

Professional quality of life in home visitors: Core components of the reflective supervisory relationship and IMH-E[®] Endorsement[®] engagement

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Abstract

Infant and early childhood home visiting models are gaining prominence as effective programs for families. Most U.S. state infant mental health associations (IMHAs) recommend reflective supervision (RS) and Infant Mental Health (IMH-E[®]) Endorsement[®] as components of home visitor professional development. These efforts may promote workforce professional quality of life. It is unknown whether a workplace policy to provide RS improves the likelihood that best practice guidelines, especially core components of a reflective supervisory relationship, are experienced by the workforce. We sought to investigate associations between home visitor well-being indicated by professional quality of life (i.e., burnout, secondary traumatic stress, compassion satisfaction) and a workplace policy providing RS, consistent experience of core components of a reflective supervisory relationship, and engagement in endorsement. We also examined differences in consistently experiencing core components of the reflective supervisory relationship in home visitors who reported having a workplace policy for providing RS and those who did not, and for home visitors engaged or not engaged in the endorsement process. A Workplace Supports Survey was designed to investigate these associations; we report findings from a sample of home visitor respondents ($N = 139$). A policy to provide RS was not associated with professional quality of life. However, analyses suggest an association between a policy to provide RS and consistently experiencing core components of a reflective supervisory relationship. Unanticipated positive associations between engagement in endorsement and burnout and secondary traumatic stress were also found. Finally, engagement in endorsement was associated with less consistent experience of these core components. Implications for future inquiry about the purposes of RS and IECMH Endorsement[®] as strategies to promote workforce development and well-being are discussed.

KEYWORDS

endorsement, home visiting, professional quality of life, reflective supervision

1 | INTRODUCTION

The Maternal Infant Early Childhood Home Visiting (MIECHV) legislation passed in 2010 in the United States under the Affordable Care Act (Alitz et al., 2018; West et al., 2018) pushed home visiting the forefront as an effective healthcare and social service intervention targeting expectant families, infants, toddlers, and young children. Reflective supervision (RS) and the Infant Mental Health (IMH-E[®]) Endorsement[®] process (i.e., pursuing endorsement) are professional development tools that are being integrated into infant and early childhood mental health (IECMH) programs across the country (O'Rourke, 2011; Shea, 2018). An increasing number of state infant mental health associations (IMHAs) are recommending that RS be an integral component of training and professional development for frontline home visiting staff and their supervisors (Shea et al., 2016).

Working with families transitioning into parenthood and at the beginning of the family life cycle has costs for home visitors and supervisors (Gill et al., 2007). The intimate, often intensive contact that home visitors have with families, especially those of high-need acuity, potentially places these professionals at higher risk for burnout and secondary traumatic stress (Barak et al., 2014; Schaefer, 2016; West et al., 2018). Discourses about workplace support that acknowledge the stress of performing this work are gaining prominence in the IECMH field. Workplace support that reflects consideration of workforce development and workforce professional quality of life is gaining increased attention (Alitz et al., 2018; Begic et al., 2019; Schaefer, 2016; West et al., 2018). One workplace support with the potential to promote workforce professional quality of life that continues to gain prominence in the IECMH field is RS.

1.1 | Well-being: Burnout, secondary traumatic stress, and compassion satisfaction in home visitors

Begic et al. (2019) mixed methods study investigating risk and protective factors for burnout and secondary traumatic stress in home visitors ($n = 27$) found that 2/3 of the sample were experiencing moderate to high burnout and secondary traumatic stress. Results indicated that traumatic stress of families, inability of the home visitor to recognize symptoms of secondary traumatic stress and an unhealthy work culture were risk factors for secondary traumatic stress (Begic et al., 2019). Additionally, about 25% of the sample reported intent to quit. Supportive supervisory relationships characterized by trust and open communication

were identified as protective factors against burnout and secondary traumatic stress (Begic et al., 2019).

These findings are consistent with earlier research about stressors associated with home visiting work and subsequent outcomes like high staff turnover and program instability which has implications for service delivery and the families served (Gill et al., 2007). The majority of studies investigating home visitor experiences with burnout, secondary traumatic stress and other work-related stressors have used relatively small samples employing qualitative methods to gain depth of understanding (Barak et al., 2014; Begic et al., 2019; Gill et al., 2007; Schaefer, 2016; West et al., 2018). These efforts have been critical to building the empirical literature and provide a road map for the development of a more systematic investigation of home visitor experiences with burnout and secondary traumatic stress and mitigating practices in the workplace. In this study, we sought to probe home visitors for their perceptions about their professional quality of life in relationship to a workplace policy to provide RS in their workplace, the supervisory relationships they were experiencing, and their engagement in the endorsement process.

1.2 | Well-being and RS policies in the workplace

RS is considered by IECMH leaders to be essential to workforce development, support, and retention (O'Rourke, 2011; Osofsky, 2009; Tomlin et al., 2014). The Alliance for the Advancement of Infant Mental Health (*The Alliance*) is a global organization that partners with and convenes associations of infant mental health in the US and Europe to promote growth, diversification and advocacy for their respective, local IECMH workforce (www.allianceaimh.org). Although the Alliance has issued best practice guidelines for RS (<https://www.allianceaimh.org/reflective-supervisionconsultation>) it remains a challenge to assess whether RS is universally delivered in alignment with Alliance guidelines.

RS may be provided in the workplace for some. However, it cannot be assumed that RS is embedded in every IECMH program. Some members of the IECMH workforce may pay for their own RS individually while some agencies may provide RS through a contracted supervisor who is not part of the workplace or in any way connected to the employing agency/organization. To date, there is no literature addressing the question of whether a workplace policy to provide RS leads to RS that adheres to best practice guidelines, especially with regards to supervisory relationships.

1.3 | Well-being and core components of the reflective supervisory relationship

Tomlin et al. (2014) surveyed IECMH leaders who were veteran reflective supervisors and developed consensus descriptions of optimal characteristics of reflective supervisory relationships that were deemed critical to effective RS. Seven key characteristics were derived from this empirical consensus (Tomlin et al., 2014). The first is *confidentiality* or mutually keeping content of supervisory sessions private between the supervisor and supervisee. *Availability* refers to the supervisor's presence during sessions as well as being available outside of supervisory sessions. *Trust* encompasses feeling secure that content or issues raised in supervision will not be used against the supervisee in job performance evaluations or decisions regarding promotion. *Emotional safety* occurs when the supervisor creates space that allows the supervisee to be authentic, explore, and make mistakes. *Sensitivity* is the supervisor's awareness and acknowledgement that the supervisee's own personal or life course issues may enter and or impact the work. *Attentiveness* involves the supervisor's attention to how the supervisee's experience of the work impacts her relationship with the families she serves. Finally, *protection of time to reflect* refers to the supervisor's commitment to regularly hold sessions and minimize interruptions and distractions during supervision (Tomlin et al., 2014).

These core components are considered integral to a supervisory relationship that values learning through collaboration, reflection and regularity (Parlakian, 2001; Shamon-Shanook, 1995). This empirical consensus was critical to legitimizing RS as a best practice standard and was one of the earliest efforts to define and operationalize key elements of RS. More recent efforts to operationalize RS extend beyond the supervisory relationship to include content of sessions and self-assessment of reflective capacities in the supervisor and supervisee (Heffron & Ash, 2016; Watson et al., 2016; Meuwissen & Watson, 2022). In this paper, we focus on the core reflective components of a supervisory relationship. We agree with the IECMH field's position that supervisory relationships influence professional development. Furthermore, we propose that consistently experiencing core components of a reflective supervisory relationship may be related to burnout and secondary traumatic stress; two key dimensions of professional quality of life.

Professional development, supervision, building collegial and social support networks, and self-care are essential to coping and longevity for helping professionals working with vulnerable or traumatized populations (Howard, 2015; Ludick & Figley, 2016; Pearlman & Saakvitne, 1995). Empirical findings support these ideas. Helping professionals who have specialized training and skillsets tailored

to performing their work reported feeling more competent and effective and tended to report lower levels of secondary traumatic stress and higher levels of compassion satisfaction (Craig & Sprang, 2010; Killian, 2008). Within an IECMH context, several empirical studies found positive associations between receiving RS and supervisee insightfulness, capacity for reflection and heightened insight leading to greater emotional containment (i.e., supervisor support of the supervisee to alleviate anxieties and promote positive change in the therapeutic or helping relationship) (Frosch et al., 2018; O'Rourke, 2011; Osofsky, 2009; Shea, 2018; Virmani & Ontai, 2010; Weatherston et al., 2010).

This early data supports our hypothesis that a more consistently reflective supervisory relationship is associated with supervisee professional quality of life. Earlier studies investigating professional quality of life in helping professionals who provide trauma treatment, clinical mental health counseling and child welfare services establish links between supervisory support and professional quality of life. The findings suggest that when helping professionals experience supervisory relationships where they feel valued and supported, the risk for increased burnout and secondary traumatic stress may be mitigated even when managing high acuity caseloads (Craig & Sprang, 2010; Howard, 2015; Killian, 2008).

According to the Alliance Best Practice Guidelines, IMH-E[®] Endorsement[®] as an infant mental health specialist or infant mental health mentor (clinical) is one criterion of delivering RS. This criterion is intended to hold endorsed reflective supervisors accountable for continuing their training and professional development to ensure that their supervisory relationships consistently include core reflective components. This level of accountability is critical in distinguishing RS from clinical or administrative supervision that may be called reflective even when it is not. Anecdotal accounts suggest that there is variation in how RS is defined and delivered (Eaves et al., 2020; Simpson et al., 2018).

The reflective supervisor who has multiple roles and must also attend to administrative and clinical matters may be uniquely challenged during supervision to consistently provide core components of a reflective supervisory relationship. This leads to the question: when a workplace has a policy to provide RS, is the supervisory relationship they experience well-aligned with core components of a reflective supervisory relationship identified in the empirical literature? This is important to consider because embedding RS in the workplace may be one of the most efficient ways to deliver RS. To date, the IECMH field has minimal empirical data chronicling supervisee perspectives about reflective supervisory experiences (Barron, 2019; Eaves et al., 2020; Gallen et al., 2016; Watson & Gatti, 2012). Findings from Barron (2019) and Eaves et al. (2020) suggest that

there is variation among supervisees with regards to understanding what RS is and its intent. Supervisees may also be uncertain about whether the supervision they receive can be called reflective. Consequently, it is unknown whether supervisory relationships in IECMH programs consistently provide the space for learning, reflection, and collaboration to occur in the way RS was intended.

Multiple methods of measuring the supervisory relationship warrant development and critical analysis. Current efforts to measure RS range from systematic observation of reflective processes in a single supervisory session (Watson et al., 2016) to self-assessment and report of reflective capacities and growth in both supervisees and supervisors (Heffron & Murch, 2010; Heller & Ash, 2016; Low et al., 2018). The RIOS (Reflective Interaction Observation Scales) is the only existing tool designed to objectively measure specific elements of the reflective supervisory session which are: understanding the family story, holding the mother and baby in mind, professional use of self, parallel process and the reflective alliance (Watson et al., 2016). Reliability and promise of the RIOS as a rigorous measure of RS has been initially studied in a sample of child welfare workers (Meuwissen & Watson, 2022).

To date, the Reflective Supervision Rating Scales is the only measurement tool designed to assess supervisory fidelity and quality of delivery of the RS experience via supervisee ratings (Gallen et al., 2016). This is the first to privilege supervisee perspectives regarding the measurement of RS fidelity and delivery and potentially offers guidance about what supervisees should expect of the supervisory experience (Gallen et al., 2016). However, a tool that centers the reflective supervisory relationship by measuring the extent to which core components of a reflective supervisory relationship are experienced by supervisees would be a valuable contribution to the assessment of RS in practical settings. Such a measure could be feasibly implemented in practical settings to assess the extent to which the core reflective components are consistently experienced in supervisory relationships in general and in RS in particular. A brief self-report tool would offer the perspective of the reflective supervisee and could be one among several tools used to holistically evaluate the degree of alignment between delivery of RS in real-world practice contexts with best practice guidelines.

This paper aims to explore the reflective supervisory relationship as an element of RS via deeper examination of how consistently empirically supported core components of a reflective supervisory relationship were reported to be included in the supervisory experience by home visitors. For the purposes of this paper, we developed a self-report scale to measure the extent to which supervisees reported consistently experiencing (Tomlin et al., 2014) core components of a reflective supervisory relationship in the supervision they received (Tomlin et al., 2014). We also asked

whether the employing agency had a policy for providing RS and whether it was associated with more consistently experiencing core components of a reflective supervisory relationship.

1.4 | Well-being and IECMH endorsement

Over the last decade, at least two dozen states and two countries have purchased the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health[®] (www.alliance.org). The IMH-E[®] Endorsement[®] “provides recognition of specialized knowledge and expertise of professionals working with or on behalf of pregnant women, children, birth through six and their families.” (<https://www.allianceaimh.org/endorsement-licensing>). Professionals seeking endorsement as infant family specialists, IMH specialists and IMH mentors (clinical) (<https://www.allianceaimh.org/endorsement-requirements-guidelines>) are required to participate in a specified number of hours of RS in order to acquire and maintain the endorsement. RS can be received individually or in a group setting.

IMH-E[®] Endorsement[®] applicants are encouraged to pursue connections with other endorsement-seeking professionals in order to build learning communities that promote competent, reflective, relationship-based infant mental health practice. Promotion of endorsement in the Infant Mental Health Competencies (i.e., theoretical foundations, law, regulation, and agency policy; systems expertise; direct service skills, working with others, communicating, thinking; and reflecting) is grounded in core beliefs that a well-trained, competent workforce receiving regular professional development and support, including RS, promotes enhanced service delivery, increased staff retention, and reduced staff turnover (Weatherston et al., 2009).

Several empirical reports detail efforts to embed the endorsement process along with RS into early care and education, early intervention and home visiting programs (Dealy et al., 2021; Watson et al., 2016; Weatherston et al., 2010). However, we know little about the endorsement candidates perceptions of their professional quality of life and whether those engaged in the endorsement process consistently experience core components of a reflective supervisory relationship. Funk et al. (2017) are among the first efforts to highlight endorsement candidate perspectives about their experiences with applying for the endorsement and becoming endorsed. The study cites barriers to pursuing endorsement including release time from work to participate in required training and complete application portfolios, lack of support from workplace supervisors and lack of access to RS and consultation (Funk et al., 2017).

The IMH-E[®] Endorsement[®] process is meant to be a professional development activity that encourages high levels of reflection, introspection, and self-awareness. Engaging in reflection, introspection and self-awareness are supposed to be facilitated within the context of a supervisory relationship, and/or peer/collegial support networks (Shea, 2018; Shea et al., 2016; Weatherston et al., 2009). However, it remains unclear whether engaging in an endorsement—both the preparation to become endorsed and once endorsed, participating in continuing training and RS—may hold promise for being protective against burnout and secondary traumatic stress due to the intended collaborative and reflective nature of the process.

2 | CURRENT STUDY

The current study examined work-related burnout, secondary traumatic stress and compassion satisfaction in relation to a workplace policy to provide RS, experiencing core components of a reflective supervisory relationship in whatever forms of supervision home visitors received, and engagement in the endorsement process. We also examined associations between engagement in the endorsement process and the extent to which home visitors reported consistently experiencing core components of a reflective supervisory relationship in supervision they received compared to home visitors who were *not* engaged in endorsement.

In this investigation, we ask:

1. Are burnout, secondary traumatic stress, and compassion satisfaction reported by home visitors associated with:
 - a. A workplace policy for providing RS?
 - b. Consistently experiencing core components of a reflective supervisory relationship in whatever forms of supervision they receive?
 - c. Engagement in the endorsement process?
2. Were differences in consistently experiencing core components of a reflective supervisory relationship found when home visitors
 - a. Reported a workplace policy for RS to be provided compared to no policy?
 - b. Were engaged or not engaged in the endorsement process?

3 | METHOD

This investigation is part of a larger study that probed workplace experiences of the diverse sectors of the workforce engaged with infants, toddlers and their families through seven domains of the Workplace Supports Survey

(Simpson, 2019). The intent of the study was designed to investigate the support people who work with infants, toddlers and their families perceived to be available at their agencies/organizations that might help them manage the logistical and work-related stress demands of their jobs, and the self-care practices they use as individuals to manage their professional quality of life. For details about the broader survey, see Simpson (2019). The items probing for supervisory support in the Workplace Supports Survey were aligned with the core components of a reflective supervisory relationship and were intended to provide more depth in describing what was experienced in supervisory relationships rather than simply asking whether participants were receiving RS.

3.1 | Procedure

3.1.1 | Recruitment

We were seeking to recruit a national sample of survey respondents who were working with infants, toddlers, and families. After receiving institutional review board approval to conduct the Workplace Supports Survey Study, The Alliance for the Advancement of Infant Mental Health was approached for assistance with outreach to the existing 28 US state IMHAs in their membership network. Additionally, outreach was conducted with four professional networks supporting home visiting programs from across the US. One home visiting professional network supported a variety of evidence-based home visiting models. The second focused on nursing care for expectant and new parents in the home. The third was a home visiting research collaborative and finally the fourth was a conference network annually convening home visiting programs and home visitors.

Leaders of IMHAs and home visiting networks were asked to distribute a survey invitation to their listservs. Attached to the email invitation was an information sheet containing an embedded link to an online survey that allowed participants to submit their responses anonymously. Participants from all six regions of the U.S. (New England, Mid-Atlantic, Southeastern, Southwestern, Midwestern, and Pacific Northwest) completed the survey with the largest group representing Midwestern states at 55%. The survey did not probe participants for their IMHAs membership status.

3.1.2 | Participants

The national sample comprised 329 infant-family practitioners. This investigation focused on 141 home visitors who responded to the survey. Two participants

TABLE 1 Sample demographics of home visitors

Demographic characteristic	Home visitors	
	<i>n</i>	%
Home based agency	131	94
Agency/Others	8	6
Agency policy for RS present	101	73
Years in the field		
>10	52	37
5–10	18	13
<5	69	50
Degree		
MA	70	50
BA	54	39
High School/other	12	9
Endorsement status		
Engaged	43	31
Not engaged	94	68
Gender		
Female	135	97
Male	2	68
Bilingual	27	19

Note. *N* = 141 for the total sample. Demographics were available for most (*n* = 139). Table values reflect the number and percentage answering yes to the question.

were removed from the sample due to providing incomplete survey data that could not be analyzed. As noted in Table 1, the majority of home visitors (*n* = 139) reported holding bachelor or master's degrees (89%, *n* = 124), reported 10 or fewer years of experience working in the field (73%, *n* = 101), and identified as female (96%, *n* = 134). About 68% (*n* = 94) of the sample were home visitors providing clinical services in the home and approximately 32% (*n* = 45) identified as parenting education home visitors. The majority of home visitors who reported their racial identity (*n* = 71 of the 139) identified as White (85%, *n* = 60); 11% identified as Latino/a or Hispanic (*n* = 8), and 4% identified as Black, African-American, or Afro-Caribbean (*n* = 3). We anonymously re-surveyed participants about racial/ethnic identity with IRB approval and the report of the 71 reflects participant responses to that re-survey. In the initial launch of the survey, questions about racial identity were unintentionally dropped from the Qualtrics system. Participants most often reported working in agencies providing home-based services; two reported medical settings as their place of employment.

3.2 | Data collection

The online survey was framed by an introduction informing participants that their confidential responses to sur-

vey items would be collected as part of an IRB-approved research study investigating the relationship between workplace support and levels of burnout, secondary traumatic stress, and compassion satisfaction in the IECMH workforce. Due to the minimal risk involved with participating in this survey, this study received institutional IRB approval for a waiver of informed consent.

3.3 | Measures

3.3.1 | Burnout, secondary traumatic stress, compassion satisfaction

The Professional Quality of Life Scale (ProQol) is the most widely used measure of the positive and negative effects of working in the helping professions (Stamm, 2010). According to Stamm (2010), professional quality of life is the quality of life the helper perceives in relation to their work. The ProQol has three subscales: compassion satisfaction (positive aspects of helping others), burnout (feelings of hopelessness about work), and secondary traumatic stress (distress associated with secondary exposure to people who have experienced trauma) (Stamm, 2010). Compassion satisfaction is defined as the positive aspects of helping others, but when substantially reduced, can be a source of stress. Burnout refers to feelings of cynicism, emotional exhaustion and a sense of inefficacy. Maslach's research on job burnout spans over three decades situating the individual's experience of stress within the larger workplace context and considers contributing factors like high workload and a non-supportive work environment (Maslach et al., 1986; Maslach et al., 2001). Secondary traumatic stress is about work-related secondary exposure to people who have experienced extremely stressful or traumatic events (Stamm, 2010). Secondary traumatic stress is closely related to vicarious trauma with similar characteristics including fear, sleep difficulties, and avoidance of reminders of the person's traumatic experiences (Stamm, 2010).

The range of scores for each 10-item subscale is 10–50 (with never = 1 and very often = 5). A sum was created for the items of each subscale and then converted to a *t*-score with a raw score mean of 50 and a raw score standard deviation of 10 (Stamm, 2010). In addition, *t*-score cut-offs are established by Stamm (2010) as follows: Cutoff scores below 22 indicate low risk for burnout and secondary traumatic stress. Cutoff scores above 22 indicate moderate to high risk with a cutoff score of 42 or above indicating high risk for burnout and secondary traumatic stress and a high level of compassion satisfaction. Internal consistency reliabilities for the subscales are reported to be: .87 for compassion satisfaction, .72 for burnout, and .80 for secondary traumatic stress with well-established construct validity (Stamm, 2010). In this sample of home visitors, alpha

TABLE 2 Supervisory support items

1	My supervisor protects our supervision meeting time and does not allow distractions when we meet (Protects Time)
2	My supervisor is available to me beyond regularly scheduled supervision meetings if I need support (Availability)
3	I feel safe expressing confusion, frustration, and not knowing in supervision (Emotional Safety)
4	My supervisor is attentive to how my experience of the work impacts my relationships with client families (Attentiveness)
5	My supervisor is sensitive to how my own life course events may impact my feelings about my work (Sensitivity)
6	My supervisor keeps the content of our sessions confidential (Confidentiality)
7	I am fearful that what I share in supervision will be used against me in job performance evaluations or promotion decisions (Trust-reversed)

reliabilities for the ProQol were .91, .80, and .80 across the same sub-scales, respectively.

3.3.2 | Workplace policy for providing (RS)

Participants were asked on the survey to report whether their workplace had a policy to provide RS using a yes/no item (yes = 1/no = 0).

3.3.3 | Experience of core components of a reflective supervisory relationship

Tomlin's et al. (2014) empirical consensus among experts in the infant mental health field about the core components of a reflective supervisory relationship defined the seven items in this scale: protection of time, availability, emotional safety, attentiveness, sensitivity, confidentiality, and trust available in supervisory relationships existing in the workplace. Note that the measure does not explicitly label supervision as "Reflective Supervision." Our goal was to assess the extent to which whatever type of supervision received by home visitors included core elements of RS (See Table 2). Each item probed the respondent's experience of these qualities as gauged by a five-point Likert scale from 1 = never, 2 = rarely, 3 = sometimes, 4 = often to 5 = always. Item-level scores of four and five suggest regularity for experiencing the core component. Item queries did not specify the workplace as the context but a general direction for the Workplace Supports Survey instructed: "Consider each of the following questions about you and

your current work situation. Select the choice that honestly reflects how frequently you experienced these things in the last 30 DAYS."

A total score of the seven items was calculated measuring the extent to which survey participants reported consistently receiving core components of a reflective supervisory relationship. The full range of scores between 1.0 and 5.0 were utilized in this sample. Total scores between four and five suggested more consistent experience of the core components of a reflective supervisory relationship. Items probing for experience of core components of a reflective supervisory relationship were highly interrelated with good internal consistency and an alpha of .92.

3.3.4 | Engagement in the endorsement process

This question probed participation in the endorsement process. Possible responses to this item were: not endorsed, seeking endorsement, endorsed, this item does not apply to my work. Responses were collapsed into two categories: not endorsed, does not apply to my work (0) and seeking endorsement, endorsed (1).

3.4 | Data analysis

Descriptive statistics are presented first for the sample of home visitors regarding scores for burnout, secondary traumatic stress, a workplace policy for providing RS, experience of core components of a reflective supervisory relationship and engagement in endorsement. Pearson correlations and independent *t*-tests were used to analyze associations between burnout, secondary traumatic stress and compassion satisfaction, a workplace policy for providing RS, experience of core components of a reflective supervisory relationship, and engagement in the endorsement process.

4 | RESULTS

4.1 | Descriptive findings

A frequency distribution showed features of professional quality of life to be low-to-moderate on average in this sample with $M = 22.77$ ($SD = 5.25$) for burnout, $M = 22.28$ ($SD = 5.56$) for secondary traumatic stress, and $M = 39.54$ ($SD = 5.42$) for compassion satisfaction. Almost 40% of the sample scored below the cutoff score of 22 indicating low risk for burnout while almost 26% of the sample scores were above the cutoff for burnout. Half the sample

TABLE 3 Item-level responses to the supervisory support scale

	Always		Often		Sometimes/Never	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Availability	72	52	36	26	29	22
Attentiveness	67	48	42	30	30	22
Emotional safety	67	48	35	25	37	27
Confidentiality	75	54	24	17	40	29
Trust	58	42	36	26	40	32
Protects time	45	32	48	34	40	34
Sensitivity	54	39	36	26	43	35

scored below the cutoff score of 22 indicating low risk for secondary traumatic stress and approximately 9% of the sample scored above the cutoff for high secondary traumatic stress. Extreme scores, neither low nor high, for the compassion satisfaction domain were not reported, indicating universal moderate satisfaction with helping others. Nearly three-quarters of the sample ($n = 101$) reported working in agencies that had a policy for providing RS.

At least 65% of home visitors reported experiencing core components of a reflective supervisory relationship at work “often” or “always” ($M = 4.03$, $SD = .96$). Individual items showed variability. The core components most frequently reported as “always” and “often” were “Availability:” “My supervisor is available to me beyond regularly scheduled supervision meetings if I need support,” and “Attentiveness:” “My supervisor is attentive to how my experience of the work impacts my relationships with client families,” at 78%. “Emotional safety:” “I feel safe expressing confusion, frustration, and not knowing in supervision” and “Confidentiality:” “My supervisor keeps the content of our sessions confidential” were the next core components most frequently reported as “often” and “always” at 73% and 71%, respectively.

Core components of a reflective supervisory relationship less frequently reported as “always” and “often” were: “Trust:” “I am fearful that what I share in supervision will be used against me in job performance evaluations or promotion decisions,” (68% rated as occurring always or often but 32% reported sometimes/never experiencing trust), “Protects time:” “My supervisor protects our supervision meeting time and doesn’t allow distractions when we meet,” (34% reported sometimes/never), and “Sensitivity:” “My supervisor is sensitive to how my own life course events may impact my feelings about my work,” (35% reported sometimes/never) (See Table 3). In terms of engagement in the endorsement process, 30% ($n = 43$) were either endorsed or in the process of becoming endorsed.

RQ1. Relationship between professional quality of life and:

Workplace policy for providing RS. No significant associations were observed between a workplace policy for providing RS and burnout, secondary traumatic stress, or compassion satisfaction.

Experience of core components of a reflective supervisory relationship. A Pearson correlation analysis yielded low-to-moderate significant correlations between experience of core components of a reflective supervisory relationship and lower burnout ($r = -.37$, $p < .000$) and secondary traumatic stress ($r = -.26$, $p < .002$). Those who reported more consistently experiencing core components of a reflective supervisory relationship reported lower burnout and secondary traumatic stress. A positive association was also found between compassion satisfaction and consistently experiencing core components of a reflective supervisory relationship ($r = .37$, $p < .000$). Compassion satisfaction was higher among those who reported more consistently experiencing core components of a reflective supervisory relationship.

Engagement in the endorsement process. An independent *t*-test revealed that compared to those *not* engaged in the endorsement process, home visitors who reported being engaged in endorsement reported significantly higher burnout ($t(135) = -4.57$, $p < .000$) and secondary traumatic stress ($t(135) = -6.23$, $p < .000$). Those engaged in the endorsement process reported higher burnout and secondary traumatic stress ($M = 25.58$, $SD = 5.39$ and $M = 26.32$, $SD = 5.46$, respectively) than those who were not engaged ($M = 21.26$, $SD = 4.83$ and $M = 20.59$, $SD = 4.77$) (See Table 4). No association was found for compassion satisfaction.

RQ 2. Were there differences in experiencing core components of a reflective supervisory relationship between home visitors who:

Reported a workplace policy to provide RS. An independent *t*-test found that home visitors who reported that their workplace had a policy for providing RS reported more consistently experiencing core components of the reflective supervisory relationship in supervision ($M = 4.35$, $SD = .70$) compared to home visitors who

TABLE 4 Means of burnout, secondary traumatic stress, and compassion satisfaction by engagement in endorsement

	Engaged in endorsement		Not engaged in endorsement	
	<i>n</i> = 43		<i>N</i> = 94	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Burnout	25.58	5.39	21.36	4.83
Secondary traumatic stress	26.32	5.46	20.59	4.77
Compassion satisfaction	38.37	6.05	40.23	5.39

reported that their workplace did *not* have a policy for providing RS ($M = 3.32$, $SD = .91$), $F(1, 133) = 7.77$, $p < .01$.

Were engaged or not engaged in the endorsement process. Independent sample *t*-test results showed a significant difference in the degree to which home visitors reported consistently experiencing core components of the reflective supervisory relationship in supervision if they were engaged in the endorsement process ($t = 2.06$, $df = 135$, $p < .05$). Those who reported being engaged in the endorsement process reported *less* consistently experiencing core components of the reflective supervisory relationship compared to home visitors who were *not* engaged in the endorsement process ($M = 3.82$, $SD = 1.04$, vs. $M = 4.17$, $SD = .87$)

5 | DISCUSSION

This study yielded several significant findings. First, although no significant associations were observed between professional quality of life and a workplace policy for providing RS, a workplace policy providing for RS was positively associated with more consistently experiencing core components of a reflective supervisory relationship. Second, in this sample of home visitors, consistently experiencing core components of a reflective supervisory relationship was negatively associated with burnout and secondary traumatic stress. Unexpectedly, engagement in the endorsement process was observed to be positively associated with burnout and secondary traumatic stress. Finally, home visitors engaged in the endorsement process reported *less* consistently experiencing core components of a reflective supervisory relationship than home visitors who were *not* engaged in the endorsement process. The findings of this investigation suggest a modest correlation between a reflective supervisory relationship characterized by the consistent inclusion of its core components and reduced home visitor burnout and secondary traumatic stress. Questions are raised about next steps in terms of examining the variability of how consistently supervises

experience core components of a reflective supervisory relationship in larger samples of IECMH home visiting professionals and perhaps the broader IECMH workforce.

5.1 | Professional quality of life and home visitors

Infant early childhood home visiting requires a strong, intimate, enduring relationship between the home visitor and the family as the foundation of service delivery (Schaefer, 2016). The work is both physically and emotionally demanding with daily challenges that include a balance of addressing high acuity needs of families transitioning into parenthood with meeting model fidelity and funding requirements (Alitz et al., 2018; Barak et al., 2014; Barron & Paradis, 2010; West et al., 2018). It is not surprising then that home visitors would be at increased risk for burnout and secondary traumatic stress. Almost one-third of home visitors in this sample reported high risk for burnout and 9% reported high risk for secondary traumatic stress. Training and supervision for home visitors needs to consider professional development not just as a means of effective service delivery, but also as a means of supporting the home visitor as a professional in their work. A substantive body of IECMH literature continues to grow suggesting links between reflective supervisory relationships perceived as supportive and increased professional sense of competence, self-regulation, and sense of meaning in the work (Frosch et al., 2018; Low et al., 2018; Shea, 2018; Virmani & Ontai, 2010; Watson & Gatti, 2012; Weatherston et al., 2010).

5.1.1 | Professional quality of life and workplace policy for RS

Home visitor reports that their agency had a policy to provide RS were not directly associated with burnout and secondary traumatic stress nor compassion satisfaction. Nearly three-quarters of home visitors reported that their workplace had a such a policy; this suggests that the policy to provide RS in itself is not a guarantee that professional quality of life of home visitors will be enhanced.

5.1.2 | Professional quality of life and core components of the reflective supervisory relationship

Home visitors who reported consistently experiencing core components of the reflective supervisory relationship reported lower levels of burnout and secondary traumatic

stress. The results of this investigation are aligned with the limited IMH empirical literature available that supports RS as not only a cornerstone of professional development but also as an important tool for professional emotional regulation (Frosch et al., 2018; Low et al., 2018; O'Rourke, 2011; Osofsky, 2009; Shea, 2018; Watson & Gatti, 2012).

The main findings of the current investigation support the research of West et al. (2018) and Begic et al. (2019) who reported finding similar associations between supervisory relationships that adhere to RS guidelines and burnout, secondary traumatic stress and compassion satisfaction in home visitors. As with Frosch et al. (2018), this study employs a quantitative approach (i.e., cross-sectional survey) to examine the perspectives of IECMH home visitors with regards to their experience of the supervisory relationship. Frosch et al. (2018) found that 91% of their sample identified RS as a major contributor to their ability to “effectively cope with job-related stress and form and maintain positive relationships with their co-workers, as well as to overall professional development” (Frosch et al., 2018, p. 391).

5.1.3 | Professional quality of life and IMH-E[®] Endorsement[®]

Participation in the endorsement process was unexpectedly positively associated with burnout and secondary traumatic stress in home visitors. Home visitors who reported being endorsed or seeking endorsement also reported higher burnout and secondary traumatic stress than home visitors who reported that they were not endorsed or seeking the IECMH endorsement. Seeking endorsement is a personal commitment as well as a professional one. Time and money to invest in training and required RS and consultation are involved and not always reimbursed. Depending on which category of endorsement, applicants must prepare and sit for exams. There may be anxiety associated with knowing that peers and leaders in the field will be reviewing the applicant's work. These factors must all be taken into consideration in addition to the regular stressors involved in the day to day job performance expectations prospective endorsement candidates must meet.

The potential personal, professional and economic burdens of engaging in endorsement are not always valued or acknowledged by program supervisors (Funk et al., 2017). Educating home visiting program supervisors and administrators about the value of the IMH-E[®] Endorsement[®] with regards to enhanced professional development and service delivery is important to garnering more organizational support and buy-in. Issues like job-protected

paid time away to pursue the endorsement and facilitating access to RS and consultation that meets best practice guidelines are essential to supporting the efforts of home visitors engaged in the endorsement process. Future research that delves into motivations and existing support for engaging in the IMH-E[®] Endorsement[®] process needs to be conducted to shed more light on this unexpected finding.

5.2 | Consistency of core reflective components of the supervisory relationship

At least two-thirds of home visitors in this sample reported “always” or “often” receiving all seven core components of RS in the supervisory relationship. This was especially seen among those who reported that their workplace had a policy for providing RS. Home visitors most frequently reported availability and attentiveness as components that “always” and “often” characterized the supervisory relationship they experienced. These are two components that are frequently cited in the empirical and theoretical literature as essential, active ingredients of a reflective supervisory relationship (O'Rourke, 2011; Osofsky, 2009; Tomlin et al., 2014; Weatherston et al., 2010).

Approximately one-third of participants reported few experiences of confidentiality, emotional safety, trust (particularly with regards to content in supervision being used in a job performance evaluation context), protection of time, and sensitivity in supervisory relationships. Characteristics like confidentiality, emotional safety, and trust, though related, are complex and may be difficult to cultivate in training. In other words, they may not be as easily taught. These characteristics are best modeled through experiencing them within the context of a supervisory relationship (O'Rourke, 2011; Parlakian, 2001; Weatherston et al., 2010). This potentially raises the question of who supports the reflective supervisor and provides the very sort of relationship the reflective supervisor is charged with offering to reflective supervisees (Schafer, 2010; Weatherston et al., 2010).

Furthermore, home visiting program supervisors face multiple challenges with regards to balancing adherence to model fidelity with meeting the high acuity needs of families as well as retaining program staff and families (Alitz et al., 2018; Begic et al., 2019; West et al., 2018). It's not surprising that issues of protecting time for supervision and sensitivity to the needs of the supervisee might be compromised under these circumstances.

On average, about one-third of home visitors in this sample reported “sometimes” or “never” experiencing all seven core components of the reflective supervisory

relationship in supervision. Not all home visitors receiving RS recognize or are able to articulate how it might support their practice or work. This result suggests that the supervision these particular participants engaged in was not reflective and was likely to have been more administrative in nature, which is not unusual in home visiting programs (Alitz et al., 2018). Finally, it cannot be assumed that all supervisees consider RS to be a resource that supports their work (Barron, 2019; Eaves et al., 2020).

5.2.1 | Core components of a reflective supervisory relationship and workplace policy for RS

Home visitors who had a workplace policy for providing RS reported more consistently experiencing core components of a reflective supervisory relationship compared to those who did not. The mean difference between those who reported a policy and those who did not was greater than one scale point; on average “often” for those reporting a workplace policy versus “sometimes” for those who did not. This suggests that workplaces often do provide supervisory experiences consistent with RS best practices. A recent description of an IMHA's efforts to educate the workforce of supervisors and supervisees suggests their important role as collaborators in providing essential training and reflection about supervisory relationships that are aligned with best practice (Dealy et al., 2021).

5.3 | Consistency of core components and engagement in endorsement

Less consistent experience of core reflective components of the supervisory relationship was reported by home visitors engaged in endorsement. This finding raises potential concerns about whether the endorsement applicants who need it have access to RS aligned with best practice guidelines. Expanding this area of research is an important consideration for the IECMH field. Including the voices of endorsement candidates about their application experience in the empirical literature allows for more comprehensive assessment of whether candidates are receiving RS aligned with best practice guidelines when it is required for endorsement (Funk et al., 2017). In other words, we do not know if engagement in the endorsement process ensures a greater probability of accessing RS that consistently includes core components of the reflective supervisory relationship.

5.4 | Future directions

The results of this investigation warrant further study of associations between professional quality of life, workplace policies providing RS and consistently experiencing core components of a reflective supervisory relationship in a larger sample of infant/early childhood home visitors. Including home visitors who are endorsed, seeking endorsement and not seeking endorsement would be critical given the fact that all home visiting programs are in need of infant mental health-informed professionals (Funk et al., 2017). Empirical findings suggest that workplace mechanisms like RS are associated with lower levels of burnout and secondary traumatization in frontline IECMH professionals (Begic et al., 2019; Frosch et al., 2018; Watson & Gatti, 2012; West et al., 2018). Studying the key active ingredients of RS may be integral to the implementation of workplace policies designed to address reduction of burnout and secondary traumatic stress in home visiting staff. In this study, reduction in burnout and secondary traumatic stress was seen when home visitors reported more consistently experiencing the core components of a reflective supervisory relationship but not in relation to the policy itself.

Although most respondents reported a workplace policy for providing RS, about a third reported not having a workplace policy for RS. As this was a relatively small sample, more variation in workplaces providing a policy for RS might be detected if sampling a broader, more representative population of infant early childhood home visitors. This is an important consideration for future investigations. The IECMH field needs more data about RS regarding where it is being provided, to whom, the benefits and costs, and whether its delivery is aligned with core components of the reflective supervisory relationship and Alliance best practice guidelines (<https://www.allianceaimh.org/reflective-supervisionconsultation>).

Questions about the uniformity of the IECMH endorsement application process and adherence to Alliance RS guidelines for both supervisees and supervisors deserve consideration. Thirty percent of the sample were home visitors who reported being engaged in the endorsement process. They reported lower professional quality of life as evidenced by their reports of higher risk for burnout and secondary traumatic stress. They also reported less consistently experiencing core components of the reflective supervisory relationship in their supervision. This suggests a potential disconnect between supervision regarded by the IECMH field to be optimal and required for endorsement candidacy and the supervisory experiences those seeking endorsement actually encounter. It also suggests that felt need for more support led them to the

endorsement process. Or that engaging in endorsement offered more insight into what a reflective supervisory experience might be. Perhaps IECMH professionals engaged in the endorsement process had clearer expectations of what RS should be. This issue is deserving of further research.

Mechanisms designed to support reflective supervisors, in particular, are few and often contingent upon administrative and agency buy-in to the idea that RS is a feasible and worthwhile investment (Williams et al., 2019). If reflective supervisors lack support in their efforts to maintain their own skills and training within best practice guidelines, reflective supervisees are less likely to be receiving RS that consistently includes the core components of a reflective supervisory relationship.

Future empirical investigations about endorsement motivations, obstacles, and support may help us to better understand the unanticipated associations observed in this study among IECMH home visiting professionals. In other fields, research has suggested that collegial relationships, peer support and collaboration (Craig & Sprang, 2010; Ludick & Figley, 2016; Sprang et al., 2007), all activities IMH-E[®] Endorsement[®] candidates are strongly encouraged to pursue; are cited as contributors to high levels of compassion satisfaction. In this study, no association was found between engaging in endorsement and compassion satisfaction. Perhaps in this subset of the sample, the stress variables associated with professional quality of life (burnout and secondary traumatic stress) were more prominent contributing to felt need for more support.

6 | LIMITATIONS

There are several important limitations in this study. The low to moderate associations observed between variables warrant cautious interpretation of results and call for investigation in a larger, multi-sector, representative sample of the IECMH home visiting workforce. Data collection heavily relied on participant self-report which are subject to social desirability bias. Recruitment of participants for this study targeted state IMHAs membership networks. Individuals in these networks tend to highly value RS and self-selected into the study. Furthermore, generalizability of findings is limited because we have no way of knowing the potential pool of participants the invitation to participate in the survey may have reached.

With regards to our selection of the dependent variables for this investigation, studying concurrent reports of burnout and secondary traumatic stress does not preclude the possibility that changes in these stressors might be experienced over time with participation in RS. Finally, this study asked participants only about the existence of

a workplace policy for providing RS, not its implementation. Deeper consideration of this issue is needed. Despite these limitations, the study builds on the existing literature investigating core components of a reflective supervisory relationship that occurs in the workplace between supervisor and supervisee which is critical to effective RS.

7 | IMPLICATIONS AND CONCLUSION

As more home visiting programs become reliant on RS and IECMH endorsement as key professional development mechanisms, building the empirical literature based on survey and in-depth methods of inquiry to examine practitioners' experiences participating in these processes is critical. Home visitors perform intense relationship-based work and meet families where they live while also maintaining professional boundaries that are easily blurred (Barron & Paradis, 2010). The complex dynamics inherent in this work uniquely positions home visitors to benefit from receiving supervision based in regularity, reflection, and collaboration, within the context of a relationship that centers availability, attentiveness and emotional safety. In this study, we asked participants about their supervisory relationships within the context of whatever type of supervision they received (i.e., clinical, administrative, or reflective). Not all IECMH professionals receive RS and some who do, may not recognize the supervision they receive as RS. This is an important consideration in laying the groundwork for investigating how to incorporate core components of the reflective supervisory relationship into supervision that may not be characterized as reflective. The findings from this study suggest that having a workplace policy that intentionally provides RS for its employees may be a first step towards ensuring that home visiting program supervisors and supervisees implement RS that is consistent with its empirical definition and established best practice guidelines.

In order to more intentionally integrate RS into infant early childhood programs, the IECMH field needs to explore more deeply the question of whether or not RS and the core components comprising the reflective supervisory relationship solely serves the purpose of more effective, competent service delivery. Or if promoting growth, support and well-being in the supervisee are also prioritized. According to O'Rourke (2011), relationships are replicated at each level of an organization. In order to give a relationship based in mutual trust, collaboration and safety to the families we serve, we must first receive it ourselves (i.e., parallel process). Reflective, relationship-based supervision is essential to this process.

Finally, future research is necessary to inform the field about the diverse perspectives of IECMH professionals

who are engaged in IMH-E[®] Endorsement[®] regarding their motivations, needs and professional/personal benefits from engaging in this process. Perhaps more than any other human service field, the professional is the personal (Tosone et al., 2012) in infant early childhood mental health due to the intimate, relationship-based nature of working with families transitioning into parenthood. Identifying and implementing comprehensive professional resources for IECMH home visitors that values workforce well-being as well as workforce development is essential to the longevity of the field.

ACKNOWLEDGEMENT

Dr. Angela Tomlin, Indiana University; Janet Dean, Director of the Community Infant Programs, Boulder Colorado; the Nursing and Social Work staff at the Community Infant Programs; CT Association for Infant Mental Health, The Minding the Baby Program, The Alliance for the Advancement of Infant Mental Health

CONFLICT OF INTEREST DISCLOSURE

None reported.

DATA SHARING AND AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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How to cite this article: Eaves, T., Robinson, J. L., Brown, E., & Britner, P. (2022). Professional quality of life in home visitors: Core components of the reflective supervisory relationship and IMH-E[®] Endorsement[®] engagement. *Infant Mental Health Journal*, 43, 242–255. <https://doi.org/10.1002/imhj.21970>