BRIEF | August 2022

Reflective Supervision

A Planning Tool for Home Visiting Supervisors

OPRE Report 2022-138

As a supervisor, you help home visitors process their experiences serving families with multiple, diverse needs. High-quality supervision supports home visiting implementation quality and promotes positive outcomes for staff and the families and children with whom they work. A specific form of professional development known as reflective supervision is intended to help home visitors (1) develop knowledge, skills, and key competencies to carry out their roles and (2) support and help restore professional well-being.

Reflective supervision lacks a common definition or framework despite being widely accepted in the field. To address that gap, a project funded by the Office of Planning, Research, and Evaluation reviewed the research on reflective supervision and developed an evidence-informed conceptual model of potentially important elements and outcomes. This resource introduces five categories of key elements as described in the conceptual model and presents a tool for adapting reflective supervision to meet your needs in practice. See the <u>executive summary</u> for more details about the conceptual model.

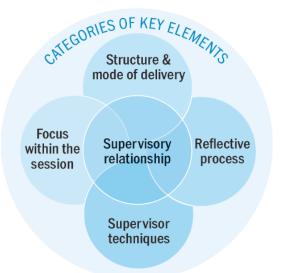
The Supporting and Strengthening the Home Visiting Workforce (SAS-HV) project seeks to understand reflective supervision in the home visiting context: how it should be defined, measured, and bolstered to improve staff, program, and family outcomes.

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

Overview of the Conceptual Model of Reflective Supervision

The conceptual model organizes reflective supervision into five categories of key elements (see exhibit 1) that are interrelated and support one another.

Exhibit 1. Five Categories of Key Elements of Reflective Supervision



Although the conceptual model helps organize current research on reflective supervision, it does not represent a one-size-fits-all approach. The way you practice

reflective supervision should vary based on contextual factors. For example, you

Contextual factors: Anything outside of reflective supervision that exerts a positive or negative impact on its implementation or outcomes.

may select different **supervisor techniques** to use with each person you supervise depending on their background and experience. You may also use a different **structure and mode of delivery** than a supervisor implementing another home visiting model in a neighboring state. You may even shift the **focus within the session** based on new information provided by a home visitor (e.g., away from discussing the needs of a specific family to focusing on the supervisee's own emotional well-being).

Introduction to the Reflective Supervision Tool

The following tool promotes a three-step process to help you provide reflective supervision that meets the needs of each supervisee:



Plan the session. To prepare for the session, make sure to—

Establish goals. Focus on concrete ways to support and strengthen the supervisee's knowledge, skills, key competencies, and professional well-being.

Consider the context. Consider factors such as your own characteristics and those of your supervisee, the home visiting program or model you work for, your work environment, and the families and communities you serve.

Select relevant key elements. Based on the goals and context, consider how to structure the session, topics to address, a process to encourage reflection specific supervisory techniques you will use, an how aspects of your relationship with the supervisee support session goals.



Conduct the session.



Revisit the session. Compare your intentions for the session to what occurred. Consider what worked well and what to modify moving forward.

The tool begins with an instructions section that summarizes the five categories of key elements and presents sample questions for reflection. It then includes a blank form for you to print and use on your own. The appendix provides a sample completed form based on a hypothetical scenario.

Instructions



Plan the session. Using the space provided, state your intended goals for the session (i.e., what you hope to achieve) and note important contextual considerations.

Fill in the Notes section of the table, referring to the summaries below as needed.

- Structure & mode of delivery: Frequency and regularity of sessions; how other elements of the session are organized (e.g., agenda, routines); and whether the session is implemented one-onone, in a group setting, virtually, or in person.
- **Focus of the session:** Content areas discussed within the session. Within a session, the focus may shift from a particular child or family, the relationship between the home visitor and the caregiver, strategies for coping and self-care, experiences with coworkers, administrative requirements or topics,¹ and issues around culture, equity, or inclusion.
- Reflective process: Structure for how to explore a given focal area. Process elements might include (1) describing a situation or experience, (2) exploring thoughts and feelings related to the experience, (3) making meaning of the experience, (4) considering what one learned or would do differently, and (5) planning for how to apply what was learned moving forward.

Supervisor techniques: Specific, observable behaviors that serve to build and sustain the relationship, facilitate the reflective process, or improve immediate outcomes. Examples include asking open-ended questions, listening actively, allowing time for reflection, communicating warmth, providing information, highlighting successes, offering solution-focused feedback, and modeling how to interact with a family.

Supervisory relationship: Elements that characterize the relationship between the supervisor and supervisee, such as trust, safety, respect, and collaboration.



Conduct the session. Be mindful of your plan while also being responsive to the needs of the supervisee.

STEP	
0	
\prec	
	<u> </u>

Revisit the session. Looking back at your planning notes, consider the following questions:

- How did it feel to do the session?
- Did you use the elements in the way you planned to use them? Why or why not?
- How did the supervisee respond?
- Are there other elements you might have used?
- To what extent did you achieve your goals for the session?
- Is there anything from this session you want to remember when planning for your next session?

Reflective Supervision Planning Tool



What are the goals for this session?



What contextual factors are important to consider when planning this session?

Category of key element	Prompt	Notes
Structure & mode of delivery	How will you organize the session?	
Focus within the session	What focal areas will you address?	
Reflective process	What process elements will guide discussion of each focal area?	
Supervisor techniques	What techniques will you use depending on your goals?	
Supervisory relationship	How might elements of the supervisory relationship support your goals?	

Appendix. Sample Completed Tool

What are the goals for this session?

Increase knowledge of helping relationship skills, increase reflective capacity, support

coping skills and well-being.

Category of key element	Prompt	Notes	
Structure & mode of delivery	How will you organize the session?	Regular weekly individual session on Zoom. Start by asking about topics she wants to focus on. Set timer for IO min. before the end to check in re: feelings and see if we addressed most pressing topics.	
Focus within the session	What focal areas will you address?	 Issues Aimee identifies as high priority (issues with families on caseload, etc.) 	
		 Aimee's concerns/increase knowledge about mental health screening and referral re. Family A 	
		 Progress/concerns about low engagement of Family B 	
		 Capacity to take on a new client given current job demands (explore and assess) 	
		 Whether Aimee has enough support (informally assess) 	
Reflective process	What process elements will guide discussion of each focal area?	Ask Aimee to describe the situation(s) and her thoughts and feelings – as needed, may encourage her to consider alternate perspectives and end with a plan we both agree on for moving forward.	
Supervisor techniques	What techniques will you use depending on your goals?	Start on time, show warmth and concern, set agenda together, ask open- ended questions, provide information (mental health screening), provide strengths-based feedback, allow time and space for her to come up with her own solutions (Family B), might ask permission to make a suggestion, model good communication skills (ask permission, check for understanding).	
Supervisory relationship	How might elements of the supervisory relationship support your goals?	Aimee is new, and we are getting to know and trust each other. I must remember to listen and value her perspective, even though she has less experience, and remember that I am modeling how to support strong relationships with families.	

What contextual factors are important to

• Try the new skill I learned last week in coaching.

· Aimee is a new home visitor who is thoughtful and

enjoys learning but often feels overwhelmed by the combination of needing to provide direct services to families plus paperwork and admin requirements.

consider when planning this session?

Authors

Allison West and Patricia Madariaga, Johns Hopkins Bloomberg School of Public Health

Submitted to

Nicole Denmark and Shirley Adelstein, Project Officers Office of Planning, Research, and Evaluation Administration for Children and Families U.S. Department of Health and Human Services Contract Number: HHSP-2332-01-5001-33I

Prepared by

James Bell Associates 2000 15th Street North, Suite 100 Arlington, VA 22201 (703) 528-3230 www.jbassoc.com Mariel Sparr, Project Director

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: West, A., & Madariaga, P. (2022). *Reflective supervision: A planning tool for home visiting supervisors* (OPRE Report No. 2022-138). Office of Planning, Research, and Evaluation; Administration for Children and Families; U.S. Department of Health and Human Services.

Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research, and Evaluation; the Administration for Children and Families; or the U.S. Department of Health and Human Services. This report and other reports sponsored by the Office of Planning, Research, and Evaluation are available at www.acf.hhs.gov/opre.

