (i.e., encourages emotional processing) functions.

Across the literature, definitions show less agreement regarding elements that distinguish reflective supervision from clinical or administrative supervision. Elements of reflective supervision overlap with those of clinical supervision as well as similar types of supervision that encourage reflection and emphasize a parallel process. There appears to be less overlap with elements of administrative supervision, which is meant to focus on policies and procedures and often has an evaluative component. Some definitions of reflective supervision used in home visiting emphasize the importance of a collaborative, nonhierarchical relationship between the supervisor and supervisee that does not include evaluation, and some definitions further suggest that administrative and reflective supervision should remain distinct; however, other literature indicates that reflective and administrative supervision can be blended successfully.[66] Moreover, this arrangement is not unusual in home visiting, where a single supervisor is often called upon to perform both functions.[32] Given that reflective supervision originated as a strategy to bring a process that encouraged reflection to settings where administrative supervision was the norm, focusing on what reflective supervision adds above and beyond administrative supervision may be more relevant and useful than trying to identify distinguishing features.

Key Elements of Reflective Supervision

Elements commonly addressed by the literature are those related to the supervisory relationship, sessions' focus, reflective process, and supervisor techniques. Elements related to structure and delivery are discussed less frequently. The literature does not clearly specify techniques that are essential, those that are useful in certain contexts, and those that are inconsistent with reflective supervision. The literature also uses varying terminology for categories and key elements, which creates confusion and hinders comparison. There is also very limited research showing *which* elements of the relationship, structure, focus, reflective process, or supervisor techniques *drive* outcomes, especially in the home visiting context. For home visiting practitioners, this lack of clarity may contribute to uncertainty or misunderstanding regarding best practices for implementation.

Influential Factors and Strategies

There is very limited research on influential factors, strategies, and resources that may support or hinder the implementation or effectiveness of reflective supervision. No studies tested individual, organizational, or broader contextual factors as predictors of the supervisory relationship, structure/delivery, sessions' focus, reflective process, or use of specific techniques. Very few studies tested the effectiveness of reflective supervision training and related strategies on reflective supervision implementation or implementation quality. Findings highlight opportunities for home visiting researchers to partner with practitioners to develop and test strategies, while taking into consideration contextual factors that may promote or hinder implementation. Findings also underscore the need for researchers and evaluators to disseminate results widely.

Outcomes

Reflective supervision is assumed to support provider competencies and well-being and thus ultimately lead to improved service quality and program and family outcomes—but there is little research to support this notion, particularly in the home visiting context. Findings from a few qualitative and correlational studies suggest that reflective supervision may enhance supervisee self-efficacy, reflective practice, and job satisfaction, yet rigorous research is needed to identify causal impacts. No studies have used a control or comparison group; thus, we cannot say for certain that reflective supervision caused improvements in outcomes more than other factors such as time or experience on the job (see box).

Research has focused on short-term staff outcomes. Studies have scrutinized individual staff outcomes related to individual supervisor and supervisee competencies, job satisfaction, burnout, job meaning, and work-related stress but have not addressed more distal outcomes of reflective supervision, such as staff retention, program quality, or family outcomes. In addition, research has not examined the causal pathways through which reflective supervision achieves these outcomes.

Home visiting practitioners may benefit from clearer understandings and evidence of how reflective supervision "works." For example, does reflective supervision lead to improvements in specific knowledge or coping skills that then lead to improvements in job satisfaction? Such evidence may boost supervisor and supervisee motivation to implement or participate in reflective supervision regularly, even in the context of competing priorities.

Research often focuses on the amount of reflective supervision provided or received, but it does not describe or measure elements, indicators, or implementation quality. This lack of specificity limits researchers or practitioners' ability to interpret or replicate findings and to understand which elements are most strongly associated with improving outcomes.

A Note About Interpreting Findings

None of the studies reviewed used a control or comparison group; thus, we cannot say for certain that reflective supervision caused improvements in outcomes more than other factors did, such as time or experience on the job.

Literature Review: Implications for Practice

Supervisors might consider how different elements affect supervisees' engagement in and outcomes of reflective supervision. Overall, the literature we reviewed shows there is no single definition or model of reflective supervision. Many studies agree that reflective supervision is characterized by regularity, collaboration, and reflection, but practitioners use many different structures, processes, and techniques. For example—

- Literature consistently stresses the importance of the **supervisory relationship** in supporting the capacity of supervisees for reflection, professional development, and not feeling alone in their work. Practitioners should pay special attention to how they build trust, safety, collaboration, and respect into supervisory relationships.
- Practitioners might consider how **structure and mode of delivery** affect the supervisory relationship, the supervisee's engagement, and outcomes of reflective supervision. Examples include whether sessions take place in person or online, individually or in groups, and whether the same supervisor provides both reflective supervision and administrative supervision. Supervisors might consider a flexible approach tailored to the needs and preferences of individual supervisees.

- Practitioners might consider whether and how they maintain a balance across **focal** areas within each supervisory session. Areas often discussed include the child, the family, the supervisee's thoughts and feelings about specific situations, the parallel process, the supervisor–supervisee relationship, and broader situations and relationships within the program or community.
- Practitioners should pay particular attention to whether they are using a **reflective process.** If so, they should consider whether the process feels collaborative and is useful and productive in helping achieve intended outcomes.
- The **techniques** that supervisors use vary, and there is scant literature specifying which techniques are essential, acceptable, or inconsistent with reflective supervision. Practitioners are invited to identify the techniques that seem to work for/with individual supervisees and develop a "menu" of techniques from which to choose.

Practitioners should consider what they hope to achieve in reflective supervision—both within a single session and over time. Little is known about the anticipated or actual outcomes of reflective supervision. A few qualitative and correlational studies show tentative associations between reflective supervision and outcomes such as reflective practice self-efficacy and job satisfaction, but more work is needed to understand causal relationships.

Conceptual Model of Reflective Supervision

Despite wide support for reflective supervision in the field of home visiting, findings from the literature review underscore the lack of a common language and shared understanding of key elements, intended outcomes, and the pathways through which reflective supervision achieves those outcomes. To address this need, we developed a conceptual model of reflective supervision for use in home visiting (see box below for its main features). We created the model by integrating literature review findings, a review of relevant theories and existing conceptual models, and feedback solicited during ongoing engagement with local program staff, MIECHV awardees, Tribal MIECHV grantees, national model representatives, training and TA providers, and project consultants. The process used to develop the model is described in detail below.

Conceptual Model at a Glance

- The conceptual model views reflective supervision as operating within a complex home visiting system. The model describes how factors throughout the home visiting system might promote or hinder the implementation or effectiveness of reflective supervision.
- The model proposes five categories of key elements contributing to a series of outcomes for staff, programs, and families.
- The model offers a framework for thinking about reflective supervision in home visiting, a starting point for defining reflective supervision quality, and a useful tool to identify or develop evidence-informed strategies and resources to support implementation.

The model can help practitioners, researchers, and policymakers—

- Facilitate communication and promote shared understandings
- Refine concepts and relationships that are abstract or unclear
- Shape understandings of implementation quality
- Guide the development and use of measures to assess reflective supervision
- Develop research questions and study designs to identify influential factors, detect elements of reflective supervision that drive change, and evaluate the efficacy of reflective supervision in promoting specific outcomes
- Identify gaps in available strategies and resources to support reflective supervision

Methods Used to Develop the Conceptual Model

We created the conceptual model using an iterative process that included—

Review of literature to identify definitions, key elements, intended outcomes, and influential factors related to reflective supervision (findings described in the previous chapter)

Review and integration of concepts from existing conceptual models of reflective supervision

Review and integration of key concepts from broader literature describing relevant social and behavioral theories of change

Incorporation of feedback gathered in a series of virtual meetings with local program staff, MIECHV state awardees and Tribal MIECHV grantees, model representatives, and training and TA providers

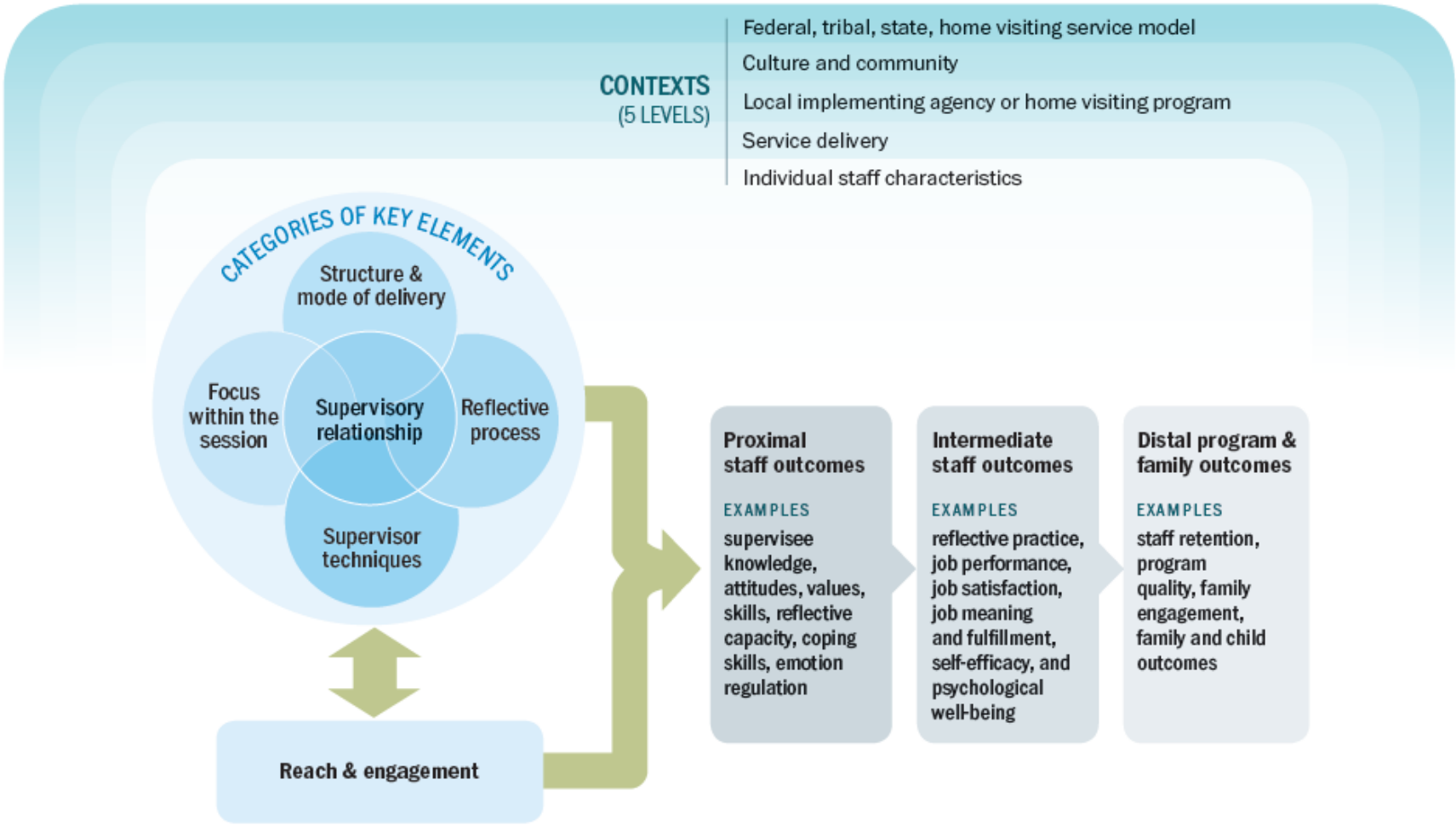
Ongoing consultation with experts in home visiting research or practice, reflective supervision, workforce development, organizational psychology, implementation science, and worker well-being

See appendix C for a more detailed description of methods used to develop the conceptual model, including exhibits showing how relevant materials and feedback were incorporated.

Overview of Conceptual Model

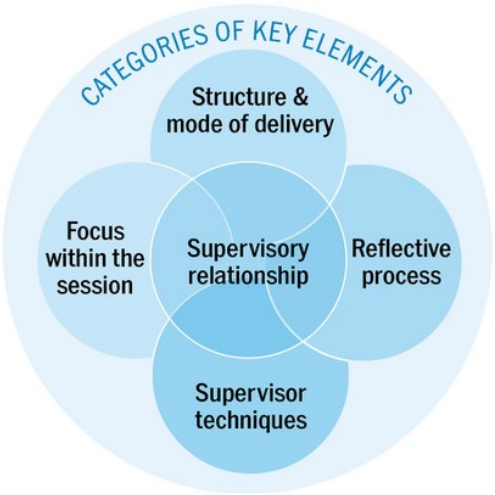
The conceptual model of reflective supervision describes key elements of reflective supervision that lead to proximal, intermediate, and distal outcomes (exhibit 7). It also designates contextual factors at multiple levels of the home visiting system that may influence the implementation and effectiveness of reflective supervision. We recognize that reflective supervision takes place within a complex system, and, as such, associations among key concepts may be more dynamic and nonlinear than they appear here. Below we explain each component of the model as depicted in the exhibit, from top to bottom, and from left to right.

Exhibit 7. Conceptual Model of Reflective Supervision



Key Elements

The conceptual model builds on findings from the literature review and describes five categories of key elements of reflective supervision that are interrelated and support one another (see box). They include elements of the supervisory relationship, structure and mode of delivery, focus within the session, reflective process, and supervisor techniques.



Supervisory relationship refers to the characteristics and quality of the relationship between the supervisor and supervisee, such as **trust, safety, collaboration,** and **respect**. The relationship creates a safe space for the reflective process to be applied across focal areas. The relationship is cocreated over time and is always shaping and being shaped by other elements. One project consultant described the supervisory relationship as both a "means and an end," meaning that the relationship is both a key mechanism through which other changes occur and an important outcome in and of itself.

Structure and mode of delivery refer to expectations regarding **the frequency and regularity** of supervision, **the format through which reflective supervision is implemented** (e.g., individual versus group, in-person versus virtual), and the **structural organization of content, process, and techniques** within a single session or over time. For example, structural organization might include expectations for facilitating the beginning (e.g., agree on agenda), middle (e.g., apply techniques that support the reflective process), and end (e.g., agree on next steps) of sessions, as well as for supporting follow-up between sessions and preparing for the next session.

Key Elements Are Interrelated and Support One Another

The five elements are interrelated and support one another. For example—

- Relationship elements are foundational and support all other elements.
- Choices about structure and delivery of the supervisory session may influence the selection of specific supervisor techniques.
- Supervisor techniques may be used to develop and maintain the supervisory relationship and guide the reflective process as the dyad (or group) discusses a particular focal area.

Focus within the session constitutes **the "content" of the session.** Within a given session, focus may alternate between exploring the relationship between the caregiver and the child, the home visitor and the caregiver, the supervisor and the supervisee, or the parallels among relationships. A supervisor and supervisee may also address additional content areas, such as challenges associated with working with a particular family and their child; strategies for coping and self-care; the supervisees' experiences with coworkers; issues of race and equity within the relationship between home visitor and family; or cultural issues related to broader groups of families. When focusing on a particular family, content might emphasize identifying family needs, the impact of family trauma on parenting, or exploring potential racial or cultural biases. Consultants stressed that although the focus in reflective supervision is not always explicitly on families served, families should always be held in mind.

Reflective process provides a **loose structure for exploring a given focal area.** The reflective process mirrors models of reflective learning and practice that emphasize how reflecting on one's experience contributes to deep learning.[67] A typical reflective process might include but is not limited to describing a situation or experience, exploring thoughts and feelings related to the experience, making meaning of the experience, considering what one learned and/or would do differently, and planning for how to apply what was learned moving forward. Although the reflective process is described here as steps, practitioners and other experts emphasize that it can be dynamic and nonlinear. The supervisor's use of specific techniques (described next) facilitates the reflective process, but it is intended to be collaborative and a shared responsibility.

Supervisor techniques refer to **specific observable behaviors** designed to build and sustain the supervisory relationship; facilitate the reflective process; and/or improve supervisee knowledge, attitudes, self-efficacy, skills, and other proximal outcomes. Techniques may serve different functions; they may support the structure of the session (e.g., create a calm environment, set an agenda together, protect against interruptions) or the reflective process (e.g., describe, observe, allow time and space for reflection, allow time to come to own solutions). Techniques may reinforce the relationship (e.g., active listening, asking questions, reflecting, empathizing, communicating warmth) or discussions of content (e.g., model, teach).

Key Elements: Special Considerations for the Home Visiting Context

Literature review findings showed that much of the work to date to identify key elements has come from fields and settings outside of home visiting. It remains unclear which elements are considered truly "essential" by home visiting practitioners and which elements drive home visiting outcomes. This box highlights points raised by home visiting practitioners and project consultants about unique features of the home visiting context; these features may influence how elements are used.

Relationship: Across the literature and among practitioners and other expert consultants is strong consensus that a safe, trusting, collaborative relationship between a supervisor and supervisee is foundational for reflective supervision.[32–37] However, this relationship is often hierarchical in home visiting, such as when the same person provides reflective supervision and administrative supervision.

Structure and mode of delivery: In home visiting, administrative supervision and reflective supervision may not always be distinct. Combining administrative and reflective supervision is often necessary because many supervisors have dual roles.

Supervisory techniques: In home visiting, the appropriateness and use of specific techniques may depend on the context. For example, giving feedback may be more useful for supervisees with less experience or at earlier stages of professional development. In addition, other techniques may be considered more or less acceptable or useful depending on the program model or the cultural or community context**.**

Exhibit 8 shows the five categories of key elements with examples. It indicates elements that were mentioned in literature, by consultants, or by practitioners or individuals who work with and support practitioners.

Exhibit 8. Five Categories of Key Elements With Examples

Category	Example elements
Supervisory relationship	Trust (I) Safety (I) Collaboration (I) Respect (I) Hierarchical versus nonhierarchical (p)
Structure and mode of delivery	Frequency and regularity of sessions (I) Structure of individual sessions (I) Stages/phases of implementation (I) Individual or group (I) In-person or virtual (I) Blending reflective and administrative supervision (e)
Focus within the session	Focus on the baby/child (e.g., “holding the baby in mind”) (I) Focus on the family (I) Focus on the supervisee’s experiences with families (I) and in supervision (I) Focus on parallel process (I) Focus on ethical issues (p) Focus on issues of underlying racial or cultural biases (c) Focus on team relationships and dynamics (c) Focus on other contextual issues (e.g., program, community, culture, safety, equity, social justice) (I, c)
Reflective process	Describe, discuss, and clarify what happened (I) Explore thoughts (I) Explore feelings and emotions (I) Seek meaning and insight while acknowledging and addressing challenges (I) Make connections between experiences and theory, research, and best practices (I) Discuss implications for the supervisee and for the work going forward (I) Cocreate and develop the supervisory relationship over time (I) Manage and repair ruptures in the supervisory relationship (I) Supervisor attends to their own thoughts, beliefs, emotions (use of self) (I)

Category	Example elements
Supervisor techniques	Set agenda together (l) Discuss goals (l) and expectations for reflective supervision (c) Create a calm and confidential environment (l) Create a tone of curiosity and inquiry (c) Protect against interruptions (l) Employ techniques to promote being present (breathing exercises, meditation) (c) Follow the lead of the supervisee (c) Listen actively (l) Reflect back/mirror (l) Observe (l) Invite supervisee to observe their own practice (l) Ask permission (c) Ask questions (e.g., for clarification or about feelings) (l) Wonder about thoughts and feelings of others (l) Empathize/acknowledge/recognize challenges (l) Allow time and space for reflection (l) Allow time to reach own solutions (l) Reflect (l) Model how to be with the family (l) Role play (c) Teach/guide/mentor (l) Provide information and resources (c) Communicate warmth, sense of caring (l) Share/support strategies for self-care (l) Prompt thinking about underlying biases (c) Invite consideration of alternate perspectives (c) Withhold judgement (c) Review progress (of supervisee, of family) (p) Highlight successes (c) Provide solution-focused, strengths-based feedback (c)

Note. (l) indicates drawn from literature; (e) indicates drawn from environmental scan materials; (p) indicates recommended by practitioners or individual who work with and support practitioners; (c) indicates recommended by consultants.

Outcomes

The model describes four categories of theorized outcomes: (1) reach and engagement, (2) proximal staff outcomes, (3) intermediate staff outcomes, and (4) distal program and family outcomes (see box). We describe the outcomes as theorized because most have not been formally tested. Note that we elected to provide greater detail on short-term outcomes that are thought to be directly affected by reflective supervision. For space and simplicity, we grouped more distal program and family outcomes together; these outcomes are important, and associations among them are more complex than the model represents. Similarly, other outcomes may be nonlinear or bidirectional;

understanding this complexity may be an important area for future work. Of note, reflective supervision may result in outcomes for both supervisors and supervisees.

Why Are There So Many Types of Outcomes?

Proximal and intermediate outcomes are the key *mechanisms* through which changes in more distal outcomes are thought to occur. The specific mechanisms will differ depending on the intended outcome. For example, improvements in home visitor's *knowledge* regarding the benefits of reflective practice, increases in favorable *attitudes and motivation* to use reflective practices, and improvements in *skills* in asking questions to promote reflection (all proximal outcomes) are thought to lead to improvements in *reflective practice* (intermediate outcome). In turn, we would hope that improvements in reflective practice would lead to improvements in *family outcomes*.

The pathways through which proximal outcomes lead to intermediate and distal outcomes are not well understood and should be the focus of future work. For example, project consultants noted that home visitor self-efficacy may *decrease* at points in time during reflective supervision because of becoming more self-aware, more aware of families' complex needs, or more aware of what they don't know. Being specific about the order in which outcomes occur helps us understand how reflective supervision "works."

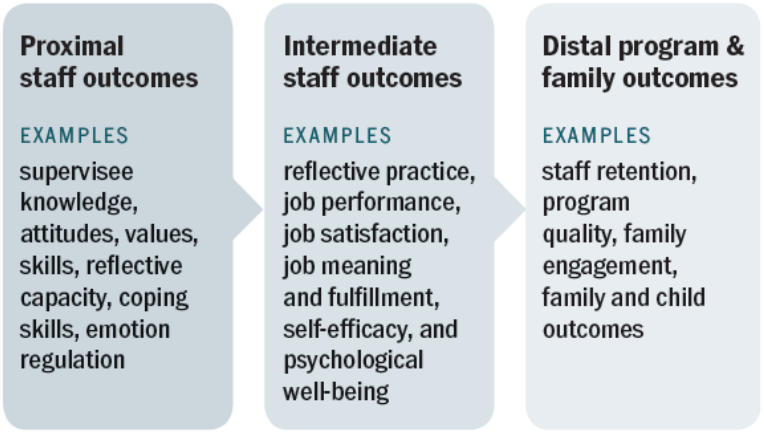
Reach and engagement refer to the extent to which the supervisor and supervisee **connect and engage fully and meaningfully** in reflective supervision and **perceive it to be acceptable and useful**. *Reach* refers to the extent to which reflective supervision is implemented within a given

Why Are Reach and Engagement Considered Outcomes?

Reach and engagement are necessary for later outcomes to occur. If supervisors and supervisees do not engage fully and meaningfully in reflective supervision, we would not expect to see subsequent improvements in staff competencies or work-related stress or well-being. For example, experiencing a positive, supportive connection with a supervisor and feeling heard and understood may lead to improvements in home visitor job satisfaction or psychological well-being. Reach and engagement are indicators of how *well* reflective supervision is implemented[29] and moderators of how well reflective supervision "works."

home visiting setting,[28] whereas *engagement* refers to the quantity and quality of interactions from the perspectives of those giving and receiving reflective supervision. Example indicators of engagement may be evidence of collaboration or the extent to which a supervisee feels safe and understood. It's important to note that engagement captures both positive and negative responses to reflective supervision by all participants. Reach and engagement are important pathways through which changes in later outcomes are thought to occur (see box).

Proximal staff outcomes, sometimes referred to as *immediate* or *short-term outcomes*, **occur soon after reflective supervision.** Examples include **improvements in competencies that support reflective practice** or **improvements in skills to manage work-related stress**. Because reflective supervision is typically a recurring, long-term intervention**, proximal outcomes may also take place during implementation**.



Intermediate staff outcomes occur as the result of more proximal outcomes. Intermediate outcomes are often considered the **"target" outcomes** of reflective supervision, such as **improved reflective practice or enhanced feelings of job satisfaction, job meaning, and fulfillment; psychological well-being; or self-efficacy and confidence**. For example, we might expect that when reflective supervision is implemented with sufficient quality, and home visitors feel heard and understood, they will be better able to regulate their emotions about the work and, in turn, experience lower levels of work-related stress and burnout.

Distal program and family outcomes are those that are expected to be achieved over an extended period, such as **reductions in staff turnover and improved program quality**. Reflective supervision is also assumed to improve **family engagement** and, ultimately, **family outcomes** (see

How Does Reflective Supervision Support Family Outcomes?

Reflective supervision is thought to support family outcomes, in part, through a *parallel process* in which improvements in home visitors' use of reflective practices with families lead to improvements in caregivers' use of reflective practices with the child.[62]

box). The more distal the outcome, the greater number of external factors (i.e., not related to reflective supervision) that must be considered as potentially contributing to the outcome.

Reflective supervision is only one part of a multilayered home visiting system and one of several potential professional development strategies. Reflective supervision may be more effective in achieving outcomes when combined with other professional development strategies, such as training or coaching. Similarly, when used on its own without other supports, reflective supervision be unable to fully mitigate the effects of an overly demanding or stressful work environment.

Exhibit 9 shows example outcomes of reflective supervision. It notes which outcomes were mentioned in conceptual or research literature and which were added by consultants or practitioners or individuals who support practitioners.

Exhibit 9. Example Outcomes of Reflective Supervision

Categories	Example outcomes
Reach and engagement	Frequency, amount, and duration (l)
	Strong supervisory relationship or alliance (l)
	Supervisee feelings of safety and/or being heard, accepted, understood (l)
	Evidence of collaboration (l)
Proximal outcomes	Supervisee knowledge, attitudes, and skills for reflective practice (l)
	Supervisee reflective capacity, insightfulness, self-awareness (l)
	Supervisee reflective practice self-efficacy (l)
	Supervisee expressiveness, confidence, and ability to derive own answers (l)
	Supervisee ability to cope and regulate emotions (l)
	Supervisee ability to manage work-related stress (l)
	Supervisee ability to maintain positive relationships with coworkers (l)
	Supervisor competencies (c)
	Supervisor understanding of supervisees' strengths and needs (c)
Intermediate outcomes	Increased supervisor/supervisee reflective practice (l)
	Improved home visit quality (l)
	Increased job satisfaction (l)
	Increased compassion satisfaction (l)
	Reduced work-related stress (l)
	Reduced burnout, secondary traumatic stress (l)
	Improved mental and emotional well-being (p)

Categories	Example outcomes
Distal program and family outcomes	Improved staff retention, reduced turnover (p) Improved program quality (p) More individualized, equitable service delivery (p) Improvements in family outcomes (l)

Note. (l) indicates mentioned in literature; (p) indicates recommended by practitioners or individuals who support practitioners; (c) indicates recommended by consultants.

Levels of the Home Visiting System

Consistent with prior ecological models of home visiting, the model shows reflective supervision as one component of a complex, multilayered home visiting system.[9] Resources, supports, and characteristics of the environment at each level of the system may influence the implementation or effectiveness of reflective supervision (see box for more detail). The model describes influential contextual factors within five levels of the home visiting system:

Federal, tribal, state, home visiting service model contexts includes **policies, regulations, guidelines, funding requirements, leadership, and resources and initiatives that may influence reflective supervision either directly or indirectly.** This level also includes specific strategies that aim to support reflective supervision; such strategies are sometimes referred to as *implementation drivers* (see box).[69] Other examples of contextual factors at this level that may influence reflective supervision include ambiguous or conflicting priorities or lack of sufficient funding or supports.

Cultural and community contexts refers to **cultural and community standards, practices, identities,** and **historical context.** Culture may shape ideas about what it means to be reflective as well as perspectives on the most needed or useful elements of reflective supervision. Culture may also shape how supervisory relationships are cocreated and evolve over time. In addition, some communities have strong, coordinated early childhood systems and shared resources to support reflective supervision; other communities are under-resourced. Some communities have been and

Definitions

Implementation drivers: Components of a system that are put in place with the goal of supporting reflective supervision. Implementation drivers ensure that staff have the motivation and capacity to carry out their roles and implement reflective supervision as intended and with sufficient quality to produce planned outcomes. State MIECHV awardees or Tribal MIECHV grantees, home visiting models, or local implementing agencies or programs may provide implementation drivers. Examples include leadership; guidelines and processes for selecting, training, and coaching staff; and data systems to monitor reflective supervision implementation or effectiveness.

continue to be affected by historical and intergenerational trauma, racism, and discrimination, and by social and economic inequities that contribute to disparities in health and social care. In addition, the COVID-19 pandemic has taken a disproportionate toll on the financial security and mental health and well-being of underserved families.[70] These and other cultural and community factors may influence access to, availability, and quality of resources for home visiting programs, home visiting staff, and the families with whom they work. These inequities and the challenges they present for families, staff, and programs may influence reflective supervision in myriad ways. For example, exploring cultural differences and community strengths in reflective supervision offers opportunities for both supervisor and supervisee to further develop reflective skills, insightfulness, and self-awareness.

Culture may shape ideas about what it means to be reflective as well as perspectives on the most needed or useful elements of reflective supervision.

Implementing agency and home visiting program contexts refers to an **organization's age and size, philosophy and priorities, culture and climate, job demands and resources,** and **reflective supervision implementation drivers.** Examples include an organizational philosophy that prioritizes reflection and reflective supervision as well as adequate resources for supervisors to carry out their roles effectively (e.g., reasonable caseload sizes). Organizational implementation drivers include leadership, financial supports, professional development strategies, and data systems provided by the local agency that houses and implements the local home visiting program. Specific examples include processes for selecting supervisors with desirable qualifications, preservice and in-service training on how to provide and receive reflective supervision, and ongoing coaching for reflective supervisors to support putting learning into practice.

Service delivery contexts refers to **unique characteristics of home-based work with families experiencing multiple, complex challenges.** Examples include positive experiences in the form of quality working relationships with families and finding meaning and satisfaction in helping families and young children. Service delivery also involves experiences related to concerns over personal safety, stressful family and household contexts, and physical demands of job performance. Finally, it includes the benefits and challenges associated with virtual service delivery and navigating COVID-19–related challenges.

Individual staff characteristics include factors such as **personal attributes, backgrounds, and experiences of both supervisors and supervisees** that may promote or hinder the process and outcomes of reflective supervision. Examples include the supervisor or supervisee's stage of professional development, their familiarity and comfort with reflective supervision, and their personal characteristics such as cultural background, openness, curiosity, empathy, self-awareness, reflective

capacity, and physical and psychological health and well-being. Important supervisor characteristics might also include the field in which the supervisor was trained (e.g., early education, social work, nursing), type and quality of training in reflective supervision, and whether the supervisor had prior experience as a home visitor. Because reflective supervision is a dynamic, interpersonal process, individual characteristics of supervisors and supervisees may interact in ways that influence the implementation and outcomes of reflective supervision (see box).

Reflective Supervision Is an Interpersonal Process

Supervisor and supervisee characteristics may *interact* in ways that influence the relationship, reflective process, focus of sessions, and outcomes of reflective supervision. For example, supervisors and supervisees who are open, self-aware, and reflective may find it easier to explore and understand cultural differences within the dyad and how such differences might affect the supervisory relationship. Supervisors and supervisees also bring with them prior experiences—positive or negative—to supervision. These prior experiences may influence expectations regarding trust, safety, and collaboration. Supervisors might tailor their approach to reflective supervision based on their own self-understanding and the unique characteristics of each supervisee.

Exhibit 10 provides example factors at each level of the home visiting system. We have noted which factors were mentioned in existing literature, discussed by consultants, or mentioned by practitioners or individuals who support practitioners.

Exhibit 10. Example Contextual Factors Across Levels of the Home Visiting System

Level	Example factors
Federal, tribal, state, model contexts	Statewide supports for reflective supervision (l) State policies or regulations (l) Funder and home visiting model requirements (l)
Cultural and community contexts	Partnerships with higher education (l) Community collaborations (l) Availability of local resources (l) Exposure to discrimination and racism (p, c) Historical and intergenerational trauma (p)

Level	Example factors
Local implementing agency contexts	Organizational culture, values, and priorities related to reflective supervision (I) Leadership that is committed to reflective supervision (I) Job demands and resources (time, financial) (I) Supports for supervisors such as training, mentoring, and consultation (I) Reflective supervision for supervisors (p, c) Whether administrative and reflective supervisor are the same individual (p, c)
Service delivery contexts	Exposures to stressful family and household contexts (p, c) Physical and emotional demands associated with the work (p, c)
Individual staff: supervisors	Compassionate, curious, self-reflective, able to hold ambivalence (I) Capacity for emotion regulation (c) Professional background, experience/phase of professional development (c)
Individual staff: supervisees	Nondefensive stance, able to ask for help (I) Open to suggestion and input (I) Curious (I) Experience and developmental phase of the supervisee (c)

Note. (I) indicates mentioned in the literature; (p) indicates recommended by practitioners or individuals who support practitioners; (c) indicates recommended by consultants

Summary and Implications of Conceptual Model

Grounded in research, theory, and practice expertise, the conceptual model provides a starting framework for MIECHV state and territory awardees, Tribal MIECHV grantees, home visiting models, home visiting staff, researchers, evaluators, TA providers, and other interested groups to use when conceptualizing and describing reflective supervision in the home visiting context. The model:

Provides a useful starting point for understanding and defining key elements of reflective supervision within five major categories. To date, most efforts to describe reflective supervision have been "conceptual and practical, rather than data driven."[71] Important questions remain, such as *What constitutes quality? What constitutes fidelity? How do we know if reflective supervision is being implemented at all*? More work is needed to reach agreement on which specific elements are essential in the context of home visiting. We anticipate that the model will evolve over time as the field gets closer to answering these questions.

Encourages further thinking and research to understand the pathways through which particular elements may promote specific outcomes, such as improvements in knowledge, skills, or job satisfaction. The model may help supervisors consider the outcomes they hope to achieve within a given session or over time. The model can inform the development of research questions and study designs to test which elements are truly essential and drive outcomes. As such, we anticipate that the model may change as research is carried out to test the model and hypothesized associations.

Frames reflective supervision in alignment with a newly developed precision paradigm for home visiting, the purpose of which is to advance research that better answers, among other questions, *What works best for whom, under what conditions?*[72] Making reflective supervision more specific encourages the field to be more precise in how it defines and describes this practice—and how practitioners work to achieve intended outcomes. It also encourages the field to think carefully about contextual factors that may influence the implementation and effectiveness of reflective supervision, including the diversity of the home visiting workforce and the families and communities it serves.

Can be useful for identifying strategies and resources to support implementation and guide the selection of measures for research, program evaluation, and quality improvement. This was the focus of the environmental scan, discussed in the next section.

Conceptual Model: Implications for Practice

Practitioners can use the conceptual model to guide their thinking about *what needs to happen* for reflective supervision to be effective. Consider each component of the conceptual model.

For example—

- **Outcomes:** What are the short- and long-term professional development goals for each supervisee? Example goals might focus on developing specific competencies or aspects of professional well-being (i.e., how you will know if reflective supervision "works").
- **Key elements:** What elements will help achieve those goals? The choice of elements may depend on the goals, such as increasing knowledge, developing skills, or supporting emotional well-being.
- **Context:** What aspects of the supervisor, the supervisee, or the environment are important to consider when planning reflective supervision sessions? For example, supervisors may need to structure sessions based on job demands, available resources, and model requirements; they may select specific techniques based on the supervisee's level of experience or other personal characteristics.

A companion document to this report, the *Reflective Supervision Resource and Planning Tool for Practitioners,* can help practitioners translate these concepts into practice. The purpose of that tool is to promote awareness and intentionality around the use of specific elements of reflective supervision. The tool also prompts supervisors to notice and reflect on elements of reflective supervision that are most acceptable, relevant, and useful for achieving specific outcomes, in specific contexts, for specific supervisees.

Environmental Scan

We conducted a targeted environmental scan of resources, strategies, and measures currently in use to promote reflective supervision in home visiting and closely related fields (see box for a summary of key findings). Our goal was to better understand current practice and characterize the state of the field. Our main objective was to identify and review, document, characterize, and summarize relevant materials. Secondary objectives were to (1) explore how existing materials map onto the newly developed conceptual model and (2) identify strengths and gaps in existing materials. Below is a summary of the environmental scan methods and findings.

Summary of Key Findings From the Environmental Scan

- Most materials identified in the scan were trainings.
- Several trainings were intended to be supplemented by ongoing strategies such as coaching or a utilizing a community of practice.
- Identified resources included guidelines, manuals, and websites.
- Most measures are self-reported by the supervisee or supervisor and evaluate a wide range of elements of reflective supervision.
- Materials addressed an array of key elements, were appropriate for home visiting, and were oriented toward supervisors.

Overview of Environmental Scan Methods

We used four approaches to identify relevant materials:

1. A public call for information distributed to home visiting model representatives, MIECHV awardees, Tribal MIECHV grantees, and organizations, entities, and individuals with expertise in the areas of TA, professional development, and the home visiting workforce
2. Targeted searches of 18 highly relevant websites
3. Web-based searches using predetermined search terms
4. Literature review (findings described in chapter 1)

Materials were selected for inclusion based on the following eligibility criteria:

- Material focuses on content related to supporting or measuring reflective supervision.
- Material includes a description of strategies, resources, or measures that contains sufficient detail and clarity to determine eligibility for inclusion and use.

For each material, we used publicly available descriptions to determine the type of material, the field of study for which it was designed, and its relationship to the key components of the conceptual model (i.e., factors, elements, and outcomes). We were unable to participate in all trainings or

access and review all materials in full to allow for a complete and thorough assessment. In some cases, descriptions of materials lacked important details. Specifically, information about how materials were developed or informed by theory or prior research was often limited.

In addition, a search for measures of *outcomes* related to reflective supervision (e.g., reflective practice or psychological well-being) was beyond the scope of this environmental scan. We included outcome measures only if the items were part of a larger measure that intended to assess other aspects of reflective supervision.

Limitations of Our Approach

Some limitations must be considered when interpreting findings from the environmental scan. First, materials included in the review represent a sample of materials that we were able to identify using targeted methods. We may have missed relevant materials that were not easily found on websites or that were not submitted through the public call for information. Second, materials are continually being developed and updated; thus, the sample included in this report represents those materials that were available at a single point in time. Third, we relied on publicly available information to describe the materials and their relationship to the conceptual model. In some cases, descriptions of materials lacked important details. Information about how materials were developed or informed by theory or prior research was particularly limited. For measures of reflective supervision, we were unable to access all items, scoring rubrics, or complete information on psychometric properties for some measures, which limits our ability to evaluate them fully.

For more information about the environmental scan methods, see appendix D.

Overview of Materials Included

The environmental scan identified 74 relevant materials. Exhibit 11 summarizes three types of included materials. Most identified materials (*n* = 41, 55 percent) described trainings, or trainings accompanied by related strategies such as coaching, mentoring, or utilizing a Community of Practice. Other materials were resources (*n* = 22, 30 percent) or measures (*n* = 11, 15 percent). Most materials were identified through broad (*n* = 30, 41 percent) or targeted (*n* = 19, 26 percent) web searches.

Exhibit 11. Types of Materials Identified

Type of material	Brief description
Training and related strategies	In-person and web-based trainings, training materials, webinars, and archived recordings; also includes multicomponent strategies that combine training with other supports, such as coaching, mentoring, or a utilizing a Community of Practice
Resources	Books, guidelines, policies, handbooks, manuals, models, newsletters, tip sheets, and websites
Measures	Self-report measures, surveys, questionnaires, and observational assessments, and self-assessments

Nearly half of all identified materials (*n* = 34, 46 percent) were developed for home visiting. Exhibit 12 shows, by type of material, the percent of materials from home visiting. Other materials were developed for infant mental health (*n* = 18, 24 percent), early care or education (*n* = 15, 20 percent), or related fields such as early intervention or child welfare (*n* = 5, 7 percent).

Exhibit 12. Percentage of Identified Materials Developed for Home Visiting

41% of all trainings and related strategies were from **home visiting**

56% of all resources were from **home visiting**

27% of all measures were from **home visiting**

Environmental Scan Findings

In this section we present environmental scan findings organized by type of material: trainings and related strategies, resources, and measures. Throughout the section, we also provide snapshots of each of these types. We selected materials to include in snapshots to give examples that vary in terms of characteristics such as modality (i.e., in person or online), comprehensiveness, and cost; they are examples only and are not meant as endorsements.

Trainings and Related Strategies

We identified 41 trainings to support implementation of reflective supervision; of them, 17 (41 percent) were developed for the home visiting field. Some trainings are brief and didactic; others incorporate interactive methods or ongoing strategies that have been shown to support adult learning or promote putting learning into practice.[73]

Modality, Methods, Dosage, Target Audience, and Cost

Most (*n* = 24, 58 percent) identified trainings offered in a virtual or online setting. Fourteen (34 percent) appear to have been designed for in-person group delivery, although several of these have a recording available. Five trainings are available as recordings only; they include prerecorded webinars and an instructional DVD. Four training descriptions do not specify mode of delivery.

Almost all (*n* = 36, 88 percent) identified trainings have some lecture or didactic component, and 23 (56 percent) use at least one additional adult learning method. Some trainings incorporate evidence-based adult learning methods such as modeling of skills and evaluation and reflection on the use of skills in practice.[73] Eleven trainings (27 percent) offer opportunities for practice or role play, nine (22 percent) include supplemental reading or coursework, and seven (17 percent) include feedback or opportunities for self-reflection or evaluation. Fewer than half (*n* = 19, 41 percent) of the trainings appear to have opportunities for group discussion, either in person or through an online medium, such as discussion boards or the chat box, during webinars. Many training descriptions did not provide details on specific training methods, so it is possible that additional trainings include group discussion and other methods.

Many identified trainings are designed to be delivered over multiple sessions (*n* = 19, 46 percent) or include a combination of training plus ongoing mentoring, coaching, utilization of a Community of Learning, or engagement in reflective consultation (*n* = 7, 17 percent). Some trainings (*n* = 16, 39 percent) are delivered in a single session. Eleven trainings (27 percent) offer one contact hour; six (15 percent), two to six hours; seven (17 percent), eight to 16 hours; and seven (17 percent), more than 16 hours. Of the 41 sources, 10 (24 percent) do not provide information about training dosage.

Several trainings for supervisors include ongoing mentoring, coaching, reflective consultation, or participation in a Community of Learning.

Most identified trainings and related strategies were developed for home visiting (*n* = 17, 41 percent), infant mental health (*n* = 10, 24 percent), or early childhood providers (*n* = 8, 20 percent). Others were developed for child welfare, Early Intervention Part C, and other related service providers.

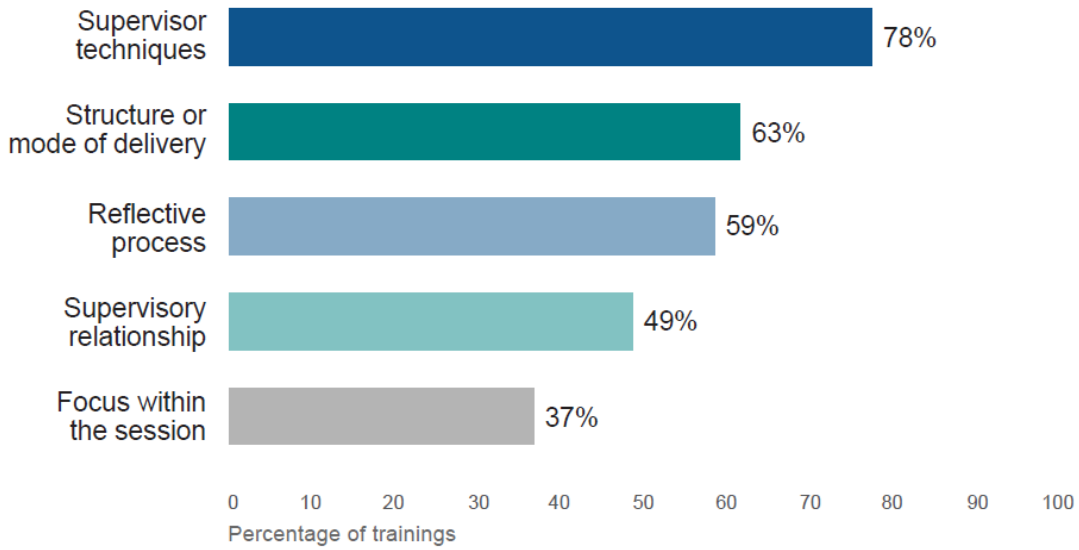
Eleven identified trainings are publicly available at no cost. More than half (*n* = 21) of the sources do not provide information about training cost. See exhibit D4 for details on each of the trainings and related strategies.

Training Content in Relation to Conceptual Model [vi]

Most (*n* = 38, 93 percent) of the trainings and related strategies we identified address general reflective supervision theory and concepts and included discussion of multiple key elements. As exhibit 13 shows, the most frequently addressed elements are supervisor techniques, followed by structure or delivery, reflective process, the supervisory relationship, and focus within the session. Note that some materials contained insufficient information to identify elements addressed.

Exhibit 13. Elements of Reflective Supervision Addressed in Trainings

Supervisor techniques was the most frequently addressed element



Note. Trainings may address more than one element.

Callout boxes below give snapshots of two trainings.

[vi] The project team was unable to verify whether examples have been evaluated or informed by evidence; they were based on *descriptions* of training activities that were available, and these descriptions were often brief and limited in scope.

Training Snapshot 1. *Reflective Supervision Collaborative (RSC) Tracks I, II, III*

About: This Learning Collaborative Model offers training and additional supports for reflective supervisors (Track I); change agents, mentors, and leaders (Track II); and trainers and facilitators (Track III) with a particular emphasis on issues of diversity, equity, inclusion, and social justice, and how they affect the work. A whole-job approach that incorporates reflective approaches for supervisory and other organizational reflective practices is included. A primer training for supervisees and supervisors new to reflective supervision is to be piloted in fall 2022.

Goals and purpose: The RSC was developed to inspire and support individuals, programs, and systems to create a robust reflective stance that supports and sustains the leadership and supervisory activities necessary for effective, equitable, diverse, and inclusive programs.

Notable details: A collaborative of seasoned infant mental health professionals, experts in reflective supervision, and specialists in diversity, equity, and inclusion created the training model. Each track takes 9 months to complete, although the model is designed to be responsive to the needs and resources of an organization. All components are online but can also be delivered in person. Components include didactic and interactive presentations, pre- and post-work video clips, offline readings and journaling, and participation in ongoing "mentoring circles." Track I is for supervisors; track II, for change agents and organizational leaders; and track III is a "train-the-trainer."

Supporting research and evaluation: The RSC is grounded in reflective supervision practices and research, developmental and trauma-informed theories, ecological and systems theories, and principles of diversity, equity, inclusion, and adult learning. The RSC is currently being pilot tested with two infant mental health provider cohorts consisting of teachers, home visitors, early interventionists, mental health providers, family service providers, and program directors.

For more information: Visit Reflective Supervision Collaborative–Southwest Human. Development (swhd.org) or contact RSCadmin@SWHD.org.

Training Snapshot 2. *RIOS 1: Using the RIOS Framework for Reflective Supervision and RIOS 2: Advanced Reflective Supervision Using the RIOS Framework*

About: RIOS 1 and 2 online courses use the Reflective Interaction Observation Scale (RIOS) as a framework to introduce and extend the principles used and core competencies called upon during reflective supervision or consultation.

Goals and purpose: RIOS 1 introduces the principles and goals of reflective supervision, outlines the structure of a reflective supervision session, and describes the topics of conversation and methods of inquiry used in reflective supervision when using the RIOS framework. The course is intended for those that provide or participate in reflective supervision as well as leaders making professional development decisions on behalf of staff. Intended for new and experienced providers of reflective supervision, RIOS 2 aims to expand knowledge of the theoretical foundations of reflective supervision and best practice guidelines, cultivate reflective capacity, and address common supervisory challenges through deeper exploration of the RIOS's essential elements. In both RIOS 1 and 2, students are urged to contemplate the development of reflective relationships through the lens of race and culture.

Notable details: The University of Minnesota College of Education and Human Development, Center for Early Education and Development (CEED) developed the trainings, which are online, asynchronous, and led by an instructor. Activities and assignments include live discussions, readings, videos, a discussion board, reflection papers, and recording videos of reflective supervision and consultation using an online tool called FlipGrid. Cost: $235 (RIOS 1), $385 (RIOS 2), plus the cost of required textbooks.

Supporting research and evaluation: The training is based on the RIOS, a research-centered measure of reflective supervision collaborative tasks, infant mental health essential elements, and reflective alliance.[78]

For more information: Contact Deb Ottman (dottman@umn.edu) or visit the training websites: RIOS 1: Using the RIOS™ Framework for Reflective Supervision and RIOS 2: Advanced Reflective Supervision Using the RIOS™ Framework.

Other Resources to Promote Reflective Supervision

In addition to trainings, the environmental scan identified 22 other relevant resources. Most resources were created for home visiting (*n* = 14, 64 percent). Others were developed for infant mental health (*n* = 5, 23 percent) or early childhood (*n* = 3, 14 percent). Most identified resources are directed to supervisors who want to learn how to implement reflective supervision; a few (i.e., policies) are also directed to state MIECHV awardees, models, or leaders at local implementing agencies and describe standards or expectations for reflective supervision.

Type of Resources and Target Audience

Identified resources include two books, one toolkit, three models, three practice guidelines (one of them widely reproduced and adapted), two handbooks, two manuals, one policy, five websites, a newsletter, and two tip sheets. The following page presents a snapshot of an example resource. Additional information about each resource is available in appendix D.

Books and toolkits. The identified books are meant for supervisors and leaders implementing reflective supervision in early childhood settings. Books describe reflective supervision, address common challenges, and offer practical "tools" to support implementation. A toolkit, developed by the Parents as Teachers home visiting model, includes tools for supporting implementation of reflective supervision.

Models of reflective supervision. The scan found two visual models of reflective supervision: the Fussy Baby Network® *Supervisor FAN* and the Michigan Association for Infant Mental Health's *Reflective Supervision Wheel*. Both are single components of broader initiatives. The *Supervisor FAN* (facilitating attuned interactions) is described as a communication tool that can be used to demonstrate how the *FAN* model for relationship building and reflective practice can apply to a reflective supervision session. The *Reflective Supervision Wheel* is a graphic illustration of important components of reflective supervision drawn from research. Although not a visual model per se, a third model, the *New Moms' Reflective Supervision* approach, applies seven skills and six steps of "Family-Centered Coaching" to the reflective supervision process.

Practice guidelines. Three of the documents we obtained offer specific practice guidance for reflective supervision. One set of guidelines, *Best Practice Guidelines for Reflective Supervision/Consultation*, was originally developed by the Alliance for the Advancement of Infant Mental Health and the Michigan Association for Infant Mental Health and has been reproduced or adapted by Infant Mental Health organizations in multiple states, such as Alaska, Colorado, Minnesota, Texas, and Oklahoma. Another set of guidelines was developed by the Region X Reflective Supervision/Consultation Collaborative and funded through a MIECHV Innovations Grant. These guidelines are organized around a set of key principles and informed by research. Finally, *Guidelines for Beginning and Maintaining a Reflective Supervision/Consultation Relationship via*

Distance Technology is a brief document developed by the Alliance for the Advancement for Infant Mental Health.

Policies, policy manuals, and handbooks. These resources describe standards or expectations of states, models, or local implementing agencies for reflective supervision, such as the supervisor's responsibilities, time commitment, supervision content, minimal standards for the timing and scope of training for reflective supervisors, and the quantity of reflective supervision that each home visitor should receive. We also identified two handbooks that contained more detailed guidance, tools, and references for a specific state (West Virginia) and model (Early Head Start).

Websites. The scan found five web pages that serve as the gateway to numerous other resources such as toolkits, publications, trainings, and endorsement requirements.

Other resources. Other identified resources include a newsletter and two tip sheets on "Becoming a Reflective Supervisee/Supervisor," all from Early Head Start. See exhibit D5 for details on each of the identified resources.

Resource Snapshot. *Reflective Supervision: A Guide From Region X to Enhance Reflective Practice Among Home Visiting Programs*

About: A framework and shared language for reflective supervision/consultation, this set of guidelines is intended to promote quality, accountability, and consistency among the home visiting models that are implemented in HRSA Region X.

Goals and purpose: By enhancing reflective supervision practices, the guide offers a developmentally focused resource to support home visiting programs. It describes recommended practices related to six key principles drawn from reflective supervision literature.

Notable details: The guide was developed as part of the MIECHV Region X Innovation in Home Visiting Workforce Development Project. The project was a collaboration between partners in four states (Alaska, Idaho, Oregon, and Washington) and the Alliance for the Advancement of Infant Mental Health. The Reflective Supervision Self-Assessment Tools are available as a companion to the guidelines to promote the ongoing professional development of home visitors, supervisors, and program managers.

Supporting research and evaluation*:* The guidelines are organized around key principles that are consistent with currently available reflective supervision literature.

For more information: The guide is available for download at https://www.dcyf.wa.gov/sites/default/files/pdf/RegionX-ReflectSupGuidelines.pdf (Last accessed 12/9/21).

Resource Content in Relation to Conceptual Model

All identified resources address key elements in at least one category—relationship, structure and delivery, focus of the session, reflective process, or techniques. Resources address structure and delivery of reflective supervision most frequently (*n* = 14, 64 percent) and focus of the session least frequently (*n* = 9, 41 percent). Books, guidelines, and toolkits are the most comprehensive and address the most key elements.

Measures of Reflective Supervision

The environmental scan identified 11 measures related to reflective supervision. Appendix D provides more detail on each measure.

Field of Origin and Use

Six of the identified measures were developed for or have been used in home visiting. Three measures were developed specifically for home visiting, four for the field of infant mental health, three for early childhood (broadly defined), and one for child welfare settings. Two of the three developed for home visiting are intended for self-assessment only (supervisor and supervisee versions of the *Reflective Supervision Self-Assessment Tool,* or *RSSA*). The third was developed for use in home visiting but has not yet been used, to our knowledge (*Reflective Supervision Rating Scale–Adapted,* or *RSSA-A*). In addition, two reflective supervision self-efficacy measures developed for use by infant mental health providers (*Reflective Supervision Self-Efficacy Scale,* supervisor and supervisee versions, or RSSES-S) were adapted and used to evaluate reflective supervision trainings in home visiting.[74] Another measure developed for use in early childhood settings (*Reflective Supervision Rating Scale,* or *RSRS*) has also been used to evaluate training in the home visiting context.[75,76] With the exception of the two self-assessment measures, materials offered little information about whether measures are effective in practice, such as for quality improvement, versus for research or evaluation.

Materials offered little information about whether measures are effective in practice, such as for quality improvement.

Measurement Approach and Time to Complete

Eight measures are self-report questionnaires; the other three are observational measures that involve systematic coding of responses to case vignettes or digital recordings of reflective supervision. Four measures assess the perspectives of supervisees, four assess the perspectives of supervisors, and three are based on perspectives of independent raters or observers.

Self-report measures are generally quick and easy to complete and score, whereas identified observational measures require scoring by well-trained coders and thus require more time and resources. We estimate that self-report measures take between 5 and 20 minutes to complete. In contrast, the *Reflective Supervision Competency Scale (RSCS)* involves coding a 20-minute digital recording of a reflective supervision session and a single-page written narrative. Another observational measure, the *Reflective Interaction Observation Scale (RIOS),* involves coding a digital recording of a reflective supervision session in 15-minute segments.

Psychometric Information

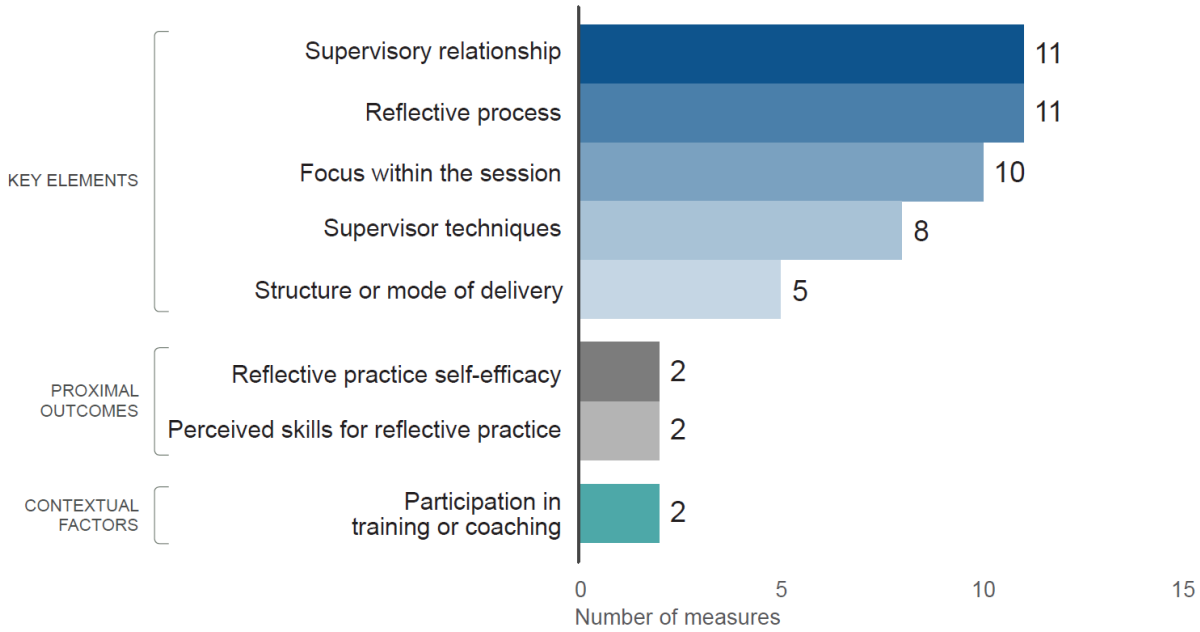
Materials included psychometric information for 7 of the 11 measures. Materials reported internal consistency reliability estimates for five measures that ranged from acceptable (RSRS-Adapted) to excellent (RSRS, RSSES-Supervisor, RSSES-Supervisee, and Reflective Supervision and Learning Culture Scale-RSLC). Inter-rater reliability for the RIOS, an observational measure, was reported as excellent (average intraclass correlation coefficient (ICC) = .92). Materials reported content and face validity for four measures based on feedback from experts in the field of infant mental health practice and reflective supervision (RSSES-Supervisor, RSSES-Supervisee, Reflective Supervision Case Vignette for Supervisors, and *RIOS*).

Domains Assessed in Relation to Conceptual Model

All identified measures assess multiple key elements of reflective supervision, such as elements of the relationship, structure and delivery, focus of the session, the reflective process, or the use of specific techniques. Three self-report measures assess at least one element in each of the five categories outlined in the conceptual model. In addition, some measures assess implementation drivers for reflective supervision or proximal outcomes (exhibit 14).

Exhibit 14. Aspects of Reflective Supervision Assessed Across Measures

All measures assess elements of the supervisory relationship and reflective process



Note. Measures may address more than one construct

Exhibit 15 presents examples of items from measures that align with components of the conceptual model. Snapshots of two measures of reflective supervision also appear below.

Exhibit 15. Example Items That Align With Components of the Conceptual Model

Component of conceptual model	Construct	Example items
Key elements	Structure and mode of delivery	• *My supervisor(s) and I have established a consistent supervision schedule.* (RSRS) • *The physical space I use for supervision sessions is predictably available and private.* (RSSAT-Supervisor)
	Focus within the session	• *My supervisor helps me explore cultural considerations in my work.* (RSRS) • *Attending to the family, those in the caregiving environment, and their relationships, including their ancestry and historical trauma.* (RIOS)
	Reflective process	• *My supervisor shows me how to integrate emotion and reason into case analysis.* (RSRS) • *I am able to tolerate a focus on the process of reflection rather than on finding the "right" answer.* (RSSAT-Supervisee)
	Techniques	• *I am able to ask carefully timed clarifying questions as the home visitor is describing a visit.* (RSSAT-Supervisor) • *My supervisor allows me time to come to my own solutions during supervision.* (RSRS) • *My supervisor usually just tells me what to do (reverse scored).* (RSLCS)
	Relationship	• *My supervisor and I have formed a trusting relationship.* (RSRS) • *It is OK to disagree with my supervisor.* (RSLCS) • *Both participants hold a safe space for attuned empathy and vulnerability and show comfort with not knowing.* (RIOS)
Proximal outcomes	Perceived skills	• *My supervisor has improved my ability to be reflective.* (RSRS)
	Self-efficacy	• *Based upon your reflective supervision experiences, how confident are you that you can describe/discuss observations of [the] infant or toddler, [being] attentive to health, social, emotional, and cognitive capacities and the stories parents share?* (RSSES-Supervisee)
Contextual factors	Implementation driver—Professional development	• *I participate in ongoing professional development about how to provide reflective supervision.* (RSSAT-Supervisor)

Measure Snapshot 1. *Reflective Interaction Observation Scale* (*RIOS*)

About: The RIOS is an observational measure that explores the interactions between a supervisor and supervisee. Using audio or video recordings of supervision, the RIOS identifies the extent to which a supervisory session demonstrates a reflective process grounded in infant mental health theory and principles. In addition, the RIOS is used to train supervisors and supervisees in their roles and as a practice tool.

Goals and purpose: The RIOS assesses specific aspects of reflective supervision, including five collaborative tasks and five essential elements including the reflective alliance between supervisor and supervisee(s). The RIOS is aligned with the competencies for Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health supported by the Alliance for the Advancement of Infant and Early Childhood Mental Health. The RIOS is intended for use in research, evaluation, professional development, and self-assessment.

Notable details: The RIOS was developed in collaboration with representatives from member states of the Alliance for the Advancement of Infant Mental Health. Trained coders apply the RIOS to recorded reflective supervision sessions in 15-minute segments. The highest code attained in each essential element is used for the overall scores.

Supporting research and evaluation: The RIOS is grounded in developmental and attachment theory, trauma-informed practice, and research in interpersonal neuroscience. Research using the RIOS has shown good interrater reliability (ICCs between .854 and .957), concurrent validity with self-report measures, and good variability and sensitivity to change across time[81].

For more information: The RIOS is currently housed in the Reflective Practice Center at the University of Minnesota. Contact Alyssa Meuwissen (asm@umn.edu)**.** The RIOS training and coding cost chart is available here.

Measure Snapshot 2. *Reflective Supervision Rating Scale (RSRS)*

About: The Reflective Supervision Rating Scale (RSRS) is a brief self-report measure that aims to assess the supervisee's experience in reflective supervision.

Goals and purpose: The RSRS is used to assess supervisor fidelity and reflective supervision quality via supervisee ratings.

Notable details: The RSRS is a supervisee self-report measure with 17 items. The scale has been adapted for use by supervisors, in group supervision, and has been forward- and back translated into Spanish (some adaptations have not been validated).

Supporting research and evaluation: The RSRS has been shown to have good internal consistency reliability[81] and is sensitive to change.[82] The RSRS has been used in home visiting training evaluations.

For more information: Jordana Ash (jordana.ash.co@gmail.com).

Summary and Implications of Environmental Scan

The environmental scan identified many trainings, strategies, and resources to promote reflective supervision that are relevant and accessible for the home visiting context. Trainings and related strategies are available using varied methods of delivery to meet diverse needs. Several trainings and most resources are available online and at no cost or low cost, although instruction that includes ongoing supports (e.g., coaching or mentoring) typically charges a fee.

Several trainings and related strategies appear comprehensive in scope and use methods that have been shown to promote adult learning and transfer of learning to practice. We identified several resources, including books, toolkits, and guidelines for reflective supervision, that address all key elements and include useful tools to support learning and implementation. Such methods contain discussions, role play, opportunities for feedback, and ongoing supports (e.g., coaching, mentoring, or utilizing a Community of Practice). These resources may be particularly useful for staff with limited time and flexibility to commit to formal training and ongoing supports.

Few materials offer information about effectiveness, however. Descriptions rarely indicate the extent to which content was informed by theory or prior research. In addition, most descriptions do not include information about whether trainings and other resources are effective in promoting positive outcomes. Only four trainings appear to have been evaluated, and evaluation findings were mixed. Trainings, strategies, and resources should not be recommended for wide use until they are evaluated for their effectiveness in achieving intended outcomes.

We identified six measures that have been used for home visiting research, evaluation, or self-assessment; however, none have been widely used or well validated. Given the lack of consensus in home visiting about key elements that constitute reflective supervision quality—and the need for measures that are relevant, acceptable, useful, and feasible to implement—future efforts to adapt or develop measures of reflective supervision should incorporate the perspectives of practitioners working in the field. Self-report measures have several advantages, such as being relatively inexpensive and easy to administer, able to assess multiple perspectives (i.e., supervisor and supervisee), and able to assess change over time. Yet, measures of reflective supervision quality that are based on self-report may be prone to measurement bias (see box).

Measurement Bias

Measurement bias occurs when information collected is inaccurate, resulting in erroneous conclusions. Two types of measurement bias are *social desirability bias* and *recall bias*.

Social desirability bias is the tendency for people to underreport undesirable attitudes and behaviors and to overreport more desirable attributes.

Recall bias occurs when people do not remember events accurately.

Observational measures offer opportunities to assess specific elements of reflective supervision implementation more objectively than can be accomplished using self-report measures; however, observational measures can be costly and difficult to administer and score. Findings suggest opportunities to explore whether existing self-report measures may be useful in practice, such as for quality improvement, and whether there is a need and desire for a more practice-friendly observational measure of reflective supervision quality.

Environmental Scan: Implications for Practice

Practitioners can choose from a variety of trainings, strategies, and resources that are available to support reflective supervision. They cover a broad spectrum in terms of modality, comprehensiveness, and cost. Most supports included in the scan are available for use by home visiting programs and staff across all models and geographic areas.

Several MIECHV awardees and home visiting models have developed supports for reflective supervision. One example is as set of guidelines developed by four state awardees in MIECHV Region X, titled, *Reflective Supervision: A Guide from Region X to Enhance Reflective Practice Among Home Visiting Programs.* Appendix D presents additional examples. Home visiting programs

and staff should check with their models to ensure that any training, strategy, or resource is approved by their model.

Practitioners should try to select trainings, strategies, and resources that are grounded in adult learning methods and designed to promote transfer or learning to practice. In addition to providing information, over half of the materials identified in the scan incorporate adult learning methods such as role play and reflection on use of skills in practice. Some trainings include additional strategies that evidence shows promote transfer of learning to practice, such as ongoing coaching for supervisors or participation in a reflective supervision Community of Practice.

Practitioners might consider partnering with training developers and independent researchers to evaluate trainings and related strategies—and thus advance the field. For example, practitioners who develop trainings may be able to find evaluation expertise and support at local colleges or universities. In addition, opportunities to engage in research and evaluation are sometimes posted by state MIECHV awardees, Tribal MIECHV grantees, or other groups interested in supporting and strengthening home visiting and related family and early childhood services.

Although more work is needed to develop strong measures of reflective supervision for home visiting, there are a few existing measures that practitioners may find useful to support their professional development. For example, the supervisor and supervisee versions of the *Reflective Supervision Self-Assessment Tool* can be used to assess elements of reflective supervision related to structure and delivery, reflective process, and supervisor techniques. Appendix D contains additional information about other brief self-report measures.

Summary, Gaps, and Recommendations for Future Work

The purpose of this project was to advance understanding of how to support and strengthen the home visiting workforce through reflective supervision. The goals of the project were to—

1. Explore how reflective supervision is currently defined and operationalized
2. Identify what is known and what needs to be known about reflective supervision to support and strengthen the home visiting workforce
3. Identify measures of reflective supervision used by researchers and practitioners in home visiting and related fields
4. Identify strategies and resources that programs in home visiting and related fields are using to support reflective supervision

To address these goals, we reviewed literature related to reflective supervision, developed a conceptual model for reflective supervision for the home visiting context, and conducted a targeted environmental scan to identify strategies, resources, and measures to support or assess implementation of reflective supervision. This section highlights key findings, gaps, and recommendations for future work, first summarized overall and then organized by key components of the conceptual model.

General Findings, Gaps, and Recommendations

Reflective supervision presents a critical opportunity for staff professional development and support. Yet, despite strong theoretical support and widely reported use of reflective supervision, project findings show that the field of home visiting lacks a common definition for it and its key elements, factors that promote its implementation, or evidence of effectiveness. Although reflective supervision was developed to bring a process that emphasized contemplation to nonclinical settings, much of the work to date has focused on infant mental health settings and practitioners—many of whom have advanced degrees. More work is needed to understand whether prior conceptualizations and findings generalize to the home visiting context, in which supervisors and supervisees are more varied in their educational backgrounds and experience. Findings in this report highlight opportunities to build evidence specific to the home visiting field.

Measures of reflective supervision are needed to assess reflective supervision implementation quality, to examine change in quality over time in response to interventions, and to test whether and how reflective supervision is associated with intended outcomes. The environmental scan identified 11 measures—including a pair of self-assessments—that can be used to assess elements of reflective supervision. Most existing measures are self-report; while valuable, self-report measures are prone to bias that may lead to inaccurate results. Observational measures have many advantages over self-report measures but are time and labor intensive. Measures of reflective supervision have not been widely used or well validated in the home visiting context. Although several have been used in home visiting, more work may be needed to align measures with elements of reflective supervision that are considered essential for home visiting.

Training, coaching, and related strategies can support high-quality implementation of reflective supervision. The environmental scan identified several trainings and related strategies and resources that were developed by states, home visiting models, or experts in reflective supervision, with supervisors as the primary audience. Some trainings are supplemented by additional strategies (e.g., coaching, Community of Practice) designed to reinforce skills learned in training; most of these strategies are offered by providers outside of the local implementing agency or program for a fee.

The newly developed **conceptual model of reflective supervision** can help address gaps and build the evidence. The model draws from existing models of reflective supervision, relevant social and behavior theories, and prior research, and it integrates input from topic-area experts, including home visiting practitioners. It provides a common frame of reference that may be useful for practitioners, researchers, and policymakers alike.

For practitioners, the model…

- Provides a starting point for developing shared language and a common frame of reference on the practice of reflective supervision that can inform needs assessments, quality improvement efforts, and strategic planning.
- Prompts practitioners, programs, administrators, funders, models, TA providers, and oversight agencies to think more intentionally about what it means to implement reflective supervision *with sufficient quality*.
- Raises awareness about key elements of reflective supervision.
- Prompts practitioners to consider the extent to which they endorse or use specific elements, and how using specific elements may promote particular outcomes such as improvements in competencies or psychological well-being.

For researchers and evaluators, the model…

- Offers a framework for developing research questions and study designs to examine reflective supervision quality, factors that support it, and impacts on outcomes (see the callout box below for example research questions).
- Can help identify gaps in existing knowledge and lead the development of plans to fill those gaps.
- Informs research to elucidate which elements are essential versus those that are recommended or unadvisable, as well as which elements work best, for which outcomes, for whom, and under what conditions.
- Advances understanding of hypothesized pathways between key elements and outcomes.

For policymakers, the model…

- Offers a framework for understanding how reflective supervision can support policy goals by promoting staff competencies and well-being, thus leading to improvements in program and family outcomes.
- Provides a useful tool for understanding and describing the complexity of reflective supervision and factors that influence implementation and effectiveness, such as financial resources, time, caseload sizes, guidelines for reflective supervision quantity and quality, leadership, and quality of training and ongoing supports.
- Can be used to assist policymakers in identifying and testing policies to promote reflective supervision in collaboration with program staff, with equal focus on the potential benefits and unintended consequences of policy recommendations.
- Can help policymakers support the use of evidence-informed policies and practices (as evidence emerges).

General Recommendations

- **Recommendation:** To build the evidence, practitioners, researchers, and policymakers must collaborate to ensure that research findings are relevant, acceptable, and feasible for home visiting contexts (see box for examples of relevant questions). Research should be rigorous, transparent, independent, and ethical, with an eye toward equity. In addition, more work is needed to understand the benefits and limitations of reflective supervision as a single component of a broader effort to promote professional development and well-being. Future studies should incorporate valid and reliable measures of all elements, hypothesized mediators, moderators, and outcomes.
- **Recommendation:** The newly developed conceptual model—while grounded in research and practice—has not been tested. It needs further refinement to increase its utility, such as by developing a typology that classifies elements according to their function or purpose. For example, techniques might be organized based on their intended function (e.g., to promote skill development or offer support and mitigate the stress and impact of the work). This approach is concordant with other efforts in the field of home visiting to encourage greater precision in how we characterize interventions like reflective supervision and understand *what works best for whom, in which contexts, and how*?
- **Recommendation:** Valid, reliable measures are important for assessing quality, quality improvement, and improvements in intended outcomes. More work is needed to develop valid and reliable measures of elements of reflective supervision (once clearly defined) for research and practice. Measures should be acceptable, feasible, and useful for diverse communities and workforce populations.

- **Recommendation:** Training developers should evaluate training quality and outcomes. Developers should state clear and realistic goals and use instructional methods that are likely to help achieve those goals (e.g., methods that are consistent with principles of adult learning and training transfer). Ideally, training evaluations would incorporate valid measures and use designs that allow for determining cause and effect.

Examples of Potential Research Questions

- What does "high-quality" reflective supervision look like?
- What evidence would we look for to confirm that someone is providing reflective supervision?
- What elements are truly essential for promoting job satisfaction, job meaning and fulfillment, and work-related psychological well-being?
- What elements are truly essential for strengthening reflective capacity?
- What is the relative effectiveness of individual versus group reflective supervision?
- Through what pathways does reflective supervision influence outcomes?
- What elements of reflective supervision "work" for whom, and under what conditions?
- What supports must be present to enable reflective supervision to work in an organization and system?
- What are valid, reliable, feasible, and useful ways to measure the reflective supervision process? Reflective supervision quality? Outcomes (in the supervisee, supervisor, service quality, programs, and families served)?
- How might research account for change that occurs over a long, slow process?

Definitions and Key Elements of Reflective Supervision

Taken together, findings from the literature review, a review of existing conceptual models of reflective supervision, the environmental scan, and input from consultants, practitioners and individuals who support them suggest that reflective supervision—

- Is a form of supervision characterized by regularity, collaboration, and reflection
- Is a relationship-based approach that supports relationship-based work with families

- Can be described in terms of five key categories of elements: supervisory relationship, structure and methods of delivery, focus of supervision sessions, reflective processes, and supervisory techniques
- May take many forms (i.e., there is no single model); implementation may vary by home visiting model, local program, or individual supervisor or supervisee

Gaps and Recommendations for Future Work

Home visiting lacks an agreed-upon operational definition of reflective supervision to guide practice and research. There is no common understanding of elements that are required, acceptable, or not recommended in the home visiting context, and elements that distinguish reflective supervision from other forms of supervision. Lack of agreement and clarity leads to an inability to replicate, scale up, or measure reflective supervision quality. There is limited evidence on which elements constitute reflective supervision *quality* in the home visiting context and which elements *drive* change in specific outcomes.

- **Recommendation:** Future work should focus on developing a more precise, operational definition of reflective supervision for the home visiting context. Incorporate diverse perspectives—including but not limited to home visiting practitioners, researchers, and policymakers—to ensure that defining elements are feasible, acceptable, relevant, and useful in the home visiting context
- **Recommendation:** Home visiting researchers should use data-driven approaches to pinpoint elements of reflective supervision that drive change in outcomes, recognizing that elements that promote change in one outcome may not promote change in another (e.g., staff competencies versus professional well-being). For example, research might compare effectiveness of reflective supervision when delivered in person versus virtually.

Home Visiting Contexts

Reflective supervision is one component of a broader system of supports to improve staff competencies, buffer the effects of work-related stress, and promote supervisees' job satisfaction and psychological well-being. Taken together, findings across project tasks show that contextual factors across five levels of the home visiting system may influence the implementation and effectiveness of reflective supervision.[69] Contextual factors may also affect outcomes directly—in the absence of or in addition to reflective supervision; this includes outcomes for home visiting staff, programs, and families.

Gaps and Recommendations for Future Work

Currently, limited empirical research exists on contextual factors that promote or hinder reflective supervision implementation; most of the literature on contextual factors is conceptual. In addition,

few strategies, resources, and measures target model or program administrators as the primary audience or focus on strengthening high-level influential, contextual factors.

- **Recommendation:** Researchers should use rigorous designs to test how contextual factors and strategies at all levels of the home visiting system influence the implementation and effectiveness of reflective supervision. For example, research questions might address whether and how implementation varies depending on characteristics of the setting or individual participants (e.g., supervisees' phase of personal development, time available for supervision, supervisors' training and experience providing reflective supervision, and whether the supervisor provides both administrative and reflective supervision to the same supervisee).
- **Recommendation:** Home visiting systems, national models, implementing agencies, and local program staff should focus on high-level contextual factors that research suggests support implementation of interventions, such as reflective supervision. Examples include policies and guidelines that specify expectations or standards for reflective supervision quality (beyond frequency and duration) and strong leadership that encourages a culture of continuous learning and reflection.

Outcomes of Reflective Supervision

Taken together, findings across all project activities suggest a lack of evidence about the outcomes reflective supervision aims to achieve. Existing literature, conceptual models, and materials focus more on elements of reflective supervision than on intended outcomes. Existing literature addresses intended outcomes for staff that fall into two main categories: developing staff competencies and supporting aspects of work-related well-being. Some prior research has shown preliminary associations between reflective supervision and outcomes such as reflective practice self-efficacy and job satisfaction.

Gaps and Recommendations

Findings suggest a lack of conceptual clarity around the outcomes that reflective supervision aims to achieve. For example, does reflective supervision intend to support development of specific professional competencies? If so, what are those specific competencies? Research on staff outcomes is very limited, especially in home visiting. Existing research offers preliminary support for reflective supervision as a strategy to promote staff competencies and job satisfaction; evidence for reflective supervision as a strategy to help staff manage work-related stress is more mixed. Research has not examined impacts of reflective supervision on more distal program or family outcomes, nor has it examined the pathways, or mechanisms of change, linking elements of reflective supervision with more distal outcomes.

- **Recommendation:** Home visiting systems, national models, implementing agencies, and local program staff should consider carefully what they hope to achieve through reflective supervision and work toward developing realistic, measurable outcomes. The conceptual model may help supervisors consider the outcomes they hope to achieve within a given session or over time. It is

important to acknowledge that reflective supervision is a single component of a broader professional development and staff support system—and that successful reflective supervision depends on many factors within the individual participants and system.

- **Recommendation:** Researchers and evaluators should use study designs that allow for comparing outcomes between groups of staff who participate in reflective supervision and staff who do not. As previously noted, the field also needs methods to identify the pathways through which reflective supervision achieves proximal, intermediate, and distal outcomes.
- **Recommendation:** Future studies should incorporate valid and reliable measures of all elements, hypothesized mediators, moderators, and outcomes. For example, research might explore experiences of supervision and how experiences may vary depending on individual attributes, program supports, or broader context.[vii]

Conclusion

The SAS-HV project increased our understanding of reflective supervision in the home visiting context, as it allowed us to complete a targeted literature review, create a conceptual model, and complete an environmental scan of existing materials. The newly developed conceptual model can help advance knowledge of how best to support reflective supervision in the home visiting context—and thus support and strengthen the home visiting workforce. A stronger workforce, in turn, will support high-quality service delivery and improved child and family outcomes.

[vii] Note that a review of measures of all potential outcomes of reflective supervision was beyond the scope of this project; however, a companion report describes measures of professional well-being that may be relevant and useful.

Appendix A. Summary of Engagement Activities With Practitioners, Individuals Who Support Practitioners, and Consultants

Engagement of Practitioners and Individuals Who Support Practitioners

We started by developing a list of groups and entities that could potentially benefit from or use project findings, and we refined this list based on initial feedback from the Contracting Officer's Representatives (COR). We then developed an exhibit outlining six key considerations for selecting practitioners or individuals who support practitioners in this phase. Exhibit A1 describes these considerations.

Exhibit A1. Considerations for Selecting Participants

Considerations	Description
Expertise	Whose relevant expertise and diverse perspectives are needed to enhance credibility, feasibility, acceptability, and utility of project methods, findings, and deliverables?
Level of influence/power	Whose "buy-in" is needed? And do they ''play well in the sandbox" and consider others' perspectives, or do they have a dominant voice? Do any potential home visiting beneficiaries have competing interests?
Level of interest	Who has the most to gain or lose?
Stake	Why would this potential home visiting beneficiary be interested in the project and findings?
Anticipated level of participation	What levels and types of participation do we expect and communicate of each potential home visiting beneficiary? Are potential home visiting beneficiaries available, and do they have the capacity to contribute in meaningful ways?
Most critical phase(s) of engagement	When is potential home visiting beneficiaries' input most relevant and/or needed?

We engaged four core groups throughout the project:

1. MIECHV-eligible home visiting model developers
2. MIECHV awardees and Tribal MIECHV grantees
3. Local home visiting programs and practitioners

4. Home visiting technical assistance and professional development providers

Exhibit A2 lists the strategies used to identify and recruit members from each group.

Exhibit A2. Engagement Strategies for Each Group

Potential HV beneficiary group	Engagement strategy
MIECHV-eligible home visiting model developers	• Emailed the Model Alliance seeking at least two model developer volunteers.
MIECHV awardees and Tribal MIECHV grantees	• Emailed Association of State and Tribal Home Visiting Initiatives seeking at least one volunteer. • Emailed federal tribal home visiting staff to request assistance identifying at least one Tribal MIECHV grantee volunteer.
Local home visiting programs and practitioners	• Posted an announcement for at least four volunteers in a Home Visiting Applied Research Collaborative newsletter. Asked that interested individuals complete a brief application describing their program (size, model, location) and interest in the project.
Home visiting technical assistance and professional development providers	• Emailed Start Early (formerly Ounce), Institute for the Advancement of Family Support Professionals (IAFSP), MIECHV Technical Assistance Resource Center, and Programmatic Assistance for Tribal Home Visiting (PATH), seeking at least one volunteer from each group.

Note. Exhibit A3 lists the members of these groups.

Exhibit A3. Participants

Potential home visiting beneficiary group	Name	Professional role
MIECHV-eligible home visiting model developers	Pamela Williams	**Program Director,** Parent Child+ Washington
	Rebecca Parilla	**National Clinical & Training Director,** Child First
	Felicia Fognani	**Regulatory Program Manager,** The National Service Office for Nurse-Family Partnership & Child First
	Sharon Sprinkle	**Director of Nurse Consultant Regional Director,** Nurse-Family Partnership
MIECHV awardees	Terri Enters	**Home Visiting Coordinator,** Wisconsin Department of Children and Families

Potential home visiting beneficiary group	Name	Professional role
and Tribal MIECHV grantees	Dallas Rabig	**State Coordinator**, **Infant and Early Childhood Mental Health,** Alabama Department of Early Childhood Education
Local home visiting programs and practitioners	Sanda Hankins	**Project Manager**, Together for Children Program Port Gamble S'Klallam Tribe
	Jaclyn Gray	**Project Director**, Tribal Family Partners Program, Riverside-San Bernardino County Indian Health, Inc.
	Gloria Aftanski	**President, CEO**, United Way of Central Jersey
	Heather Smith	**Parent Educator/Home visitor**, Community Chest
	Jamie Selby	**Supervisor,** Early Head Start University of Nevada, Reno
	Kimberly Turner	**Supervisor,** Healthy Families Dorchester
Home visiting technical assistance and professional development providers	Ariel Chaidez	**Senior Program Manager,** Start Early
	Janet Horras	**State Home Visitation Director,** Iowa Department of Public Health
	Allison Parish	**MIECHV TA Resource Center Director,** Education Development Center
	Sophia Taula Lieras	**Project Director,** Programmatic Assistance for Tribal Home Visiting, ZERO TO THREE

We conducted a series of four virtual input sessions, with the following goals:

1. Gather input on definitions of professional well-being, factors that influence professional well-being, and important areas of inquiry for focal areas (March 18, 2021)
2. Discuss and solicit feedback on draft reflective supervision conceptual model (May 21, 2021)
3. Discuss and solicit feedback on draft professional well-being conceptual model (July 22, 2021)
4. Discuss and solicit feedback on key project findings for reflective supervision and professional well-being (November 10, 2021)

Consultant Engagement

We collaborated with the COR to identify a group of 19 consultants and assigned them into one of four groups based on their areas of expertise and perspectives. We contacted the identified consultants via email to (1) introduce the project, (2) outline expectations for consultant involvement, and (3) assess their availability and interest in serving as an expert consultant. Interested individuals signed an honorarium agreement, which detailed the period of performance, expected activities, and honorarium amounts for participation in activities. The members of the four consultant groups are listed in exhibit A4, along with their areas of expertise; exhibit A5 lists each consultant and their professional affiliations.

Exhibit A4. Consultants Engaged, by Group Assignment

Consultant group	Area of expertise and perspective	Goals of group composition
One	Home visiting research and practice context, spanning home visitor professional well-being and reflective supervision	1. Broad expertise and knowledge of field of home visiting 2. Knowledge of elements of home visiting quality (which encompass factors that affect professional well-being at organizational and systems levels) 3. Experience with workforce development 4. Awareness of coaching and supervision issues in the context of home visiting 5. Experience working directly with home visitors and awareness of the issues they face as it relates to job quality and opportunities for advancement
Two	Early childhood education (ECE) or child welfare workforce development	1. Experience developing and conceptualizing ECE workforce well-being 2. Experience designing and implementing workforce studies in ECE or child welfare
Three	Home visitor well-being and reflective supervision technical assistance (TA) and/or practice; reflective supervision, coaching, or infant early childhood mental health	1. Experience providing TA or professional development 2. Experience working with home visitors in tribal home visiting 3. Mix of providing TA to local programs and state administrators 4. Knowledge of core aspects of reflective supervision 5. Knowledge of tenets of infant early childhood infant mental health consultation 6. Experiencing training or providing TA on reflective supervision or coaching

Consultant group	Area of expertise and perspective	Goals of group composition
Four	Experts in issues of worker well-being	1. Knowledge of factors influencing worker well-being 2. Experience conceptualizing key aspects of worker well-being 3. Expertise in issues of organizational psychology and occupational health 4. Expertise in implementation science and drivers that may affect professional well-being

Exhibit A5. Consultants and Their Affiliations

Consultant group	Name and affiliation
One	Angela Tomlin, **Professor of Clinical Pediatrics,** Indiana University School of Medicine
	Jon Korfmacher, **Senior Research Fellow,** Chapin Hall
	Lori Roggman, **Professor Emerita,** Department of Family, Consumer & Human Development, Utah State University
Two	Anita Barbee, **Professor,** Kent School of Social Work, University of Louisville
	Kathleen Gallagher, **Director of Research and Evaluation,** Buffett Early Childhood Institute, University of Nebraska at Kearny
	Kyong-Ah Kwon, **Associate Professor,** Instructional Leadership and Academic Curriculum, Jeannine Rainbolt College of Education, University of Oklahoma-Tulsa
Three	Calvin Moore, Jr., **Interim CEO,** Council for Professional Recognition
	Dawn Nixon, **Psychologist, Consultant,** Programmatic Assistance for Tribal Home Visiting (PATH)
	Neal Horen, **Director of the Early Childhood Division at the Center for Child and Human Development,** Georgetown University, Center for Excellence for Infant and Early Childhood Mental Health Consultation
	David Schultz, **Associate Professor,** University of Maryland, Baltimore County
	Sherryl Scott Heller, **Clinical Associate Professor of Psychiatry,** Tulane University School of Medicine
Four	Julia Henley, **Professor,** Crown Family School of Social Work, Policy, and Practice University of Chicago
	Melissa Van Dyke, **Director,** National Implementation Research Network at the Frank Porter Graham Child Development Institute University of North Carolina

Consultant group	Name and affiliation
	Kimberly Jinnett, **Principal,** Health Policy and Systems Research, Genentech

We conducted nine virtual consultant meetings with the following goals:

1. Gather input on definitions of professional well-being, factors that influence professional well-being, and the relationship of professional well-being to outcomes and solicit guidance on the conceptual model. (March 4, 2021)
2. Discuss the goals and intended outcomes of reflective supervision, key elements of reflective supervision, and roles of reflective supervisors. (April 13, 2021)
3. Discuss existing professional well-being conceptual models and recommendations; gather input on the draft professional well-being conceptual model. (April 19, 2021)
4. Discuss and solicit feedback on the draft professional well-being conceptual model. (May 11, 2021)
5. Discuss and solicit feedback on the draft reflective supervision conceptual model. (June 11, 2021)
6. Discuss and solicit feedback on the draft reflective supervision conceptual model. (August 23, 2021)
7. Discuss findings from the professional well-being literature review and solicit feedback on the professional well-being conceptual model. (September 13, 2021)
8. Discuss key findings from the professional well-being literature review and environmental scan (October 29, 2021)
9. Discuss key findings from the reflective supervision literature review and environmental scan (November 5, 2021)

We also conducted one virtual small group discussion to get feedback on the process of rating materials identified through environmental scans as “evidence-based.” (June 24, 2021)

Appendix B. Literature Review Methodology

We completed the search for relevant literature in a series of steps, including (1) a database search, (2) snowball searches of reference lists, (3) review of existing databases, and (4) input from the Contracting Officer's Representatives (COR), consultants, and potential home visiting beneficiaries. Details for each of these steps are provided below.

Database Search

We performed systematic searches of four scholarly databases: PubMed, CINAHL, PsycINFO, and Scopus. Search terms were developed using the PICO framework (Population, Intervention, Comparison, Outcomes) and refined in collaboration with COR. Exhibit B1 presents search terms for reflective supervision. We consulted with an informationist to tailor the search strategy for each database using a combination of Medical Subject Headings searching, keyword searching, and text word searching. Searches were limited to article titles and abstracts.

Exhibit B1. Search Terms for Reflective Supervision

Population	Intervention
"Home visit"* OR "house calls" OR "home-based" OR "home care" OR "early childhood educat"* OR "early care and educat"* OR "Head Start" OR "Early Head Start" OR "preschool" OR "child care" OR "maternal child health" OR "community health worker" OR "infant mental health consult"* OR "early intervention" OR "social work" OR "social services" OR "child welfare" OR "child protective services" OR "family-based care" OR "family development" OR "child development"	"Reflective supervision" OR "reflective supervis"* OR "reflective practice" OR "supervision" OR "supervis"*

Snowball Search

In addition to the systematic review process outlined above, the study team performed "snowball" searches to identify additional relevant literature. Reference sections of all publications selected for inclusion were examined for potentially relevant articles and reports. We also reviewed existing databases from prior relevant projects to identify relevant gray literature, which included MIECHV State-led Evaluation Reports. Last, we reviewed literature suggested by our internal advisor group, expert consultants, potential home visiting beneficiaries, and OPRE.

Review of Literature From Existing Projects

We reviewed existing literature from prior relevant projects, including prior work for the Home Visiting Program Quality Rating Tool, Home Visiting Meta-Analysis, the National Home Visiting Resource Center's reference catalog, and MIECHV State-led Evaluation Reports.

Review of Materials From Consultants and Potential Beneficiaries

We also invited consultants and potential home visiting beneficiaries to submit relevant literature and materials for review.

Eligibility Criteria

To be included in the review, articles met the following eligibility criteria:

- Addressed one of the guiding questions for the review
- Focused on populations of expectant families or families with children in an educational, supportive (including social services), or care-based setting (including health care) or in the child or family's home
- Reported on intervention or program implemented in the United States
- Published in English
- Published between January 2010 and October 2020

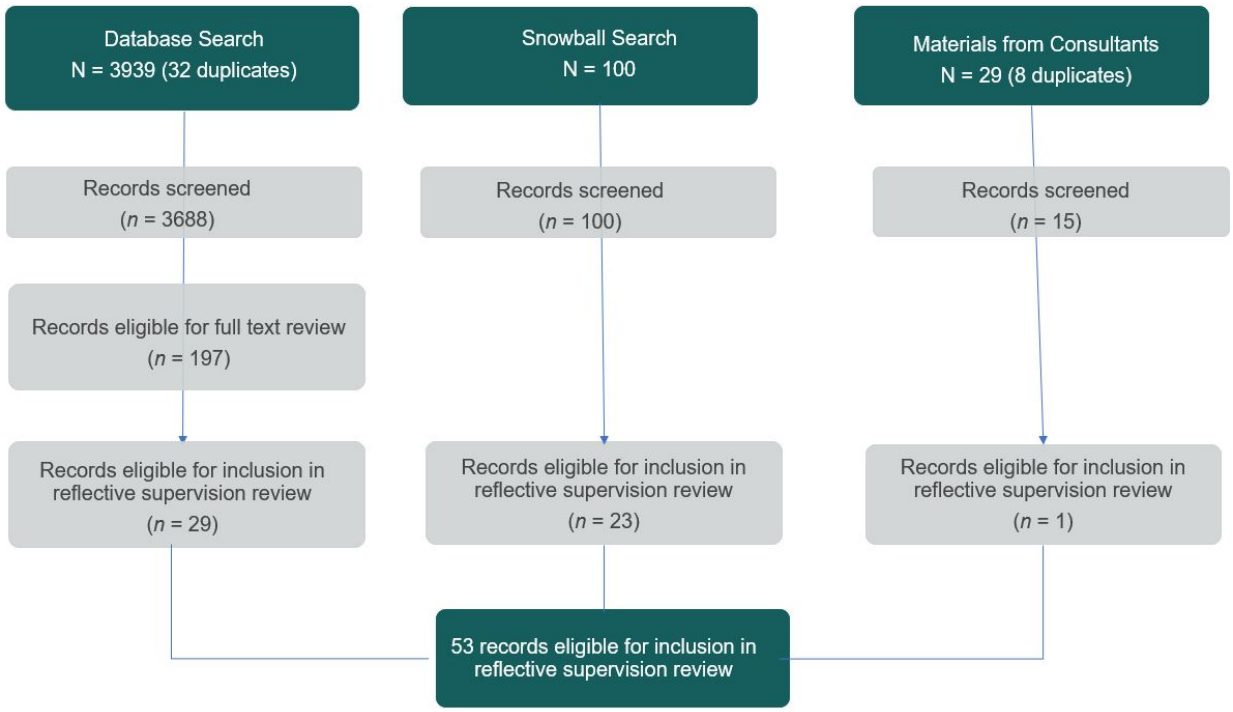
To ensure that we included the most recent and relevant sources, for the snowball search we expanded the original criteria to include highly relevant gray literature and seminal publications published prior to 2010. A source was considered seminal if it was cited frequently in included studies (i.e., four or more times).

We imported abstracts of all identified literature into Covidence, a software that facilitates screening, data abstraction, and organization of data for literature reviews. Trained staff reviewed titles and abstracts for eligibility inclusion criteria and tagged literature for either inclusion or exclusion. When a decision could not be made based on the abstract alone, the article was moved forward for full-text review.

The search process (see exhibit B2) yielded 29 journal articles eligible for inclusion. The review of bibliography lists, review of existing projects, and input from consultants and stakeholders led to identification of eight additional articles and 13 highly relevant books, book chapters, and gray

literature. We also included three highly relevant MIECHV State-led Evaluation Reports.[viii] In total, 53 sources were reviewed.[1–6,8,11,12,19,22,23,26,27,30,31,35–56,58–60,62–65,71,77–81]

Exhibit B2. Search Process



Data Extraction

Eligible articles were reviewed, and relevant data were extracted using a standard form (see exhibit B3). Study team staff were trained to extract data until they reached a satisfactory level of reliability. For ongoing quality monitoring purposes, the task lead also reviewed approximately a third of the included literature. Project team discussions resolved any discrepancies.

[viii] The team identified four relevant state-led evaluations. We received permission for inclusion from two of the four states.

Exhibit B3. Data Extraction Categories

Category	Subcategories
Field or discipline	• Home visiting • Early care and education • Healthcare • Child welfare • Behavioral or mental health • Other
Study information	• Design • Sample size • Data collection methods
Sample characteristics (families served and home visiting staff)	• Age • Gender • Race and ethnicity • Socioeconomic status • Education • Role (e.g., supervisor, home visitor) • Professional background and experience • Geographic location
Intervention or strategy characteristics	• Program or intervention name • Models implemented • Curriculum used • Goals • Service delivery components and strategies • Target service population
Well-being	• Definition • Theoretical basis and/or conceptual model • Key elements • Measured constructs • Measurement tools • Factors that promote reflective supervision • Strategies to support reflective supervision • Relationship to outcomes
Results	• Main findings • Effect sizes
Future directions	• Study limitations • Implications • Gaps in the literature

Appendix C. Conceptual Model Methodology

This appendix describes:

1. Examples of concepts drawn from existing conceptualizations and models of reflective supervision
2. Examples of concepts drawn from broader literature describing relevant social and behavioral theories of change
3. Methods and feedback solicited from ongoing engagement with expert consultants, local home visiting program staff, MIECHV state awardees and Tribal MIECHV grantees, model representatives, and training and technical assistance providers.

Existing Conceptualizations and Conceptual Models of Reflective Supervision

We consulted and drew from existing models to understand current conceptualizations of reflective supervision in home visiting and related fields and to identify potentially relevant structures, processes, key elements, outcomes, and factors for implementation (exhibit C1). Our goal was to build on existing models by identifying and filling gaps as needed. Of note, we found that conceptualizations of reflective supervision are generally not organized as visual models, per se. Rather, important concepts or sets of concepts are described with varying levels of specificity in conceptual and empirical literature or are reflected in measures of reflective supervision. One exception is a visual model by Weatherston et al., the *Reflective Supervision Wheel*, described below. Of note, although current conceptualizations describe structure, content, process and techniques, they do not specify intended outcomes or articulate a clear theory of change.

Exhibit C1. Examples of Conceptualizations and Conceptual Models

Title	Process used to develop	Contributions
Reflective Supervision: A Guide From Region X to Enhance Reflective Practice Among Home Visiting Programs	Developed by MIECHV Region X collaborators,[4] based on literature and Region X Reflective Supervision Collaborative member input and reviewed for consistency by the Alliance for Advancement for Infant Mental Health	The guide identifies six key principles of reflective supervision and is intended to promote quality, accountability, and consistency within Region X and among the home visiting models that are implemented in each of the four states.

Title	Process used to develop	Contributions
Reflective Supervision Wheel	Integrated work from several authors (Tomlin et al.,[45] Watson et al.,[41] Shea et al.[82])	Visual model that specifies content, characteristics of the environment, supervisory behaviors, and supervisor qualities
Delphi study of critical components of reflective supervision	Tomlin et al.[45] invited experienced practitioners of reflective supervision from across North America to participate in a modified Delphi study.	Produced six categories: structure or reflective supervision sessions, process of reflective supervision sessions, qualities a supervisor demonstrates, behaviors a supervisor demonstrates, behaviors a supervisee demonstrated, and mutual behaviors and qualities
Best Practice Guidelines for Reflective Supervision/Consultation[48]	Developed by the Alliance for Infant Mental Health and the Michigan Association for Infant Mental Health	Widely used and reproduced, this document incorporates the Essential Elements and Collaborative Tasks from the RIOS measure (described below) and adds a bulleted list of recommended techniques and a brief discussion of distinguishing features and modes of delivery.
Reflective Supervision Rating Scale[39,83]	Ash et al[39,83] developed based on discussions with experts and personal experience as a reflective supervisor and supervisee.	This 15-item scale can also serve as a measure of supervisor fidelity.
Reflective Interaction Observation Scale (RIOS)[41]	Developed as part of a collaborative process by Alliance for the Advancement of Infant Mental and was based on literature review, surveys, and a modified Delphi process	The RIOS describes and operationalizes interactions between a reflective supervisor and supervisee, focusing on two dimensions of the reflective supervision process: five essential elements (Understanding the Family Story, Holding the Baby in Mind, Professional Use of Self, Parallel Process, and Reflective Alliance) and five collaborative tasks (Describing, Responding, Exploring, Linking, and Integrating).

Broader Literature

In addition to drawing from existing conceptualizations of reflective supervision, we also consulted broader literature on supervision and social and behavioral theories of change. For example, we drew from common factors models of supervision,[71,84–86] which provide useful frameworks for defining key aspects of supervision and supervisory relationships and for distinguishing between specific models of supervision. Common factors models of supervision characterize supervision according to such aspects as structure, content, process, techniques, supervisor and supervisee

characteristics, and participant roles. We also consulted literature on implementation science to inform our thinking about factors that might promote high-quality implementation and sustainability of reflective supervision.[87] We consulted literature on home visitor professional development to better understand the role of reflective supervision as one strategy within a broader system of professional development.[19,88] We reviewed literature on relevant social and behavioral theories and interventions to inform our thinking about potentially relevant theories of change and related techniques that have been linked with intended outcomes of reflective supervision (e.g., professional competencies and professional well-being) .[89–91] The study team also incorporated ideas from broader efforts in the field of home visiting to move toward greater precision in how strategies and interventions are described.[34]

Consultant and Practitioner Feedback

Exhibits C2 and C3 show the input received from consultants, practitioners, and individuals who support practitioners in each session that focused on reflective supervision. At the end of each exhibit are some of the changes made by the study team in response to their input.

Exhibit C2. Consultant Engagement Sessions

Date: April 13, 2021	
Goals for the session	▪ Identify goals, intended outcomes, and key elements of reflective supervision ▪ Clarify distinguishing features of reflective supervision and the roles of reflective supervisors ▪ Obtain general guidance based on consultants' expertise and prior work
Activities	▪ Overview of progress to date ▪ Discussion of reflective supervision ▪ Requests for information
Suggestions and observations	▪ **Consultants discussed goals and intended outcomes of reflective supervision.** ○ They used goals in the preliminary conceptual model as a starting point for the following discussion: ▪ Supervisor/supervisee relationships drive all goals. ▪ Direct goals of reflective supervision include relationship building, personal growth, and mental health of staff, while indirect goals include improving services for families. ▪ Ethical practice is woven into reflective supervision—as reflection occurs, ethical issues, dilemmas, and themes will come up as part of that work. Home visitors examine their own feelings, history, and assumptions, and how these things influence their work with families. Reflective supervision should inform ethical practice. ▪ Concepts of "goals" and "outcomes" are difficult to disentangle. ▪ There are differing opinions on whether reflective supervision is part of administrative supervision and whether it is possible for one person to effectively perform both roles. "This model needs more clarity about the purpose of reflective supervision: Is it about the individual or about the work?" asked a consultant. "This model combines the two concepts; they should be separated," proposed another. ○ Consultants offered feedback on intended outcomes in the preliminary conceptual model. ▪ It would be helpful to have the same outcomes for supervisors and home visitors (increased self-efficacy, improved relationships, better understanding of the home visitor's circumstances, job satisfaction). ▪ Reflective supervision can have an impact on supervisor job satisfaction and retention, levels of stress, and vicarious trauma. ▪ Role clarity for reflective supervisors is important. ▪ Reflective supervisors need their own reflective supervision. ▪ **Consultants identified key elements of reflective supervision.** ○ They suggested that more actionable language regarding elements of reflective supervision would make the model more useful. ○ Features (or "Attributes") ▪ Curiosity/tone of inquiry (which was identified as an important Feature of reflective supervision missing from the model)

        - Regularity and predictability (which were then suggested to be aspects of Structure and Delivery, rather than Features)
        - Processes of reflective supervision such as parallel process, the importance of affect, active listening, problem solving/critical thinking, use of relationships, self-reflection and self-awareness, attention to content and process, withholding judgment, and acknowledging complexity of work
    - Structure & Delivery (or "Process")
        - Regularity and predictability of sessions
        - Setting up a contract that outlines expectations of supervisor and home visitors and terms of confidentiality
        - How to define *reflection*?
    - Focus (or "Content")
        - Missing from the model:
            - Team relationships and dynamics
            - Promoting multiple perspectives
            - Feelings or emotions (critical content)
            - Self-care/self-compassion—focusing on the supervisees' emotions and responses and how supervisees regulate themselves in interactions
    - Techniques (or "Practices," "Tasks," "Activities")
        - Collaborative exploration, being present (consider starting session with both parties doing a breathing exercise or meditation), wondering (asking open-ended questions that prompt thinking about underlying attributions, biases, and how thinking affects what is)
            - Techniques for providing feedback in reflective supervision (providing information or resources is sometimes necessary)
            - Empowering HV and highlight successes and progress
            - Solution-focused and strengths-based feedback—call attention to past success in similar situations to transfer learning across contexts (mentioned ACCWIC Coaching Model out of the University of Maryland School of Social Work)
            - Reviewing progress of families
            - Role playing
            - Observation of own practice
- **Consultants discussed distinguishing features of reflective supervision and roles of reflective supervisors.**
    - They identified overlaps and differences between reflective supervision and other terms used to refer to related practices, like *clinical supervision*, *reflective consultation*, and *coaching*. Many consultants felt that reflective supervision is just one component of *reflective practice* more broadly.
    - They found it unrealistic for reflective supervision to be at separate time, so it must be embedded in reflective practice.
    - They suggested a Venn diagram to show areas of overlap and areas of uniqueness to each approach (Clinical supervision / Reflective Supervision / Reflective Consultation / Coaching).
    - Page 6 of Heller & Tomlin[11] discusses this.

	▪ **Consultants offered general recommendations from prior work.**
	  ○ Identifying measures—observational or self-reflective
	  ○ Aiming for measurement and operational clarity

Example responses	▪ Supervisory relationship established as central and interconnected with all other elements; separation of individual staff outcomes and program/family outcomes; attention to supervisors and supervisees; refinement and addition of multiple elements (e.g., regularity, tone, active listening, problem solving, withholding judgment, team relationships, self-care, prompt thinking about underlying biases, review family progress, role play, observation) ▪ Relevant aspects and realities of HV context noted

Date: June 11, 2021	
Goals for the session	▪ Obtain feedback on the draft visual diagram of reflective supervision
Activities	▪ Overview of progress to date and draft visual diagram ▪ Discussion, guided by questions on page 1 of handout
Suggestions and observations	▪ **Consultants offered feedback on visual diagram of reflective supervision.** ○ Add *tribal* to model. Include *tribal* wherever *state* is included, before *state* (e.g., "federal, tribal, state, and local community...") ○ Influential factors ▪ Consider adding "Child/Family Characteristics" ▪ Provide more explanation of what home visitor and supervisor attributes are ○ Key elements ▪ Define what is meant by the term *reflective supervision,* since some refer to it as all that happens in supervision, including coaching and administrative/management topics ▪ *From a consultant's feedback form:* "Trusting relationship between supervisor and supervisee is essential—takes time to build—sometimes it is discussed but not always—so relationship is also process and content." ○ Reflective process ▪ Clarify whether the process involves a dyad (supervisor/supervisee) or triad (supervisor-supervisee-family) and whether reflective supervision involves family reflection/input ○ "Assumptions" in diagram ▪ Consider moving Supervisor/ Supervisee Engagement from Assumptions to Key Elements ▪ Consider adding "well-being" to assumptions; would be a way to tie the two project foci together ▪ **Consultants discussed the role of the family in reflective supervision.** ○ Several consultants expressed that while reflective supervision is not always explicitly about the families, they are always held in mind. ○ Input from families is not part of the process because reflective supervision is a time for home visitors to process their own thoughts and feelings. Family input is represented through the home visitor. ▪ **Consultants addressed the discussion questions.** ○ How to best characterize reflective supervision—as a professional development strategy or an implementation support? Something else?

        - Several consultants rejected the idea of categorizing reflective supervision as one thing ("professional development strategy," "implementation support," "philosophy") as an oversimplification, and said instead that reflective supervision must be understood as a multidimensional concept.
        - There are philosophical principles that underpin reflective supervision
    - How to represent the supervisory relationship in the model? The relationship appears to be at once a "container for the work," an influential factor, and an outcome.
        - Some consultants consider the supervisory relationship to be a moderator; others thought it was a Key Element.
        - Many consultants felt the relationship fits in multiple categories (factor, element, outcome) as "both a means and an end."
        - Consultants felt that the power differential between supervisor and supervisee can only be addressed when it is explicitly acknowledged (a principle that has also come up in potential home visiting beneficiary sessions).
    - How to represent reflective process and techniques? These two categories overlap, but techniques are more specific, observable behaviors that support the reflective process (refer to handout for examples).
        - Some confusion was expressed surrounding the differences between characteristics, behaviors, and principles.
        - Can this project provide more functional definitions?
    - How best to determine which elements are essential, recommended, or unacceptable?
        - The concept of "essential" and "unessential" elements is complicated by the various context-dependent levels of importance.
    - How to represent the parallel process?
        - Consultants expressed the importance of the parallel process being made explicit and the issue of high-level staff in the home visiting system not understanding their role in the parallel process.
        - *From a consultant's feedback form:* **"**I see parallel process as fitting into two sections here: (1) a focus—that the relation the supervisee has with their client will affect their client's relationship with the child in their care; and (2) a process—that the relationship between the supervisor and supervisee will affect the supervisee's relationship with their client. I would add in focus explicit consideration of the impact of racial and cultural bias and historical as well as individual trauma on the client's attitudes, behaviors, and responses as well as on the supervisee's behaviors, thought, and attitudes."
    - How best to represent outcomes? Options are by level (e.g., supervisee, program, client/family, as shown) or by proximity (e.g., proximal, intermediate, distal)? How to specify associations and directionality among outcomes?
        - Some consultants preferred proximal outcomes to distal outcomes because this distinction more clearly establishes a clearer framework for future research.
        - Consultants questioned the measurability and testability of outcomes in the model.
    - How to address one potential home visiting beneficiary's comment that "reflective supervision is through the lens of the majority culture"? Reflective supervision is supposed to provide an opportunity to be heard and understood. What if this is not the case? How to give attention to issues of equity and bias—in the work, in the supervisory relationship? These ideas are currently represented in the "Focus" box, but is this where they belong?

	▪ Consultants discussed the importance of awareness of systemic racism, biases, and historical trauma in the development of the model, but they were unable to provide much input as there is a lack of literature related to this in the context of home visiting reflective supervision. ▪ This is something not being talked about in reflective supervision literature, and perhaps this project can be useful to help move this topic along in the field. ○ How to acknowledge that reflective supervision may be one part of a larger reflective organization? ▪ Consultants' opinions differed on the importance of specifying "reflective supervision" (rather than reflective practice, a reflective organization, reflective time or space). ▪ **Feedback forms** ○ A consultant commented that the list of supervisor techniques is a mix of skills (e.g., tone of curiosity and create calm environment), behaviors (e.g., discuss goals, set agenda), and techniques (e.g., role play, model).
Example responses	Family characteristics added as an aspect of service delivery context; relationship as potential moderator, mediator, and key element; explicit mention of power differential; parallel process as an element of focus; addition of racial and cultural bias and historical as well as individual trauma on the client's attitudes, behaviors, and responses as well as on the supervisee's behaviors, thoughts, and attitudes; use of proximal, intermediate, and distal outcomes as framework for future work; continued refinement and addition of elements.

Date: August 23, 2021	
Goals for the session	▪ Discuss a summary of the findings of the literature review and the draft conceptual model for reflective supervision
Activities	▪ Summary and discussion of reflective supervision literature review findings ▪ Discussion of the draft conceptual model for reflective supervision
Suggestions and observations	▪ **Consultants commented on a summary of the findings of the literature review.** o Self-efficacy or satisfaction may dip after a training as people become aware of what they don't know, but this doesn't mean it won't create improvement over the long term. o This is where retrospective preassessments are useful. o A consultant suggested a Reflective Practice Questionnaire measure by Priddis[92] ▪ **Consultants discussed the conceptual model.** o Placement of relationship in the model ▪ Relationship as the central element in the model, and the quality or strength of that alliance is what affects outcome; consider using a combination of the logic model and the Bronfenbrenner type circles. ▪ Cascading logic model with simple way of thinking about goals at practice level, which could be all the way to the child; next level is practitioner; next level is supervisor. Each layer has responsibilities to enable the level above—each layer is the implementation outcome of the layer above. ▪ Where does the relationship between staff and children/families go? ▪ Dane and Schneider[93] define *fidelity* as including adherence, dosage, quality of intervention delivery; participant responsiveness; and program differentiation. The relationship piece could be related to engaging the participant to enhance their responsiveness. o Inclusion of the concept of fidelity (although consultants suggested the terms *sufficient quality* rather than *fidelity*) ▪ Although researchers use the term *fidelity*, this project needs to be able to translate the work to various audiences. ▪ Think about the phrase *with sufficient quality*. Because there is a theory of change that's operating, this is how we are defining "good enough" reflective supervision to be: when we do this set of things with sufficient quality, we get these outcomes. ▪ Consider key strategies or key elements that need to occur for this to be considered reflective supervision o Differences between reflective supervision and other supervision ▪ Identify components of reflective supervision that aren't just general supervision. ▪ Can home visitors increase their knowledge, attitudes, and values through conversations with other home visitors, or is the only way to change through a supervisor? o Innovative ways of visualizing the model content to be most effective

	▪ Separate into two boxes—reflective supervision implemented as expected (a fidelity check, same as reach?) and relationship (proximal outcome)—which mediate or moderate the next three boxes ▪ Fidelity matters, in terms of efficacy versus effectiveness: effectiveness describes what you need to have greater reach. Reach is an important part of the definition.
Example responses	Centrality of relationship confirmed; consideration of language of *fidelity* versus *with sufficient quality*

Exhibit C3. Sessions With Practitioners and Individuals Who Support Practitioners

Date: May 21, 2021	
Goals for the session	▪ Discuss definitions and key elements of reflective supervision ▪ Identify potential HV beneficiary priorities and next steps
Activities	▪ Brief review of progress to date ▪ Discussion of reflective supervision ▪ Wrap up and next steps
Suggestions and observations	▪ **Stakeholders addressed various elements in the definition of reflective supervision.** ○ If information on very young children's developmental needs should be included so early in the definition ○ Whether supervisors also need to receive reflective supervision for parallel process to work; consider changing term *home visitor* to *home visiting professional* to include supervisors. ○ Considering removing "without interruption from the supervisor" from the definition for being distracting and not necessary. ○ Including when reflective supervision should occur and in what context (individual versus group). ○ The difference between reflective supervision and reflective consultation ▪ Stakeholders were not attached to the term *reflective supervision*. Some disliked the *supervision* element, preferring instead the terms *reflection* or *reflective practice*. A few used the term *reflective consultation*. ▪ Some prefer the term *consultation* because the focus is on offering support; supervision suggests a different level of responsibility. ▪ Some prefer referring to the process as making *reflective time*, *time for reflection*, or *find[ing] reflective space*. Some view it as a shared exploration of the parallel process with a supervisor, while others believe reflection can be peer-to-peer as well as with a supervisor.

	▪ **Stakeholders discussed intended outcomes of reflective supervision in the context of home visiting.** o Many of the intended outcomes identified by potential home visiting beneficiaries were difficult to classify as "home visitor outcomes" or "family outcomes" because they centered around parallel process and reciprocal growth. o Stakeholders saw reflection or reflective supervision as a tool to ensure equity, reduce burnout, improve mental and emotional well-being, and provide home visitors with individualized supports (home visitor and supervisor outcomes). o Stakeholders acknowledged lower staff turnover, improved family retention, and higher-quality, more individualized, and more equitable service delivery as program and family outcomes of reflective supervision. ▪ **Stakeholders identified key elements of reflective supervision.** o Structure and delivery of reflective supervision ▪ It's a long-term process to create a reflective organizational culture. Process has steps that must be developed gradually; trust has to be developed. • There are differing opinions on regularly scheduled sessions versus an open-door policy. Some see reflective supervision as dedicated, intentional, planful, and consistent; others see an open-door policy as allowing home visitors to drive the process. Some use a combination of both approaches. o Content ▪ Driven by supervisee ▪ Supervisor must create a safe space for home visitors to share. o Techniques ▪ Empathy, authenticity, and active listening are critical. ▪ Acknowledgement of the power dynamics at play between supervisor and supervisee ▪ Affirming home visitor's emotions and encouraging exploration, as this facilitates professional growth ▪ There are differing opinions on appropriateness of feedback. Some say supervisors should offer feedback only when they are invited to do so; others say it's sometimes useful but depends on the person or the developmental stage of the supervisee. ▪ **Stakeholders established priorities.** o Clearly defining reflective supervision o Labeling the type of supervision being provided (e.g., "Today is reflective consultation" or "today is data-driven conversation") o Supporting programs/supervisors to implement reflective supervision; the ratio of supervisor to home visitor is important if reflective supervision is going to be implemented properly. o Research data to build evidence-based practice and understand how reflective supervision supports home visitor retention/turnover, family satisfaction, and success
Example responses	Parallel process and reciprocal growth noted in text; equitable service delivery and outcomes added to list of outcomes; open-door policy added to structure and delivery while noting differences of opinion; continued refinement of elements (e.g., ratio of supervisors to supervisees added to contextual factors).

Appendix D. Environmental Scan Methodology, Detailed Exhibits, and Measure Profiles

Environmental Scan Methodology

We conducted the environmental scan in three phases. We identified relevant materials, evaluated them for inclusion, and extracted pertinent information from the included materials. The following sections detail the methods used in each phase.

Identifying Materials

We used four approaches to identify relevant materials for inclusion in the environmental scan:

1. Public call for information
2. Targeted searches of 18 websites
3. Web-based searches using predetermined search terms
4. Literature review

Public Call for Information

We disseminated a public call for information about relevant materials to key home visiting model representatives, MIECHV awardees, Tribal MIECHV grantees, and organizations, entities, and individuals with expertise in the areas of technical assistance, professional development, and the home visiting workforce.

Targeted Searches of 18 Websites

We searched 18 websites of specific organizations, entities, and efforts identified as potentially relevant:

- First5 California Home Visiting Workforce Study
- Professional Quality of Life
- Start Early Professional Development Resources
- Childcare and Early Education Research Connections
- MIECHV Technical Assistance
- ZERO TO THREE Professional Development Resources
- Head Start Early Childhood Learning and Knowledge Center
- Institute for the Advancement of Family Support Professionals

- Rapid Response for Home Visiting
- Center of Excellence for Infant and Early Childhood Mental Health Consultation
- ACF's Tribal Home Visiting
- HRSA MCHB Home Visiting Program
- Arkansas Home Visiting Training Institute
- Nebraska Home Visiting Training Resources
- Reflective Interaction Observation Scale
- Early Impact Virginia
- Oregon Health Authority
- University of Minnesota Reflective Supervision and Consultation Self-Study Modules

Web-Based Searches Using Predetermined Search Terms

We completed a series of web-based searches using a list of predetermined search terms to identify pertinent materials. Exhibit D1 displays the search terms used to find resources and measures related to reflective supervision in the fields of home visiting, child welfare, and early care and education.

Exhibit D1. Search Terms for Web-Based Searches

	Home visiting	General
Strategies and resources	("home visit"*) AND ("reflective supervision") AND ("training" OR "course" OR "program" OR "intervention" OR "workshop" OR "webinar" OR "initiative" OR "coaching" OR "mentoring" OR "technical assistance" OR "curriculum" OR "book" OR "toolkit" OR "guidance document")	("reflective supervision") AND ("training" OR "course" OR "program" OR "intervention" OR "workshop" OR "webinar" OR "initiative" OR "coaching" OR "mentoring" OR "technical assistance" OR "curriculum" OR "book" OR "toolkit" OR "guidance document")
Measures	("home visit"*) AND ("reflective supervision") AND ("survey" OR "questionnaire" OR "measure" OR "index" OR "assessment" OR "screen" OR "scale" OR "observation")	("reflective supervision") AND ("survey" OR "questionnaire" OR "measure" OR "index" OR "assessment" OR "screen" OR "scale" OR "observation")

Literature Review

Relevant materials identified in the literature review were considered for inclusion in the environmental scan. While reviewing the articles included in the literature review, we identified four trainings and nine measures to include in the environmental scan.

Evaluating Materials for Inclusion

Through discussions with federal project officers, we developed the following inclusion criteria:

1. Material focuses on content related to supporting, promoting, or measuring an aspect of reflective supervision.
2. Material includes a description of strategies, interventions, resources, or measures that can support their application and use.

Exhibit D2 shows the materials that we identified, by source and type of material.

Exhibit D2. Materials Identified, by Source and Type of Material

Type of material	Brief description	Total	Source for identifying material			
			Public call	Targeted website searches	Broader web searches	Literature review
Training and related strategies	Includes in-person and web-based trainings, training materials, webinars, and archived recordings; also includes multicomponent strategies that combine training with other supports, such as coaching, mentoring, or participation in a Community of Practice	41	9	10	18	4
Resources	Includes books, guidelines, policies, handbooks, manuals, models, newsletters, tip sheets, and websites	22	3	7	12	N/A
Measures	Includes self-report measures, surveys, questionnaires, observational assessments, and self-assessments.	11	0	2	0	9

Extracting Data From Included Materials

We reviewed and summarized the materials selected for inclusion according to the data extraction fields outlined in exhibit D3. Across all materials, we extracted data on a limited set of key items. For trainings and measures, we gathered additional details pertinent to those types of materials.

Exhibit D3. Environmental Scan Data Extraction Fields

Type of material	Data extracted
All materials	Source for identifying material Organization name Type of material Field Name General summary
Training and related strategies	Training goals Content addressed Training strategies used Training modality Time to complete Materials included/provided Costs
Measures	Purpose Intended population Domains measured Administration approach and timing Process of development Reliability and validity

Exhibit D4. Characteristics of the Trainings and Related Strategies

Name of training or related strategy	Purpose	Notable details (modality, cost, source)	Relation to conceptual model
			Key elements
A Foundation Training in Reflective Supervision	Learn key concepts of RS	Online; Cost unknown; *Children's Institute*	Focus; Techniques; Relationship
Essentials of Home Visiting: Reflective Supervision	Learn key concepts of RS	Online live webinar; Log-in required; Cost unknown, *Start Early*	Techniques; Relationship
Family Support Supervision: Values-Oriented, Strength-Based, and Model-Specific	Learn to implement supervision that is reflective and skill-development driven	Online; Free; Institute for the Advancement of Family Support Professionals *(IAFSP) & Iowa Dept of Health*	Focus; Techniques; Relationship
Finding the Words, Finding the Ways: Exploring Reflective Supervision and Facilitation	Learn RS skills and strategies using a manual and series of video vignettes	Manual and DVD; $12; *WestEd*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Home Visiting 103: Professional Practice	Learn essentials of HV professional practice including key concepts of RS	Online; Free; *IAFSP & Early Impact Virginia*	
Reflective Supervision Learning Collaborative	Learn essential elements of RS and tools and strategies to build and deepen reflective practice	In person or online; $1,400; *South Carolina Infant Mental Health Association*	Structure and delivery; Reflective process; Techniques

Name of training or related strategy	Purpose	Notable details (modality, cost, source)	Relation to conceptual model
			Key elements
Keys to Successful Supervision	Learn key concepts of RS and how to implement RS practices	Online, Free; *Texas Health and Human Services*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Lutheran Services Iowa (LSI) Supervisor and Service Coordinator Community of Practice	Learn and apply five key coaching skills in RS	Training plus coaching; Currently only available for LSIaffiliates in Iowa; Cost unknown; *LSI*	Structure and delivery; Reflective process; Techniques
Making the Most of Reflective Supervision: An Introduction	Learn key concepts of RS, roles of supervisors and supervisees, and how to implement RS practices	Online synchronous; Cost unknown; *Reis-Davis Child Study Center*	Reflective process; Techniques; Relationship
Parents as Teachers (PAT) Multi-Component Strategy	Learn and apply a framework for RS	Workshop, Toolkit, and Community of Practice; Cost TBD (will soon be available to non-PAT HV programs); *PAT*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Reflective Supervision Series Parts 1 through 3. Available through Start Early Professional Learning Network and Illinois Parents as Teachers	Learn key principles of RS, how it fits within the field of infant and early childhood mental health, differentiating reflective from administrative roles, and a framework for typical supervision sessions	Online synchronous and asynchronous; Multiple sessions; Free; *Start Early/ Illinois PAT, State Office*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Providing Group Reflective Supervision Virtually	Learn about providing group RS virtually	Online asynchronous; Free; *IAFSP Rapid Response*	Structure and delivery; Techniques

Name of training or related strategy	Purpose	Notable details (modality, cost, source)	Relation to conceptual model
			Key elements
Reflective Supervision	Learn about providing group RS virtually	Online asynchronous; Free; *IAFSP Rapid Response*	Structure and delivery; Reflective process; Techniques; Relationship
Reflective Supervision	Learn key concepts of RS and how to implement RS practices.	Delivery modality unknown; Cost unknown; *SHARE Collaborative*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Reflective Supervision 5 Day Training	Learn how to implement RS, using the RIOS as a framework for practice	In-person; Free; *Connecticut Association of Infant Mental Health (AIMH)*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Reflective Supervision and Consultation Self Study Modules (10 modules)	Explain, explore, and extend learning and skills related to various components and facets of RS and the RIOS	Online, asynchronous; $85 each; *University of Minnesota-Center for Early Education and Development (UofM-CEED)*	Varies between modules
Reflective Supervision and Virtual Service Delivery	Review fundamentals of RS and how the relationship-based strategies have been transitioned to virtual settings	Online, asynchronous; Free; *IAFSP Rapid Response*	Structure and delivery; Techniques
Reflective Supervision Collaborative Training (Track I, II, III)	Learn key concepts of RS and how to implement RS practices.	In-person training plus "mentoring circles"; Cost unknown; *S. Heller & colleagues*	Structure and delivery; Focus; Reflective process; Techniques; Relationship

Name of training or related strategy	Purpose	Notable details (modality, cost, source)	Relation to conceptual model
			Key elements
Reflective Supervision in Action, Using Reflective Supervision to Build Capacity, and Reflective Supervision: Putting it Into Practice	Explore strategies to implement RS in Head Start programs	4 60-minute recordings; Online, asynchronous; Free; *Head Start–Early Childhood Learning & Knowledge Center (US Department of Health & Human Services / Administration for Children & Families)*);	Structure and delivery; Focus; Reflective process; Techniques
Reflective Supervision in Clinical Practice (ASWB-Approved) – Part 1	Learn core processes of RS, including concept of clinical confusion and its potential impact, and apply RS skills through small group activities	Online, synchronous; Cost unknown; *Center for Family Services*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Reflective Supervision Learning Collaborative	Learning collaborative—comprehensive, experience-based, small group training for supervisors and administrative leaders; participants will experience how to implement, provide, and receive RS.	In-person; Professionals in supervisory and leadership roles; Cost unknown, some subsidies available; *Society for the Protection and Care of Children*	Structure and delivery; Reflective process; Techniques; Relationship
Reflective Supervision Training	Learn the core principles of RS as well as how to implement this process in supervision sessions with home visitors	Delivery modality unknown; Cost unknown; *Arkansas Home Visiting Network*	Structure and delivery; Reflective process; Techniques
Reflective Supervision Virtually: Keeping Staff Engaged, Motivated, and Supported	Explore the topic of RS in virtual HV; learn concrete strategies to help keep staff engaged, motivated, and supported virtually	Online, asynchronous; Free; *IAFSP Rapid Response*	Structure and delivery; Techniques

Name of training or related strategy	Purpose	Notable details (modality, cost, source)	Relation to conceptual model
			Key elements
Reflective Supervision Working Session for Tribal Home Visiting Grantees	Learn key concepts of RS and how to implement RS practices	Delivery modality unknown; Cost unknown; *ZERO TO THREE and Programmatic Assistance for Tribal Home Visiting (PATH)*	Reflective process; Techniques
Reflective Supervision: Ideas for a Virtual World	Learn methods to open and close a RS session	Online, asynchronous; Free; *The Social Work Student Connect Team*	Structure and delivery
Reflective Supervision/Consultation (RS/C) Training Series	Learn key concepts of RS and how to implement RS, using the RIOS as a framework for practice	Online, synchronous; Master's level supervisors; Endorsed (or in process) in Infant Mental Health; Free; *Connecticut Association for Infant Mental Health*	Structure and delivery; Reflective process; Techniques; Relationship
Reflective Supervision/Consultation Webinars	Learn best practice guidelines for beginning RS/C.	Online, asynchronous; $35/module; *First 3 Years*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Reflective Supervision: Supporting and Building Relationships and Resiliency	Learn key concepts of RS and plan for implementation	Delivery modality unknown; Cost unknown; *Wisconsin Alliance for Infant Mental Health*	Structure and delivery; Reflective process; Techniques
RIOS 1: Using the RIOS Framework for Reflective Supervision	Learn principles and core competencies of RS/C, based in infant mental health theory and practice and using the RIOS as a framework	Online, asynchronous; $235; *(UofM-CEED)*	Structure and delivery; Focus; Reflective process; Techniques; Relationship

Name of training or related strategy	Purpose	Notable details (modality, cost, source)	Relation to conceptual model
			Key elements
RIOS 2: Advanced Reflective Supervision Using the RIOS Framework	Expand knowledge of RS/Cand learn about reflective alliance, using the RIOS as a framework	Online, asynchronous; prerequisites: RIOS 1, 25 hours RSC, some training in infant mental health; $385; *(UofM-CEED)*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Supervisor Training and Coaching	Learn key concepts of RS and how to implement it	In person or online training plus coaching; Cost unknown; *University of Maryland Baltimore County Home Visiting Training Center*	Structure and delivery; Reflective process; Techniques
Supporting the Emotional Needs of Staff Members	Learn about RS as a tool to help staff members deal with stressful situations, learn to observe staff members for signs of stress, and learn how to take action to support staff	Online, asynchronous; Free; *Virtual Lab School*	Techniques
Taking a Deeper Dive Into Reflective Supervision: Zoom Training	Learn essential elements of RS/C and how to balance it with program supervision	In person and online, synchronous; Training plus learning community/consultation; Cost unknown; *Michigan Public Health Institute – Michigan Home Visiting Initiative*	Structure and delivery; Reflective process; Techniques; Relationship
Washington State Reflective Supervision Consultation Groups	Learn how to use self-assessment tools and assess RS implementation	In person or online training plus consultation groups; Cost unknown; *Washington-Association of Infant Mental Health*	Reflective process

Name of training or related strategy	Purpose	Notable details (modality, cost, source)	Relation to conceptual model
			Key elements
Washington State Supervisor Facilitating Attuned Interactions (FAN) Trainings and Communities of Practice	Learn how to use the FAN in RS	In person training plus utilization of a Community of Practice; Cost unknown; *Region X & Washington State*	Structure and delivery; Techniques
Wisconsin Alliance of Infant Mental Health (WI-AIMH)'s Reflective Supervision Learning Collaborative	Learn the essential elements of RS as well as structural tools and strategies to build, sustain, and deepen reflective practice; broaden understanding and increase confidence in supporting others through reflection; learn how to implement and sustain RS.	In person; 'master's prepared and pursuing IMH Endorsement supervisors; $1,150; *WI-AIMH*	Structure and delivery; Focus; Reflective process; Techniques; Relationship
Training for Mental Health Supervisors*	Designed to increase the reflective practice skills of supervisors and supervisees	In person; Cost unknown; Williams et al.[60]	
Reflective Supervision/Consultation Training Model*	Apply a tiered approach to support supervisors to carry out their roles	In person; Cost unknown; Gallen et al.[39]	Techniques
Training for Supervisors and Supervisees*	Increase the reflective practice skills of supervisors and supervisees	In person; Cost unknown; Shea et al.[44]	Techniques
Tiered Model of Statewide Supports*	Establish RS within HV, improve effectiveness of practitioners, enhance program quality, and decrease staff stress, emotional strain, and burnout	In person; Cost unknown; Watson et al.[31]	

Name of training or related strategy	Purpose	Notable details (modality, cost, source)	Relation to conceptual model
			Key elements
Large-group Training in Reflective Supervision*	Enhance knowledge regarding reflective practice and supervision	In person; Cost Unknown, Low et al.[30]	

Note. RS = reflective supervision; RS/C = reflective supervision and/or consultation. Asterisks indicate that a training was described as having been evaluated. Empty rows suggest that the training description did not provide sufficient information to characterize it by key elements addressed.

Exhibit D5. Characteristics of Resources

Resource	Purpose	Notable details (type, source)	Relation to conceptual model
			Key elements
A Practical Guide to Reflective Supervision	Provides foundations and frameworks for RS and ways to support implementation in a variety of settings	Book*; ZERO TO THREE*	Structure and delivery; Focus within the session; Reflective process; Techniques; Relationship
Reflective Supervision and Leadership in Infant and Early Childhood Programs	Provides essential information for supervisors and tools and strategies to support implementation of RS	Book*; ZERO TO THREE*	Structure and delivery; Focus within the session; Reflective process; Techniques; Relationship
Reflective Supervision Wheel	An illustration that can be used as a training tool to guide provision of RS	Conceptual model*; Alliance for the Advancement of Infant Mental Health (AAIMH)*	Structure and delivery; Focus within the session; Reflective process; Techniques; Relationship

Resource	Purpose	Notable details (type, source)	Relation to conceptual model
			Key elements
Supervisor Facilitating Attuned Interactions (FAN) model	A model for integrated supervision that emphasizes parallel process	Conceptual model*; Erikson Institute*	Focus within the session; Reflective process; Techniques; Relationship
New Moms' Reflective Supervision Approach	Describes a specific approach that incorporates six steps of family-centered coaching into RS	Model*; New Moms*	Structure and delivery; Reflective process; Techniques; Relationship
Best Practice Guidelines for Reflective Supervision/Consultation (RS/C)	Provides standards for those seeking Infant Mental Health endorsement.	Guidelines; *(AAIMH)and Michigan Association for Infant Mental Health*	Structure and delivery; Focus within the session; Reflective process; Techniques; Relationship
Guidelines for Beginning and Maintaining a Reflective Supervision/Consultation Relationship via Distance Technology	Provides guidance for supervisors and supervisees entering RS/C via distance technology	Guidelines*; (AAIMH)*	Structure and delivery
Reflective Supervision: A Guide from Region X to Enhance Reflective Practice Among Home Visiting Programs	Outlines a comprehensive approach that intends to maintain quality and impact of HV services and reduce burnout and turnover of HV staff	Guidelines*; Region X Innovation Grant/Maternal and Infant Early Childhood Home Visiting*	Structure and delivery; Focus within the session; Reflective process; Techniques; Relationship
Reflective Supervision Handbook for West Virginia Home Visitation Supervisors	Provides rationale for RS, defines RS, provides best practice guidelines and tools as well as strategies for implementation	Handbook*; West Virginia Home Visitation*	Structure and delivery; Reflective process; Techniques; Relationship

Resource	Purpose	Notable details (type, source)	Relation to conceptual model Key elements
Program Planning - Home Visitor Supervisor's Handbook - Supporting Home Visitors - Reflective Supervision	Provides information about the structure and strategies of RS and a list of resources.	Manual; *Head Start - Early Childhood Learning and Knowledge Center (ECLKC)*	Structure and delivery; Techniques
Instructor's Resource Manual for Developing Mentoring and Coaching Relationships in Early Care and Education: A Reflective approach	Compares elements of RS with mentoring and coaching, as part of developing leadership for teachers	Manual; *Pearson Education, Inc*.	Techniques
Keystone Parents as Teachers (PAT) Policies and Procedures Manual 2017–18	Chapter 9 describes supervisor's responsibilities, the timing and content of sessions, and other expectations of RS	Manual; *Keystone Learning Services (PAT)*	Structure and delivery; Focus within the session
A Circle of Support for Infants and Toddlers: Reflective Parenting and Strategies in Early Head Start	Describes how RS and reflective parenting practice can be thought of as a circle of support	Newsletter; *Head Start / ECLKC*	Structure and delivery; Focus within the session
Families First Program Standards	Provides standards for training and delivery of RS in HV	Policy; *Families First*	Structure and delivery
A Collection of Tips on Becoming a Reflective Supervisee	Shares tips on becoming a supervisee	Tip sheet; *Head Start / ECLKC*	Reflective process; Relationship
A Collection of Tips on Becoming a Reflective Supervisor	Shares tips on becoming a supervisor	Tip sheet; *Head Start / ECLKC*	Structure and delivery; Reflective process; Relationship

Resource	Purpose	Notable details (type, source)	Relation to conceptual model
			Key elements
Parents as Teachers Reflective Supervision Toolkit	Provides multiple resources to support implementation of RS, such as a framework, session-by-session plan, and Helping Relationship Chart	Toolkit*; PAT*	Structure and delivery; Focus within the session; Reflective process; Techniques; Relationship
Resources for Home Visiting Supervisors	Provides access to a collection of resources	Website*; Early Impact Virginia*	Not applicable
Best Practice for Reflective Supervision/Consultation	Provides access to a collection of resources	Website*; (AAIMH)*	Not applicable
Reflective Supervision	Provides access to a collection of resources	Website*; Family and Child Education*	Not applicable
Reflective Supervision Toolkit – MIECHV Region X (AK/ID/OR/WA)	Provides access to a collection of resources developed by Region X	Website*; Oregon Infant Mental Health Association*	Not applicable
Reflective Supervision/Consultation	Provides access to a collection of resources	Website*; Colorado Association for Infant Mental Health*	Not applicable

Note. RS = reflective supervision; RS/C = reflective supervision and/or consultation. HV = home visiting. Links to resources are provided when available. Websites were not coded for key elements because they contained multiple resources.

Measure Profiles

Reflective Supervision Rating Scale (RSRS)	
Purpose	The RSRS was developed to address the need to assess the supervisee's experience in reflective supervision/consultation (RS/C) by rationally and conceptually constructing questions that measured RS/C's core components. Through supervisee ratings, the supervisor can gain external feedback on the extent to which they show RS/C behaviors. Alternately, the supervisor can complete self-ratings and reflect on their supervisory actions and attitudes.
Population	Early Childhood
Scores	The measure has 17 items rated on an "Almost Always," "Sometimes," to "Rarely" scale (a "Usually" rating was added by Gallen et al.[39]) Items are grouped in four scales: reflective process and skills, mentoring, supervision structure, and mentalization.
Publication date	2010
Administration	Self-report. The RSRS may be completed after each RS/C meeting, monthly, or on any time frame that makes sense to the purpose.
Administration time	5 minutes
Authors	Jordana Ash
Publisher	Not applicable
Development process	The RSRS was developed in 2010 to support the Kids Connect project. Its core components were distilled by Ash[83] from the literature on RS/C, from professional discussions with local and national experts, and from time spent as a supervisor and supervisee over many years in early childhood mental health roles.
Reliability	The RSRS was found to have internal consistency (α = .94) by Gallen et al.[39] Principal Component Analysis on the RSRS showed one overall factor and four subscale factors explaining 68.47 percent of the variance within Early Intervention provider responses. Strong subfactor reliability was demonstrated for the Reflective Process and Skills (α = .90), Mentoring (α = .85), and Mentalization (α =.86) subscales and moderate reliability for the Supervision Structure subscale (α = .63).
Validity	The RSRS shows concurrent validity with measures of quality of supervision, job satisfaction, work-life balance, secondary traumatic stress, and burnout. It also demonstrated discriminant validity.
References	Gallen RT, Ash J, Smith C, Franco A, Willford JA. How do I know that my supervision is reflective? identifying factors and validity of the Reflective Supervision Rating Scale. *Zero Three*. 2016;37(2):30-37.

	Shea SE, Goldberg S, Weatherston DJ. A community mental health professional development model for the expansion of reflective practice and supervision: evaluation of a pilot training series for infant mental health professionals. *Infant Ment Health J*. 2016;37(6):653-669. doi:10.1002/imhj.21611

Reflective Supervision Rating Scale-Adapted (RSRS-A)	
Purpose	The RSRS-A was an adaptation of the RSRS intended for supervisor self-report.
Population	Home Visiting
Scores	The RSRS-A is composed of 17 items that are rated on a scale of 1 (“Rarely”) to 4 (“Almost Always”). Example items include “I have formed a trusting relationship(s) with my supervisee(s).” “My supervisee and I together set the agenda for supervision.” “I listen carefully for the emotional experiences that my supervisee is expressing.” “I view myself as both a teacher and a guide.”
Publication date	2018
Administration	Supervisor self-report
Administration time	Not available
Authors	Christine M. Low, Rebecca Newland, Rebecca B. Silver, Stephanie Parade
Publisher	Not applicable
Development process	The RSRS-A was adapted with permission from the Reflective Supervision Rating Scale,[83] and the wording was adapted to create a self-report measure for supervisors.
Reliability	Internal consistency reliability of the RSRS-A subscales is as follows: Reflective Process and Skills (α = .71), Mentoring (α = .43), Supervision Structure (α = .52), and Mentalization (α = .60), and for all 17 items (α = .75)
Validity	The RSRS-A was not significantly associated with other measures of general supervision (i.e., the Supervisor Rating Scale–Adapted, the Supervisor’s Professional Development Guide and Self-Assessment, or the Supervision Self-Assessment), all of which were significantly and positively associated with each other.
References	Gallen RT, Ash J, Smith C, Franco A, Willford JA. How do I know that my supervision is reflective? identifying factors and validity of the Reflective Supervision Rating Scale. *Zero Three*. 2016;37(2):30-37.

	Low CM, Newland R, Silver RB, et al. Measuring reflective supervision within home visiting: changes in supervisors' self-perception over time. *Infant Ment Health J*. 2018;39(5):608-617. doi:10.1002/imhj.21736

Reflective Supervision Rating Scale for Supervisors (RSRSS)	
Purpose	Assess supervisor's perception of the extent to which the supervisee demonstrates reflective practice skills and capacity to engage in reflective supervision
Population	Early Childhood
Scores	The scale consists of 16 statements preceded by the phrase "My supervisee(s)…" using a scale of 0 ("Rarely"), 1 ("Sometimes"), and 2 ("Almost Always").
Publication date	2012
Administration	Self-report
Administration time	Not available
Authors	Deborah Weatherston
Publisher	Not applicable
Development process	It was adapted from the Supervision Log[94] and piloted for use by Shea et al.[53] No psychometric data were reported.
Reliability	Not available
Validity	Not available
References	Shea SE, Goldberg S, Weatherston DJ. A community mental health professional development model for the expansion of reflective practice and supervision: evaluation of a pilot training series for infant mental health professionals. *Infant Ment Health J*. 2016;37(6):653-669. doi:10.1002/imhj.21611 Weatherston D. Reflective Supervision Rating Scale for Supervisors. Supervision Log. 2012. Unpublished measure.

Reflective Supervision Self-Efficacy Scales for Supervisees (RSSESS)	
Purpose	Assess report by supervisees of their self-efficacy for skills related to reflective supervision and practice
Population	Infant Mental Health (IMH)

Scores	The measure includes 17 items preceded by the phrase “Based on your reflective supervision experiences, how confident are you that you can….” The 17 items are phrases that reflect specific tasks or skills associated with reflective supervision and reflective practice. Participants rate their level of confidence on a scale of 1 (“No Confidence”), 2 (“Low Confidence”), 3 (“Average Confidence”), 4 (“High Confidence”), and 5 (“Extremely High Confidence”).
Publication date	2012
Administration	Self-report
Administration time	Not available
Authors	Sarah Shea, Sheryl Goldberg, Deborah Weatherston.
Publisher	Not applicable
Development process	The RSSESS was developed in 2012 for use in an evaluation of the Michigan Association for Infant Mental Health’s unique reflective supervision training series. The pilot evaluation required a tool to assess changes in reflective practice skills, specifically with regard to reflective supervision.[44]
Reliability	Cronbach’s α for full scale .93 (*n* = 36) [44] and .90 (*n* = 114).[64] Subscales: Supervisory Relationship (α = .86), Reflective Practice (α = .75), Observational Skills (α = .79), Self-Awareness (α = .79).
Validity	Experts in the field of IMH practice and reflective supervision reviewed the measure to provide an initial assessment of the content and face validity. The results of the pilot test were reviewed to further assess for content and face validity. The frequency distributions of the responses were reviewed and assessed to be consistent throughout the survey results.
References	Shea SE, Jester JM, Huth-Bocks AC, et al. Infant mental health home visiting therapists’ reflective supervision self-efficacy in community practice settings. *Infant Ment Health J*. 2020;41(2):191-205. doi:10.1002/imhj.21834 Shea SE, Goldberg S, Davies D, Weatherston D. Reflective Supervision Case Vignette for Supervisees. 2012. Unpublished measure. Shea SE, Goldberg S, Weatherston DJ. A community mental health professional development model for the expansion of reflective practice and supervision: evaluation of a pilot training series for infant mental health professionals. *Infant Ment Health J*. 2016;37(6):653-669. doi:10.1002/imhj.21611

Reflective Supervision Self-Efficacy Scales for Supervisors (RSSESS)	
Purpose	Assess supervisor's self-efficacy related to tasks or skills associated with reflective supervision and reflective practices
Population	Infant Mental Health
Scores	The measure includes 17 items preceded by the phrase "Based on your reflective supervision experiences, how confident are you that you can.…" The 17 items were phrases that reflected specific tasks or skills associated with reflective supervision. Participants rated their level of confidence using a scale of 1 ("No Confidence") to 5 ("Extremely High Confidence").
Publication date	2012
Administration	Self-report
Administration time	Not available
Authors	Sarah Shea, Sheryl Goldberg, Deborah Weatherston.
Publisher	Not applicable
Development process	Designed to assess the reflective practice self-efficacy of reflective supervisors/consultants for IMH home visitors providing clinical services, this measure has been used to assess changes in reflective practice self-efficacy following participation in training.
Reliability	Cronbach's α for this measure was .92 (*n* = 13). The frequency distributions of the pilot test results of this measure were consistent.
Validity	Content and face validity were assessed via feedback from experts in the field of IMH practice and reflective supervision.
References	Shea SE, Goldberg S, Weatherston DJ. A community mental health professional development model for the expansion of reflective practice and supervision: evaluation of a pilot training series for infant mental health professionals. *Infant Ment Health J*. 2016;37(6):653-669. doi:10.1002/imhj.21611

Reflective Supervision and Learning Culture Scale	
Purpose	Assess supervisee's perceptions of whether and how the supervisor prompts critical thinking
Population	Child Welfare

Scores	The scale consists of eight items, rated from 1 (“Strongly Disagree”) to 6 (“Strongly Agree”). Two items are reverse scored.
Publication date	2014
Administration	Self-report by supervisee
Administration time	Not available
Authors	Cynthia A. Lietz, Megan J. Hayes, Travis W. Cronin, and Francie Julien-Chinn
Publisher	Not applicable
Development process	The tool was developed as part of a project to evaluate transfer of learning from a strengths-based supervision training to what actually occurs in supervisory practice, and used for data collection at pre- and posttest.
Reliability	Cronbach’s α for this scale was .92.
Validity	The tool was considered to have achieved face validity because it measured concepts covered in the 2-day training that it was developed to evaluate.
References	Lietz CA, Hayes MJ, Cronin TW, Julien-Chinn F. Supporting family-centered practice through supervision: an evaluation of strengths-based supervision. *Fam Soc*. 2014;95(4):227-235. doi:10.1606/1044-3894.2014.95.29

Reflective Supervision Case Vignette for Supervisors	
Purpose	Assess supervisor’s use of 12 specific capacities related to reflective practice and reflective supervision.
Population	Infant Mental Health
Scores	Raters use a detailed rubric to assess the presence of 12 specific capacities related to reflective practice and reflective supervision.[82] Responses are scored on a scale of 1 (“Weak”) to 5 (“Strong”).
Publication date	2013
Administration	Supervisors read a case vignette of reflective supervision and answer four open-ended questions.
Administration time	Not available
Authors	Sheryl Goldberg and Deborah Weatherston
Publisher	Not applicable

Development process	The first six practice behaviors were identified as essential elements of reflective practice based on administration of a different case vignette application in a prior evaluation of a professional-development training series for IMH specialists. Practice behaviors 7 to 12 were identified based on a review of the literature regarding what it means to "use" reflective supervision as a supervisee and "offer" reflective supervision as a supervisor.
Reliability	Not available
Validity	Content and face validity were assessed via feedback from an expert in the field of IMH and reflective supervision.
References	Goldberg S, Weatherston D. Scoring rubric for reflective supervision case vignettes. 2013. Unpublished measure. Shea SE, Goldberg S, Weatherston DJ. A community mental health professional development model for the expansion of reflective practice and supervision: evaluation of a pilot training series for infant mental health professionals. *Infant Ment Health J*. 2016;37(6):653-669. doi:10.1002/imhj.21611

Reflective Supervision Competency Scale (RSCS)	
Purpose	Assess supervisor's use of six process elements considered important to reflective supervision
Population	Early Childhood
Scores	Six process elements: (1) attunement to the supervisee and process; (2) emotional regulation/co-regulation skills; (3) collaboration and trust; (4) attention to culture and diversity; (5) balance between macro/micro, process/content, being with/gentle guidance, self/client/program/ mission, work requirements/ethical issues; and (6) address clinical and administrative challenges using a reflective lens. A Likert-type scale of measurement is used to indicate whether each element was "not yet in evidence," "demonstrated partially," or "fully demonstrated." Includes a list of observable behaviors for each process element, such as, "The reflective supervisor shows mindfulness of own experience" (e.g., avoids constant referral to their own experiences, slows down process as needed, uses a gentle voice to help calm, ties own affective experience during conversation to help illustrate understanding).
Publication date	2016
Administration	20-minute coded digital recording of a RS session and one-page narrative in which the supervisor writes about what they were thinking as they conducted the RS segment

Administration time	Not available
Authors	Karen Moran Finello, Mary Claire Heffron, and Barbara Stroud
Publisher	Not applicable
Development process	A first step in developing the RSCS involved extensive discussion about process elements of RS and the reflective relationship—and how to measure these elements through observation. With a working definition of process elements in place, the next step was to produce objective criteria for each of the concepts. The next task was to generate a list of observable behaviors for each process element, then test this list of behaviors using a 20-minute reflective supervision segment. Authors then pared down the number of items to allow for more efficient review of the multiple elements at play during a supervision session.
Reliability	Not available
Validity	Not available
References	Finello KM, Heffron MC, Stroud B. Measuring process elements in reflective supervision. *Zero Three*. 2016;37(2):39-45.

Reflective Interactive Observation Scale (RIOS)	
Purpose	Assess presence of five collaborative tasks and five essential elements of reflective supervision
Population	Infant Mental Health
Scores	The coding process involves viewing a digitally recorded reflective supervision session in 15-minute segments and using a coding matrix to assess the specific Collaborative Tasks the pair are using to discuss each Essential Element. Coders listen for the Essential Element being discussed and then look at the nature of the Collaborative Task in which the pair are engaged. Researchers “code” this Collaborative Task using its assigned numerical code with a focus on noting the “highest” number, or most complex Collaborative Task, occurring.
Publication date	2014
Administration	The observational measure must be applied by a trained coder to a video recording.
Administration time	Not provided
Authors	Christopher Watson, Shelley Neilsen Gatti, Megan Cox, Mary Harrison, and Jill Hennes

Publisher	Not applicable
Development process	Thematic analysis of data from 5 focus groups at Infant Mental Health Alliance Retreat with approximately 10 participants resulted in 16 Essential Elements of the reflective supervision process. The face and construct validity of these elements was verified through an extensive literature review and via a survey sent to a broad national group of experts through a modified Delphi process. A preliminary concept map was developed from the survey data results and from there the two dimensions now called Essential Elements and Collaborative Tasks. The research group went on to identify observable "Indicators" for each task.
Reliability	Teams of RIOS coders have achieved intercoder reliability (avg. ICC = .923).
Validity	The face and construct validity of the elements was verified through an extensive literature review and via a survey sent to a broad national group of experts through a modified Delphi process. Concurrent validity results in 2020 were mixed: some scales were correlated with the RSSES and RSRS but, against expectations, one was found to be negatively correlated with the RSRS, and another with the Professional Quality of Life survey.
References	Meuwissen AS, Watson C. Measuring the depth of reflection in reflective supervision/consultation sessions: initial validation of the Reflective Interaction Observation Scale (RIOS). *Infant Ment Health J*. doi:10.1002/imhj.21939 Watson CL, Harrison ME, Hennes JE, Harris MM. Revealing "the space between": creating an observation scale to understand infant mental health reflective supervision. *Zero Three*. 2016;37(2):14-21. Watson C, Gatti SN, Cox M, Harrison M, Hennes J. Reflective supervision and its impact on early childhood intervention. In: Nwokah, Sutterby J, eds. *Early Childhood and Special Education*. Vol 18. Advances in Early Education and Day Care. Emerald Group Publishing Limited; 2014:1-26. doi:10.1108/S0270-402120140000018001

Reflective Supervision Self-Assessment Tools–Supervisee	
Purpose	This set of self-assessment tools is intended to be used only in conjunction with the document *Reflective Supervision: A Guide from Region X to Enhance Practice among Home Visiting Programs*. The tools are intended to support users to identify their own strengths and challenges as they implement the practices described in the guide; provide opportunities for discussion within organizations using a common language and shared understanding of specific reflective supervision practices; provide a standard set of practices that can be used by individual users to plan for ongoing professional development; and give information that can be referred to as individual users measure their own increase in practice over time.
Population	Home visiting

Scores	40 items. Many have subitems. Statements are scored in a scale of “Fully,” “Partially,” or “Not Yet.” There is also a brief space for notes on each item.
Publication date	2018
Administration	Self-report
Administration time	Not available
Authors	Jaqui Van Horn
Publisher	Not applicable
Development process	This measure is intended for professional development, not for evaluation or research.
Validity	Not available
References	Van Horn J. *Region X Reflective Supervision Guidelines—Self-Assessment Tools*. Published online 2018. Accessed August 13, 2021. https://www.dcyf.wa.gov/sites/default/files/pdf/RegionX-ReflectSupGuidelines-Self-Assess.pdf Van Horn J. *Reflective Supervision: A Guide from Region X to Enhance Reflective Practice Among Home Visiting Programs*. Published online 2018. Accessed May 10, 2021. https://www.wa-aimh.org/rs-guidelines-project

Reflective Supervision Self-Assessment Tools–Supervisor	
Purpose	This set of self-assessment tools is intended to be used only in conjunction with the document *Reflective Supervision: A Guide from Region X to Enhance Practice among Home Visiting Programs*. The tools are intended to support users to identify their own strengths and challenges as they implement the practices described in the guide; provide opportunities for discussion within organizations using a common language and shared understanding of specific reflective supervision practices; provide a standard set of practices that can be used by individual users to plan for ongoing professional development; and give information that can be referred to as individual users measure their own increase in practice over time.
Population	Home visiting
Scores	50 items. Many have subitems. Statements are scored in a scale of “Fully,” “Partially,” and “Not Yet.” There is also a brief space for notes on each item.
Publication date	2018
Administration	Self-report

Administration time	Not available
Authors	Jaqui Van Horn
Publisher	Not available
Development process	This measure is intended for professional development, not for evaluation or research.
Validity	Not available
References	Van Horn J. *Region X Reflective Supervision Guidelines—Self-Assessment Tools*. Published online 2018. Accessed August 13, 2021. https://www.dcyf.wa.gov/sites/default/files/pdf/RegionX-ReflectSupGuidelines-Self-Assess.pdf Van Horn J. *Reflective Supervision: A Guide from Region X to Enhance Reflective Practice Among Home Visiting Programs*. Published online 2018. Accessed May 10, 2021. https://www.wa-aimh.org/rs-guidelines-project

Appendix E: Summary of Home Visiting Studies

Study: The Region X Home Visiting Workforce Study[8]

Goal: In the context of a larger evaluation of the home visiting workforce in Region X, the study aimed to establish how home visitors and supervisors experience training and reflective supervision (RS).

Key findings: Most Region X home visitors reported having a trusting relationship with a supervisor who helped them to reflect upon the emotional aspects of their work. RS was discussed as a stress management technique in 13 (68 percent) interviews. Having more supportive RS was statistically associated with the absence of depression.

Study design and sample: Descriptive, mixed methods. 468 home visitors and 161 supervisors from 148 programs in Region X (Alaska, Idaho, Oregon, and Washington)

Study: West Virginia Home Visiting Evaluation[22]

Goal: As part of a larger state-level evaluation, a relevant goal was to determine the correlations between participation in West Virginia's professional development and RS efforts and outcomes, such as job satisfaction, burnout, intent to leave, and sense of job mastery.

Key findings: Home visitors who rated their supervisors as high quality also reported high levels of job satisfaction. A low-quality rating of supervision and support was moderately (but still significantly) related to a greater intent to leave the job altogether. There was also a strong correlation between perceived low-quality supervision and burnout. There were no significant findings when examining the impact of reflective supervision on any of the indices.

Study design and sample: Descriptive, mixed methods. 209 HV staff from 21 programs in West Virginia.

Study: 'Measuring Reflective Supervision Within Home Visiting'[30]

Goal: A primary goal was to identify efficient, cost-effective, reliable, and valid supervisor's self-reports of their RS capacities that could be used for program evaluation purposes.

Key findings: The attempt to adapt the Reflective Supervision Rating Scale (RSRS) to be used as a self-report measure for supervisors was not effective. Specifically, the adaptation (called RSRS-A) did not replicate the factor structure of the original RSRS. Furthermore, with the adaptations, the RSRS-A full scale only met minimum acceptable standards for reliability.

Study design and sample: Descriptive, quantitative. 33 supervisors and program managers who engaged in monthly reflective practice and supervision groups during the 2015 and 2016 calendar years.

Study: Michigan MIECHV 2018 Report[23]

Goal: To establish the extent to which training was associated with an increase in supervisor knowledge and confidence in providing RS; the extent to which RS was incorporated into home visiting programs; the extent to which RS was associated with an improvement in visitors' reflective practice; and the barriers, facilitators, and lessons learned from incorporating RS into the programs.

Key findings: Supervisors increased their knowledge of RS and their confidence in providing it. Supervisors did experience a statistically significant increase in only one aspect of quality and fidelity (self-perceived ability to encourage growth and skill development) and did not make large changes to their practices. Survey results did not show change in home visitor reflective practice or home visitor confidence in participating in RS from baseline to 12-month follow-up. No significant barriers were encountered.

Study design and sample: Descriptive, mixed methods. 7 supervisors and 16 home visitors from 2 sites in Michigan.

Study: Home Visiting Career Trajectories: Final Report[19]

Goal: As part of a larger workforce evaluation, the study aimed to determine what factors contribute to the recruitment, retention, and turnover of home visitors, as well as what opportunities and challenges exist for professional development in the home visiting field.

Key findings: Nearly all program supervisors reported that they implement RS as a management practice and described it as important in helping support home visitors and prevent burnout. Home visitors shared a range of opinions about the degree to which RS was being implemented at their agency and about the usefulness of the practice. Several supervisors—mostly those without direct home visiting experience—remarked that their RS skills required improvement. Quantitative results showed that, among other supportive work conditions, regular team meetings for group RS (at least every 2 weeks) were related to greater job satisfaction for home visitors.

Study design and sample: Descriptive, mixed methods.926 HV staff were surveyed and 106 home visitors participated in focus groups.

Study: 'Reflection in Home Visiting: The What, Why, and a Beginning Step Toward How'[57]

Goal: Learning more about reflective skills in home visitors without mental health backgrounds.

Key findings: Participants were more likely to describe goals related to parent education and coping skills than goals related to increasing parent's awareness of their babies' experiences. Despite often stating the importance of relationships, participants did not identify concrete methods of supporting relationship or demonstrate recognition of parallel process. In addition, providers seldom endorsed the use of reflective skills such as observing, listening, wondering, or reflecting, and no providers discussed a need for reflective supervision/consultation.

Study design and sample: Descriptive, qualitative. 9 home visitors working with families with children birth to 3 years, and who are a member of any non–mental health discipline

Study: 'Building capacity in reflective practice: A tiered model of statewide supports for local home-visiting programs'[31]

Goal: Evaluate a statewide initiative to establish RS within home-visiting programs, to improve the individual effectiveness of practitioners and, hence, overall program quality. Gaining insight into both the knowledge/skill-building and supportive aspects of RS as well as the logistical aspects of building and maintaining this practice at the local level through statewide agency leadership and resources.

Key findings: Home visitors, program supervisors, infant mental health consultants, and grant administrators agreed that state supports were adequate to implement reflective practice during the evaluation period. Most supervisors and home visitors perceived that their knowledge and skills in reflective practice had increased during the evaluation period. Supervisors see their role as facilitating home visitors in relieving stress by providing a safe place to express emotions. Home visitors also talked about the importance of having the opportunity to express their thoughts and feelings in a safe environment.

Study design and sample: Descriptive, mixed methods. 2 mentors from the department of health, 11 IMH consultants, 18 grant administrators, 30 supervisors, and 120 home visitors in 19 sites in Minnesota.

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