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REFLECTIVE SUPERVISION

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Early intervention practitioners, particularly those who work with high-risk families, face a number of challenges. Repeatedly hearing about the unbearable pain and terrifying experiences of many high-risk parents can be overwhelming, and frequently seeing parents make little progress or even regress in their ability to care for their children can lead to feelings of helplessness and frustration. Perhaps the most extreme emotional toll on practitioners occurs when there is real anxiety about the possibility of abuse or even death of a child in a family. Not knowing what best to do can be devastating. When these pressures are experienced without adequate training or support, they may become too intense to tolerate and can lead to burnout, and eventually workers may move on to less stressful jobs.

It is therefore critical to consider ways to support early interventionists in their work with families, particularly when families have complex needs and their children are at risk for compromised development. One way to support staff in this difficult work is to provide reflective supervision.

There are four main components of this type of supervision:

- It is available regularly, relatively frequently and as far as possible without interruption.
- It is collaborative and supportive and occurs in a respectful interpersonal climate that encourages open discussion of difficult feelings and frustrations.
- It has a sound theoretical basis that is accepted and understood within the agency.
- It is reflective and allows staff members to step back in order to consider their cases and the situations in which they are working.

To expand on these points:

1) Regularity — The supervision needs to be available regularly, preferably on a weekly or at least biweekly basis, and it should, as far as possible, occur without the interruption of a phone ringing or someone knocking on the door. In addition, the supervisor needs to be available for support, advice, or debriefing when there is a real concern about a family that cannot wait until the next regular session.

2) Collaborative and Supportive — The relationship between supervisor and supervisee must be collaborative in order to encourage a sharing of experience, knowledge and expertise. The worker will understand things about the child and family and bring important information that the supervisor does not know, for example about the cultural and religious beliefs and customs of a family. On the other hand the experienced supervisor will be able to suggest possible new approaches to treatment on the basis of experience working with challenging families. Trust must be established between supervisor and worker so that difficult feelings and uncertainty about what to do can be shared comfortably, accepted and understood. Support and reassurance are needed as together they problem-solve and decide on appropriate strategies. In other words, a safe space or holding environment must be provided for the staff member who in turn becomes more able to provide a holding relationship for the parent.

3) Sound Theoretical Basis — The supervisor and service provider need to share a theoretical framework within which to hear and understand clinical material. Theory can provide a common understanding of what is occurring in the work with the family and can make behaviours that on the surface may seem random and disconnected become more understandable and coherent. A sense of context and meaning about the parent can increase the intervenor's genuine connection with the family. Some theoretical understandings that are critical in early intervention include developmental theory, the importance of the parent-child relationship and attachment, the effects of trauma on parental functioning, parenting and psychological make-up, and the most effective treatment strategies with high risk complex families. Perhaps most important for the success of reflective supervision is an understanding and acceptance of the importance of both conscious and unconscious aspects of parents' responses. Equally important is an understanding of the conscious and unconscious effects of the therapeutic relationship and treatment process on the intervenor. Understanding the inevitability and importance of these feelings and thoughts can open the door to the process of true reflective supervision.

4) Reflective — Reflective supervision provides an opportunity to step back from what the service provider is doing with a family

and to sort out thoughts and feelings about what is going on with a particular child or parent. Permission and encouragement must be given to share feelings, whether they are of pain, anger or even revulsion about what is going on. Through this process, service providers can develop a deeper understanding not only of what is happening in the family and why, but also how they themselves are reacting. For example, they may experience intense feelings that are out of proportion to the situation. Feelings they may have experienced in similar past situations may resurface, or they may find a particular family difficult to work with perhaps because they are reminded of a situation that was difficult to deal with before. Sometimes a situation that is difficult to make sense of and the uncertainty about how to deal with it create anxiety. Sometimes a worker's feelings may reflect what a mother might be feeling, for example, a sense of helplessness that the mother continually shows as she refuses to try any suggestions that are made by the home visitor. At times a worker may not know whether to believe an uneasy feeling that something is not right. Reflective supervision is a place to discuss and explore these feelings, and to talk about frustrations and disappointments when a parent regresses or a child stops improving. It is also important to be acknowledged for successes when a parent and child make valuable gains.

Reflective supervision can support workers to set limits or boundaries with a family without feeling guilty, to not give up on a family too soon before alternative strategies have been explored, or to understand a parent's pain and try a little harder and longer. It may also mean that the supervisor helps to make sure the needs of the child are not lost when parents consume a great deal of the worker's time and energy. In other situations, support may be needed to ensure that parents' needs are not ignored while meeting the special needs of a child. In other words, support from a supervisor can optimize the treatment relationship by helping to maintain a balance between the needs of the parent and child. At other times, supervision can support the staff member to develop new skills or knowledge in order to try new approaches.

Reflective supervision is extremely helpful when provided individually, although peer or group supervision can also be supportive and offer a variety of viewpoints about a case. In optimal situations, reflective supervision should not be provided by the same person who is responsible for administrative functions such as annual evaluations, reviewing files, and making sure agency policies and procedures are followed.

It may seem that an inordinate amount of time and financial commitment is required for this process. However, just as we commit time to supporting parents to feel more competent in their parenting roles so that their children can thrive, we must commit resources to supporting staff. This can ensure that they too learn and grow in their roles, and maintain their enthusiasm and commitment to children and families. Without this, frontline workers may burn out and resign, and early intervention programs will be less successful in their ultimate goal of enhancing the development of children.

Suggested Reading

Bernstein V (Winter 2002-2003). Standing firm against the forces of risk: Supporting home visiting and early intervention workers through reflective supervision. *IMPrint*, **35**.

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