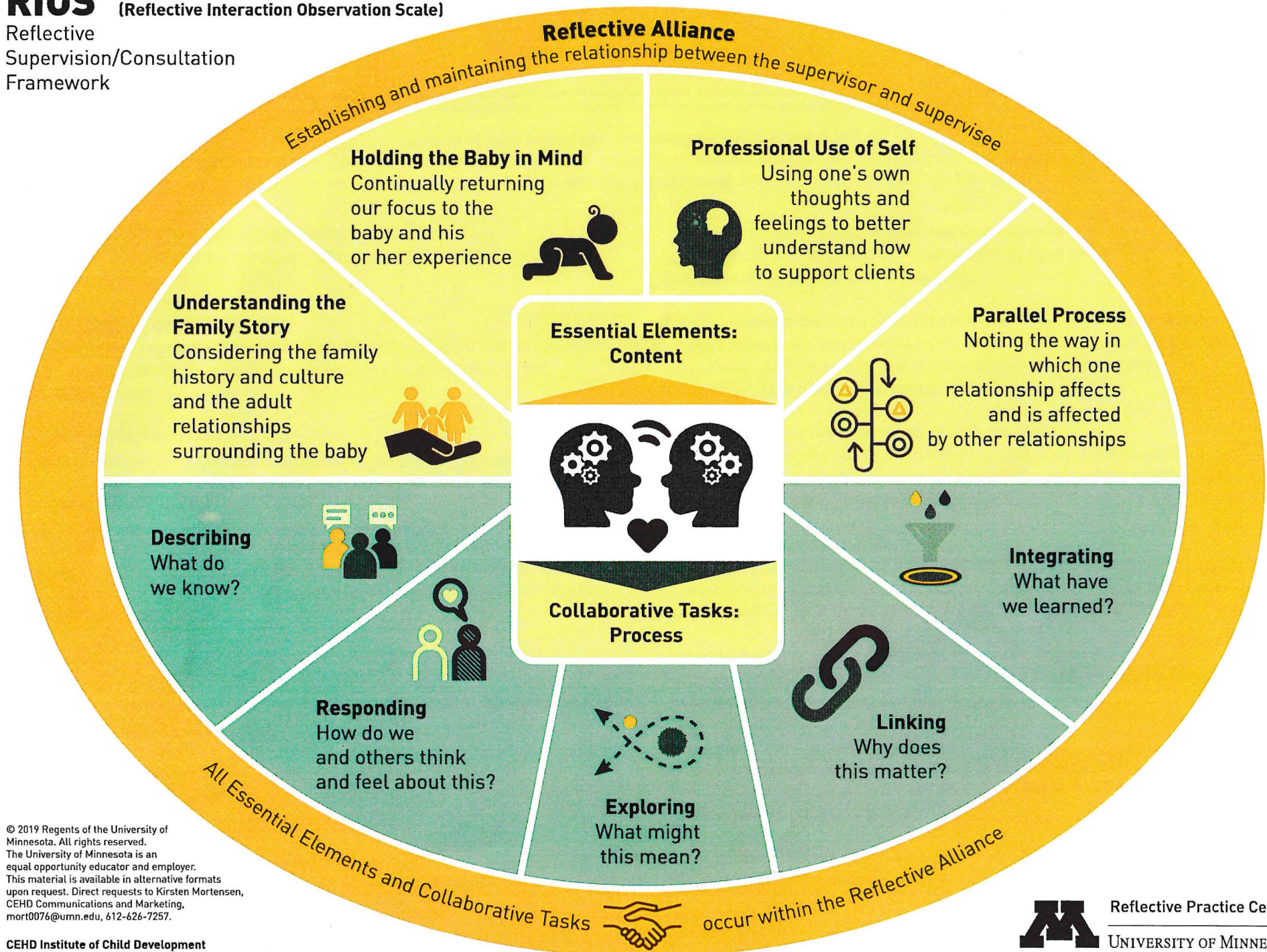



RIOS™ (Reflective Interaction Observation Scale)

Reflective
Supervision/Consultation
Framework



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This material is available in alternative formats upon request. Direct requests to Kirsten Mortensen, CEHD Communications and Marketing, mort0076@umn.edu, 612-626-7257.

CEHD Institute of Child Development
Center for Early Education and Development

 Reflective Practice Center
UNIVERSITY OF MINNESOTA
Driven to Discover®

RIOS™ Reflective Interaction Observation Scale

The RIOS defines and operationalizes the process of reflective supervision by identifying its unique components. It helps articulate what occurs in the complex relationship between supervisor and supervisee(s) and differentiates reflective supervision from other forms of relationship-based professional development.

ESSENTIAL ELEMENTS

The content of reflective supervision is grouped into five defining constructs based on infant mental health theory and practice.

Understanding the Family Story

Practitioner and supervisor discuss what is currently known about the baby's environment, focusing on the adults surrounding the baby (parents, extended family, other caregivers) and their relationships.

Holding the Baby in Mind

The pair continually return their attention to the baby and his/her experience and well-being. They specifically attend to the baby's relationships with parents, extended family, other caregivers, etc.

Professional Use of Self

The practitioner pays careful attention to his/her subjective experiences, thoughts, beliefs, and emotions—all of which are important information—and to his/her relationships with others.

Parallel Process

The two consciously draw comparisons between different individuals' experiences or relationships, recognizing the ways in which one relationship—present or past—can affect another.

Reflective Alliance

This is *how* the supervision happens. The quality of the relationship between supervisee and supervisor is of the utmost importance.

COLLABORATIVE TASKS

The reflective process encompasses a cumulative and overlapping progression of **Collaborative Tasks** that the supervisor and supervisee(s) engage in together.

Describing — “What do we know?”

The two discuss factual information and events as well as clarifying and organizing details of what the practitioner saw and heard.

Responding — “How do we and others think and feel about this?”

The two speculate about the emotional experience of the baby and adults involved, and the practitioner expresses his/her thoughts and feelings about the family and the issue at hand.

Exploring — “What might this mean?”

Exploring may be focused on gaining insight into the emotional experience of oneself and others, including the baby. It may involve acknowledging and attempting to address difficult issues and concerns.

Linking — “Why does this matter?”

Practitioner and supervisor create connections between the baby's and family's experience and relevant infant mental health theory and practice. Linking includes considering role, boundaries and purpose of the work.

Integrating — “What have we learned?”

This task can include developing a summary of what has been discovered and exploring the implications of the work going forward.

The RIOS was developed in collaboration with the Alliance for the Advancement of Infant Mental Health. The Reflective Practice Center offers a range of online professional development options for early childhood practitioners.

Visit ceed.umn.edu/reflective-practice-center to learn more!

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