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Supervision

“This work is too important to do alone!
How you are is as important as what you do. It is not possible to work on behalf of human beings, to try to help them, without having powerful feelings aroused in oneself.”

– DR. JEREE PAWL, A PIONEER IN THE FIELD
OF EARLY CHILDHOOD EDUCATION



Summary

FIRST Steps Together staff have identified supervision as “the most important policy or practice to support staff wellness.”

Regularly receiving supervision improves the services we provide. This results in better care and outcomes for families. All staff benefit from regular encouragement, guidance and feedback from team members and Supervisors. Even part-time staff spend multiple hours per week in supervision. Both scheduled and on-demand supervision provide a time for supervisees to problem solve specific situations, examine their biases, consider alternate possibilities for challenges, and discuss resources and concrete needs. Supervision also allows time for staff to practice role playing and collaborative conversations with other service providers, review program processes and paperwork, think with their Supervisor about professional development goals, and integrate skills learned in continuing education trainings.

Types of supervision include reflective, administrative, group, on-demand, and clinical supervision.

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Types of Supervision

Supervision is not “one size fits all.” Multiple types of supervision come together to provide the comprehensive support needed to do this work.



Reflective Supervision allows us to examine the impact of our own thoughts and feelings on our work and to consider alternate possibilities and approaches to challenges.



Administrative supervision designates time to complete case reviews, ensure proper documentation and adherence to program practices and policies.



Clinical supervision offers an opportunity for Clinicians to think collaboratively about clinical or therapeutic approaches that may best serve the family’s needs. This is also a space to consider the impact of environment, familial relationships, trauma histories, mental health challenges, substance use, and other barriers to engagement or progress.



Group supervision offers an opportunity to raise thematic challenges, practice case presentations, and encourages increased collaboration, critical thinking, and team building.



On demand supervision provides real time support for staff when faced with complex questions and concerns or navigating emergent situations and safety issues.

This chapter unpacks each of these types of supervision and underscores the ways supervision is used to address not only reflection and support but staff development and wellness.



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Reflective Supervision

“This relationship... can be a model for the desired working relationships with parents, children, and colleagues that creates a ripple effect of collaboration and mutual respect throughout an agency.”¹

The families we work with face enormous challenges. Stressors that impact an entire community or group of people, such as systemic racism, housing access issues, disparate pay, and others, can be particularly impactful for the families we serve.

Imagine working with a family who is experiencing homelessness, doesn't know where their next meal is coming from, and is concerned that Child Welfare Services may remove their children. Holding space for this family may leave staff feeling worried and helpless, with the situation consuming their thoughts, even outside of work. Supervision is a space we can talk through our own thoughts and feelings and discuss how to best support the family.

The Supervisor's primary role is to encourage their supervisee's growth. As Heffron and Murch note in *Reflective Supervision and Leadership in Infant and Early Childhood Programs*, “In [Reflective Supervision], the supervisor creates a safe and welcoming space for staff members to reflect on and learn from their own work with a trusted mentor/Supervisor at their side.”²

Reflective Supervision creates a relationship between the Supervisor and supervisee that provides safety, containment, and mutual respect.

Reflective Supervision is a partnership. It is not a top-down model where the Supervisor is seen as the “expert.” Instead, there is a shared responsibility for creating an environment of self-discovery.

Reflective Supervision treats human challenges with compassion. This is a time to be curious and not to judge or assess. The Supervisor shows the supervisee empathy when exploring an experience that may have been difficult or uncomfortable. We consider if something can be learned and view the issue from multiple perspectives. **By experiencing supervision in this way, staff are then able to offer program participants this same approach of compassion, curiosity, and reflection. We believe that modeling this approach encourages parents to provide this same experience to their own children.**

FIRST Steps Together staff members who serve in any supervisory capacity are required to be trained in Reflective Supervision.



Reflective Supervision promotes and supports the development of a relationship-based organization. This approach expands on the idea that supervision is a context for learning and professional development. The three building blocks of Reflective Supervision are reflection, collaboration, and regularity.”

- [ZERO TO THREE](#)

Reflective Supervision is an Evidence Based Practice (EBP) and key to infant and early childhood mental health work. It provides Supervisors with tools to help supervisees work through difficulties they encounter. Research on Reflective Supervision shows the many advantages of reflective practice. These include more individualized service delivery, greater job satisfaction, and higher quality programs. Reflective Supervision also leads to enhanced support for relationships with children, families and colleagues; reduction in vicarious traumatization; and application of trauma-informed/healing centered, and diversity infused practices.³

Many resources detail the primary practices of Reflective Supervision, including **Best Practice Guidelines for Reflective Supervision/Consultation** from The Alliance for the Advancement of Infant Mental Health.

allianceaimh.org/reflective-supervisionconsultation

The following key components of Reflective Supervision and consultation are adapted from *Reflective Supervision and Leadership in Infant and Early Childhood Programs*:

- **UNDERSTANDING THE FAMILY STORY** | In supervision, the pair discusses what is known of the family’s story. This includes the child’s environment, the relationship between the parents, extended family members, and other caregivers. We consider important events and daily interactions in the context of the family’s history and culture.
- **HOLDING THE CHILD IN MIND** | The supervisory pair consider the child’s experience and well-being, in addition to the parent’s experience. We think together about the child as an individual and in relationship with others such as parents, siblings, extended family members, and other caregivers.
- **PROFESSIONAL USE OF SELF** | This involves careful attention to one’s own experiences (thoughts, beliefs and emotional responses). This is particularly true when working with families in complex and sometimes challenging or triggering situations.
- **PARALLEL PROCESS** | This describes how one relationship affects and is affected by other relationships. In our work, this means building skills and ways of relating to one another in supervision that can be carried over into other relationships. We can model this in our work with parents, who can then offer these skills and ways of relating to their children.
- **REFLECTIVE ALLIANCE** | The relationship developed between supervisee and Supervisor allows for both insight and growth. Both staff members must come to supervision ready to explore and reflect on the deeper meanings of their interactions to allow for learning together.



Understanding a family’s story is key to building a connection with parents and supporting their relationship with their children. We need to support parents in making sense of their own strengths and needs and the strengths and needs of their children, so we can move towards their goals in our work together.”

- PROGRAM CLINICIAN
(AND MOM IN RECOVERY)



Tips on Becoming a Reflective Supervisor and a Reflective Supervisee:

eclkc.ohs.acf.hhs.gov/human-resources/article/tips-becoming-reflective-supervisor-reflective-supervisee

In all of our work, we strive to be culturally informed and responsive with our participants. We maintain this same perspective in supervision. We know that our individual world views come from our personal lived experiences, biases and backgrounds. Project staff think critically about their own perspectives to understand their biases and assumptions. We guide staff members in questioning their own beliefs and in building their knowledge of families’ cultural, socio-economic, ethnic, racial, linguistic and spiritual practices.

Zero to Three is a national non-profit focused on child development, health and mental health. They “offer information and practical strategies for parents, provide training and resources for professionals, and advance responsive public policies.” Their website is an excellent source of resources related to the practice of Reflective Supervision.

zerotothree.org



Administrative Supervision

Administrative supervision is a time to seek support around documentation, practices and policies.

Supervisory support with administrative needs may take place as a part of regularly scheduled weekly supervision sessions as well as on demand as needed. This time may include offering assistance with case notes, data collection, or incident reports. Pairs may use this time to discuss Human Resource requirements, agency specific training, or continuing education. Discussions may include case load, time management, organizational skills and needs, or planned time off. While much supervisory time is spent



focused on building reflective capacity and supporting staff in their work with families, we recognize that these administrative and organizational responsibilities are important pieces of professional development and critical components to delivering effective services.

Clinical Supervision

Clinical supervision provides an opportunity for Clinicians to explore the use of self, consider therapeutic elements of approaches, build reflective capacity and work through challenging or triggering experiences.

Typically, there will be requirements for the supervision of a Clinician determined by the clinical license that person maintains or is working towards. This is true for licensed clinical social workers (LCSW), licensed independent clinical social workers (LICSW), licensed mental health counselors (LMHC), or licensed marriage and family counselors (LMFT), and those who hold other credentials, depending on their state or level of licensure.

Clinical supervision may be used to explore mental health or substance use related concerns, questions about the parent-child dyad or a child’s development. Staff may also discuss other clinical components of the work, including establishing connections with a participant, navigating barriers to accessing treatment and using specific interventions or approaches within visits.

At some sites there may not be an appropriately licensed clinical supervisor to provide the supervision required. For those that do not have clinical supervision readily available, we recommend agencies support their clinical staff by contracting with an outside agency or provider to ensure that clinical supervision and licensure requirements are being met. Even in cases where ongoing supervision is not required for licensure, for example for those Clinicians already fully licensed, we still recommend individual supervisory support on a weekly basis.

Group Supervision and Team Meetings

Team meetings offer the space to process challenging work experiences, share successes, unite staff, build community and act as a protective factor against burnout and secondary or vicarious trauma.

Group supervision and team meetings provide time to review participant needs, brainstorm resources, discuss challenges, and share successes. This is also a time to offer updates and encouragement to other members of the team. Staff can bring questions and concerns, ask for clinical guidance and



As a Clinician, being supervised by a Clinician, I so value Reflective Supervision, having a space to process my work, but also my own life, my own person and biases, and to sort out how each of these things impacts the other.”

- CLINICIAN AND MOTHER IN RECOVERY

discuss monthly topics or areas of focus. This time can also be used to focus collaboratively on issues related to participant notes, data collection, care coordination or meeting participants' concrete needs.

For example, an FRSS shared that she was working with a mom who was struggling with her parenting. She was feeling overwhelmed and found that the only way she was communicating with her kids was through yelling at them. The FRSS had made some suggestions but felt like they were falling flat. Feeling defeated, she brought this challenge to the team meeting and presented it during case review. The team rallied around her, helping her to recognize the success of mom simply wanting to change the way she interacts with her children. This also created space for FRSS and Clinicians to share experiences and their own feelings. From there, they were able to share resources and strategies to help the FRSS walk alongside mom as she made changes in her parenting style.

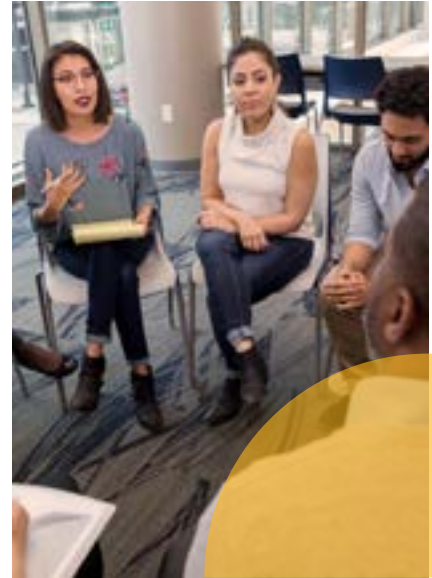
Each member of the care team provides unique perspective and expertise which inform conversations in team meetings:

FRSS staff bring the lens of having lived experience as parents in recovery, and often have personal experience and insight into navigating Child Welfare Services, court systems and accessing benefits.

Clinicians offer a reflective and curious stance on participant challenges and provide insight or wonderings in the areas of mental health, child development, or substance use. This perspective can help inform next steps, goal setting, or decisions about outside referrals.

Supervisors have vast knowledge of the systems that impact the participants we serve and can offer support for staff as they connect with other community providers and build relationships with collaterals. Supervisors also oversee the work of many staff members and can assist teams in recognizing recurring needs, overcoming challenges, and working together to benefit from one another's strengths.

Some sites begin team meetings with an ice breaker or a calming mindfulness exercise and may end a meeting with time to share successes or shout-outs. Some sites have monthly themes that they focus on across individual and group supervision, team meetings, and other staff events. Examples of these themes include boundaries, parenting, engagement, and staff self-care and wellness.



Making Space for Regular and On-Demand Supervision

One of the distinguishing features of the FIRST Steps Together program is our dedication to real-time supervisory support and oversight.

Individual supervision should take place at least one hour per week, at a set time that allows both Supervisor and supervisee to participate consistently. Having a set day and time each week for supervision ensures a regular opportunity for connection, communication and addressing any questions and concerns. This set time also allows pairs to check in about longer-term participant needs and goals, administrative and Human Resources needs, and to follow up on professional development. This practice creates structure and routine. We parallel this process during home visits, modeling parents, who can then recognize and appreciate the benefits of predictability and regularity in their interactions with their children.

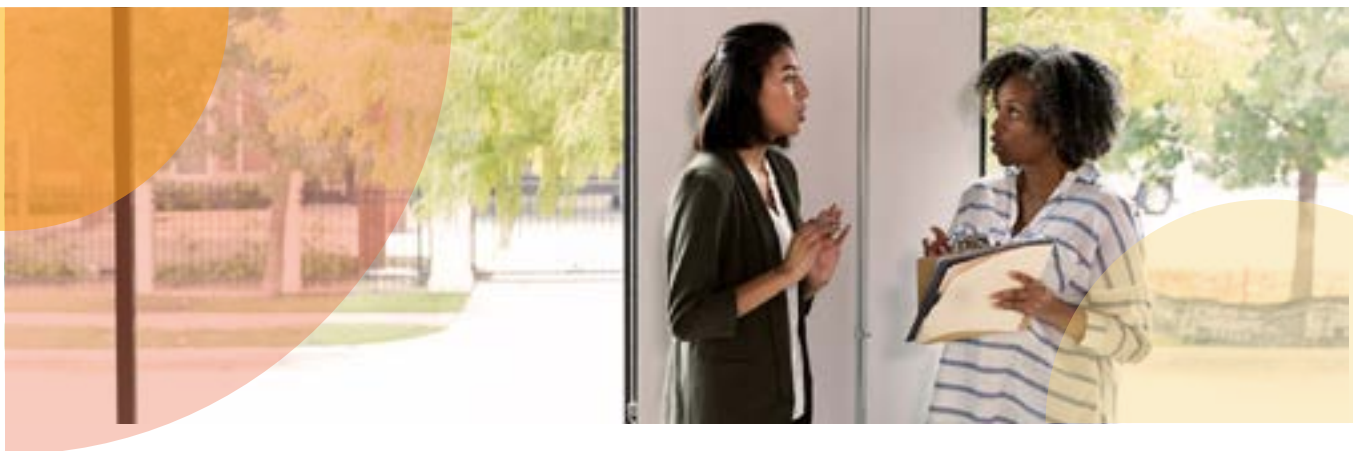
Supervisors also need to be available for real-time on demand supervision as needed throughout the week. When working with families, immediate needs and significant events can happen at any time. Drop in supervision provides real time support for home visitors to discuss how to handle challenging situations. This responsive supervision also allows time to process thoughts, feelings and potential triggers of our own past experiences. After a significant event, we dedicate time to process what happened, seek resources and reflect. We regularly hear from staff how important it is for Supervisors to be available for unplanned, frequent check-ins to support the immediate needs of families. This can also reduce the impact of secondary trauma and **compassion fatigue**.⁴



In addition to individual supervision, our current meeting structure is that we provide weekly staff meeting, weekly group supervision and FRSS and Clinicians meet together to collaborate about parents they provide support to on a weekly basis.”

- PROJECT DIRECTOR

Compassion fatigue, refers to the physical and mental exhaustion and emotional withdrawal experienced over an extended period of time by those in the helping professions.



Supervision and Support of Peer Staff

Supervision offers dedicated time in a safe space to practice skills for professional growth and development.

People come to this work from all different walks of life and while some may have extensive experience working in a professional environment, others may not. Those who are new to this type of work may be unfamiliar with certain skills needed in an office or home visiting setting. Supervision allows time to examine and reflect on these pieces of the work, practice new skills, and share feedback. Supervisors should plan to dedicate significant time to onboarding new staff while also providing ongoing support in the first weeks and months of a new hire. Topics and skills may include maintaining boundaries, professional communications, organization, data collection and paperwork, collaboration with collaterals, and managing notes, emails, and calendars.

By building the confidence and professional capacities of FRSS, Supervisors can help develop skills that allow for peer staff to better navigate potentially challenging situations with outside providers. Some community partners may not understand the FRSS role and may not recognize and appreciate their expertise. Others may consciously, or unconsciously, stigmatize or undervalue a FRSS during interactions or in collaborative meetings. Supervision can be a place where FRSS staff practice speaking about our program and what makes their role unique in working with families as peer recovery support specialists. Supervision can also be used as a space to script language or role-play interactions, to better serve and advocate for program participants.



When I started, I had limited office skills. **Having extra time with my Supervisor gave me the confidence I needed to thrive in the office. Now I share what I've learned with clients and new coworkers."**

- FAMILY RECOVERY
SUPPORT SPECIALIST

Supervision and Support of Supervisors

Due to the many complicated demands of this role, Supervisors also benefit from a substantial amount of support.

We understand that just as with other program roles, Supervisors too become holders of family stories and traumas. Supervisors benefit from support themselves to reduce the impact and stress of carrying their teams in working with complex and often high-risk families. Supervisors should receive at least one hour of Reflective Supervision for themselves each week. This individual supervision is in addition to any team, group or on demand supervision they may also receive. This offers Supervisors a critically important space to process how to best support both staff members and program participants. This time provides them with their own space to share the experience, concerns and joys of supporting both their program staff and parents in recovery. These ongoing conversations reduce the risks of burnout and secondary trauma while building a sense of community across roles.



Supervision is a safe space. There are things I can't react to, except in my own supervision. And I hope the people I supervise also feel the same; that our time together is a safe space that they can have a reaction that they might not be able to show anywhere else.”

- PROJECT SUPERVISOR

Supervision and Support of Clinicians

In addition to receiving clinical supervision, Clinicians benefit from regular time and space for Reflective Supervision.

Clinicians receive weekly individual supervision, and ideally group supervision in addition to clinical supervision. This space offers opportunities for self-reflection and personal and professional development. It is also a way to provide consistent support for proactive wellness practices and reduce burnout and compassion fatigue.

Staff Support and Wellness

Compassion Fatigue, secondary trauma, and burnout are real issues faced by home visitors. We must create time and space to support staff wellness.

“Every time I use my lived experience it is emotionally draining yet healing in the same breath. We are sharing a piece of our past which may sometimes be dark and shameful but through sharing our experiences, both the peer and family move towards healing.”

- Former Family Recovery Support Specialist

All staff, regardless of role, benefit from supervision and a supportive environment. Supervision offers an opportunity to promote the idea that wellness and selfcare are at the core of the work we do. By implementing these practices for staff, we set the example and model the importance of taking care of ourselves for the families we work with.

Utilizing their lived experience requires peer staff to give a great deal of themselves and their energy to their work. Additionally, peer staff hold space for the stories and trauma of others which can put them at a higher risk for compassion fatigue, secondary trauma, and **burnout**.⁵ This responsibility can be challenging, even triggering, at times. Staff will be asked to support participants through removals, recurrence of use/relapse, active use or even overdose. Staff also experience burnout from supporting families through the constant "fight" of overcoming adversity and advocating within systems that are not designed to be intuitive or supportive to the families we serve. It is important for agencies to build policies to support and encourage staff to tend to their own recovery and wellness during work time. Supervision time can be used to continue ongoing conversations about balancing work responsibilities and prioritizing recovery maintenance and wellness.

SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy has developed a helpful resource, **Supervision of Peer Workers**:

samhsa.gov/sites/default/files/brss-tacs-peer-worker-supervision.pdf



Supervision is important to me because it gives me a **safe space to share the struggles and/or successes I have in my own life** and time to navigate things that **I might be struggling with that week.**

- FAMILY RECOVERY SUPPORT SPECIALIST

Burnout is a cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress.

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Key Takeaways

SELF-AWARENESS AND USE OF SELF

ARE KEY: Reflective supervision provides the container for self-awareness and use of self within the Supervisor/supervisee relationship.

PARALLEL PROCESS: Skills modeled and practiced in individual and group supervision can then be paralleled in the provider/family relationship.

AVAILABILITY: Having on-demand access to Supervisors throughout the week assists with meeting the needs of families. This may include preparing for or attending meetings with collaterals, guidance around a crisis or immediate need, or creating space for supporting staff's own recovery and wellness.

PROACTIVE SUPPORT: Supervision is key to ensuring high quality service delivery, promoting wellness and growth, and preventing compassion fatigue and burnout.

DEDICATED TIME: To implement and maintain a successful program, an agency must prioritize and dedicate the necessary time and resources to support intensive supervision practices.

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Endnotes

- 1 (Heffron and Murch, 2010, p. 5). Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: Zero to Three, p. 5.
- 2 (Heffron and Murch, 2010, p. 5). Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: Zero to Three, p. 5.
- 3 Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: Zero to Three.
- 4 Child Welfare Information Gateway. (n.d.). *Burnout, Compassion Fatigue, and Secondary Traumatic Stress - Child Welfare Information Gateway*. <https://www.childwelfare.gov/topics/management/workforce/workforcewellbeing/>
- 5 Boyd, D. (2017, January 4). *Compassion Fatigue*. The American Institute of Stress. [stress.org/military/for-practitionersleaders/compassion-fatigue](https://www.stress.org/military/for-practitionersleaders/compassion-fatigue)