CRITICAL COMPONENTS OF REFLECTIVE SUPERVISION: RESPONSES FROM EXPERT SUPERVISORS IN THE FIELD

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ABSTRACT: This article offers a brief review of the history of supervision, defines reflective supervision, and reports the results of a Delphi study designed to identify critical components of reflective supervision. Academicians and master clinicians skilled in providing reflective supervision participated in a three-phase survey to elicit beliefs about best practice when engaging in reflective supervision. The process yielded consensus descriptions of optimal characteristics and behaviors of supervisors and supervisees when entering into supervisory relationships that encourage reflective practice. These results, although preliminary, suggest that it is possible to identify elements that are integral to effective reflective supervision. These initial findings may be used for future study of the reflective supervisory process.

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"Reflective" supervision is now commonly required for staff of many programs that serve young children ages 0 to 3 and their families, including infant mental health services, early care and education programs, child-development programs, health care, and specialized home-visiting programs (Eggbeer, Shahmoon-Shanok, & Clark, 2010; Emde, 2009; Gilkerson & Shahmoon-Shanok, 2000; Heffron & Murch, 2010; Virmani, Masyn, Thompson, Conners-Burrow, & Mansell, 2013); Virmani & Ontai, 2010; Weigand, 2007). For many advocates of best practice, this is cause for celebration within the infant and early childhood community. However, although there have been numerous attempts to define reflective supervision (e.g., Fenichel, 1992; Shahmoon-Shanok, 2006), to date, there has been no consensus around the elements that are essential to effective reflective process. After a brief discussion of the history of supervision and the meaning of reflective supervision and its importance to the infant and family field, preliminary results from the present study in which experts reach agreement about core components believed to be central to supervision that is "reflective" are presented.

Beginning with Freud and continuing into the present, mental health professionals from a wide range of disciplines have believed that supervision is central to good therapeutic practice and professional growth. In their book *The Supervisory Encounter: A Guide for Teachers of Psychodynamic Psychotherapy and Psychoanalysis*, Jacob, David, and Meyer (1998) suggested that although Freud did not reference supervision or a supervisory relationship in his early work, there was one exception: the extraordinary case of "Little Hans," in which he closely guided a father who was his son's own "therapist." However, supervision at that time was not typically well considered. Identified as a training relationship, supervision was individualized, unsystematic, and most often dependent upon the study of Freud's analytic writings and work. It was not until the mid-1920s that analysts at the Berlin Institute developed a systematic approach to the education of analytic trainees, offering formal goals and objectives that included a requirement for the supervision of training cases by individuals carefully selected for skillful therapeutic practice (Horney, 1930). Note that the supervisor's responsibility was limited to guiding trainees in their analytic practice rather than providing a therapeutic

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experience in which the supervisor explored the trainee's personal history or encouraged self-reflection.

At this same time point, the social work field became interested in psychodynamic casework, and some literature began to appear about how to carry out supervisory tasks. One social work mentor, Robinson (1936), instructed new supervisors to carefully plan each supervision hour, to establish firm boundaries, to assert authority, and to request written process notes ahead of each meeting. This structure helped to assure that a supervisor could determine what to discuss and how to adequately support a social work student's or supervisee's professional development. Fleming and Benedek (1966) offered similar didactic advice for analytic and psychotherapeutic training. Some years later, Kadushin (1976) offered direction to social work supervisors with lists of techniques that were similar to the early guidelines (Robinson, 1936).

By the 1970s and 1980s, attitudes about supervision evolved as discoveries about therapeutic process influenced supervision across mental health fields, leading to increasing attention to personal history, beliefs, or values as they influenced professional growth. For example, Kohut (1971), having developed self psychology, encouraged therapists or supervisees to explore their own development and sense of self within the supervisory hour. Similarly, Wallerstein (1981) and Dewald (1987) addressed the importance of listening and the understanding of the emotional experience of interaction during therapeutic work with clients, thus influencing the same in supervisory encounters. This focus was extended to work with vulnerable infants and parents by Selma Fraiberg (1980), who emphasized "ghosts in the nursery" or the importance of recognizing the past as it affects present parental caregiving and the intergenerational transmission of risk to the infant. Influenced by Fraiberg's approach to therapeutic work, infant mental health therapists and supervisors believed that supervision could provide a safe place where personal histories, past emotional injuries, and early relationship experiences as related to the work with infants and families could be explored. Later, Hoffman (1992) introduced theories of intersubjectivity into the therapeutic process that in turn encouraged supervisors and supervisees to explore their roles and experiences together in the intimacy of the supervisory relationship.

In the mid- to late-1990s, new concepts were introduced that affected how practitioners approached their work with young children and families. Mentalization and reflective functioning were among the most challenging. Mentalization refers to the thoughts, feelings, beliefs, and intentions that a person has. Reflective functioning refers to the ability to have thoughts about another person's mental state. Both influenced parental reflective functioning, described as a parent's ability to think about an infant or young child's mental state, especially as it applies to the parent's representation of the child and the early developing parent–child relationship (Fonagy, Steele, Moran, Steele, & Higgitt, 1991). Daniel Stern (1998) later contributed theories about the motherhood constellation, acknowledging pregnancy and the birth of a baby as an optimal time for maternal reflection about changing roles and relationships past, present, and future. As infant mental health services expanded through university training programs and community mental health service systems, practitioners working with infants, young children, and families incorporated mentalization, reflective functioning, the motherhood constellation, and mindfulness as integral to therapeutic interventions. In sum, these developments in approaches to therapy resulted in changes in expectations of the supervisory experience.

By the mid-1990s, many professionals who worked with infants and very young children in a variety of settings were studying the practice of supervision along with promotion, preventive interventions, and treatment services. Emily Fenichel (1992) and colleagues at the National Center for Infants, Toddlers, and Families proposed that the essential features of supervision included reflection, collaboration, and regularity. By 2000, infant mental health therapists in many settings had integrated reflective practice with parents into their work with infants, toddlers, and families (Fonagy & Target, 2005; Sadler, Slade, & Mayes, 2006). An equally important therapeutic strategy was the exploration of a mother's insightfulness about her very young child and capacity to take the child's point of view, leading to positive parent–child relationship outcomes (Oppenheim & Koren-Karie, 2002). Later, Daniel Siegel (2007) brought mindfulness into the parent–infant community, emphasizing the importance of staying fully present in the moment, available, and attuned to promote well-being and emotional balance. Guidelines about the supervisory relationship were written to include reflection about the infant, the parent, and their early developing relationship as well as the therapist's self-reflections, including emotional responses, insightfulness, attunement, and curiosity about the work as it intersects with past and present life experiences (Michigan Association for Infant Mental Health, 2002–2011). Supervisors and supervisees were encouraged to enter into reflective dialogues, personal and professional, influencing what was possible for professional and personal growth through supervision.

Interest in both reflective practice and reflective supervision continues to the present. Perhaps no more clear example of the current energy and enthusiasm around evaluating reflective supervision can be found than the brainstorming sessions conducted in packed rooms at recent ZERO TO THREE National Training Institutes and the participatory research begun by leaders at the Michigan Association for Infant Mental Health League of States Retreat (Eggbeer et al., 2010; Weatherston, Weigand, & Weigand, 2010). These events demonstrate the commitment practitioners have to work collaboratively with research faculty to identify core elements of reflective supervision as the basis for empirical studies and research. The next section reviews current understanding of reflective capacity and reflective supervision.

REFLECTIVE CAPACITY AND REFLECTIVE SUPERVISION

Reflective capacity refers to being aware of one's own personal thoughts, feelings, beliefs, and attitudes as well as understanding how these practices affect one's behaviors and responses when interacting with others. Reflective capacity begins in infancy and

develops most optimally within the context of secure and nurturing relationships. Relationship experiences shape the way babies perceive themselves and others and contribute to the development of individual differences in reflective capacity across the life span. For professionals whose work is with infants, toddlers, and families, the growth of this reflective skill is best accomplished within the context of a *supervisory* relationship that invites the intentional exploration of what one sees, hears, and does as well as one's emotional response to the work and personal history that is awakened by the work (Eggbeer, Mann, & Seibel, 2007; Emde, 2009; Weatherston & Barron, 2009). Moreover, the relationship between the practitioner and supervisor provides a respectful and thoughtful space where observations, authentic feelings, thoughts, and ideas can be explored on a regular basis (O'Rourke, 2011). This "relationship for learning" (Shahmoon-Shanok, 2006, p. 343) provides a trusting context in which a practitioner is able to reflect on the realities of work with infants, very young children, and families and on oneself (Weatherston, 2011).

Through an experience of a reflective supervisory relationship, the practitioner may consider development in the first years of life, the complexities of attachment and early parenthood, and strategies for assessment and effective intervention when there are vulnerabilities that place the infant and parent(s) at high risk (Parlakian, 2001; Weatherston et al., 2010). Attention is paid to the real work with vulnerable infants and families as well as the personal thoughts, feelings, and memories that are aroused in response to the work. Such reflective practice is assumed to increase the professional's ability to understand the infant or toddler, the parent(s), and the early developing parent–child relationship and lead to strategies that support positive child and family outcomes. Supervisors who are effective in forming a secure supervisory relationship invite supervisees to think deeply and carefully about the infants, toddlers, and families with whom they work; discuss new strategies for effective intervention; explore the emotional content of their work; and consider roadblocks to clear thinking and decision making (Neilsen Gatti, Watson, & Siegel, 2011). These skills are particularly important in infant/toddler and family work, which by its nature may be complex, emotional, and consuming. Reflective supervision provides an avenue for support. It provides time to pause and to allow for more personal feelings to be experienced and expressed following a particular observation or exchange with an infant, a toddler, and/or a family.

Some research has suggested that access to reflective supervision creates opportunities for self-exploration and insight (Weatherston & Barron, 2009) and results in higher quality of service and the potential for better outcomes for families (Heffron, 2005). In addition, it has been reasoned that regular access to a supportive, reflective supervisory relationship reduces provider burnout and may decrease staff turnover. Without appropriate supervision, a practitioner may struggle to make good clinical decisions when faced with deeply painful or distressing work with highly vulnerable infants and families. It may become increasingly difficult for the practitioner to keep thoughts and emotions in balance. In the absence of support, the provider may shut down and fail to respond appropriately to a needy infant and family or distance her- or himself when a more intense and nurturing relationship is needed or end the work too soon because it is too painful to continue. Conversely, a provider could become overwhelmed by her or his own emotions, resulting in response that ranges from overinvolvement with the baby or the parent to anger with a mother who is too young or not taking "good-enough care" of her baby.

To date, most research addressing reflection has been directed toward understanding, evaluating, and improving a parent's capacity to be reflective (i.e., to have thoughts and feelings about the infant or young child and to explore them within a therapeutic service). A significant amount of research now has supported theories linking reflective skills in parents with child outcomes, including the formation of a secure attachment (Fonagy & Target, 2005) and as playing a role in therapeutic efforts to remediate attachment problems (Sadler et al., 2006).

Some progress toward identifying components of reflective supervision can be found in work with non-mental-health provider groups such as infant and early childhood home visitors and early care providers (Gilkerson, 2004). This includes Emde's (2009) outline of dimensions of reflective supervision as implemented in a childcare environment: sharing and learning through observations of infants, toddlers, and their families to understand their strengths and vulnerabilities; emotional support and regulation; use of self as a tool for understanding others in relationship work; parallel process or systems sensitivity; attunement and scaffolding; empathy; a collaborative relationship for learning; and insightfulness or capacity to see from multiple points of view. Virmani and Ontai (2010) also found support for the use of reflective supervision in increasing the insightfulness or reflective capacity of childcare providers. These authors reported that opportunities for childcare staff to engage in reflection on their interactions with children allowed the staff to become aware of their own and the children's emotional experiences. In a more recent study, Virmani et al. (2013) suggested that there is some evidence that regularly scheduled reflective consultation supports more positive interaction between children in care and early care staff. In another example, Tomlin, Sturm, and Koch (2009) used survey methods to document that early intervention providers recognize reflective skills as important in their work with families. Gilliam and Shahar (2006) suggested that reflective consultation for teachers reduces the number of very young children expelled from early care and education settings.

This brief review highlights historical and current thinking about reflective supervision in the overarching context of infant mental health practice and provides an overview of available empirical information about reflective work in mental health as well as non-mental-health professions. Despite the wide range of clinical experiences, writings, presentations, and dialogues, no published studies to date have documented agreement by experts about definitions or core elements related to reflective supervision. As a result, there is no consensus regarding the components that are essential to an effective reflective supervisory process. In this article, we report the results of a survey designed to gain consensus from

a panel of experts and practitioners from a variety of disciplines about the defining components of reflective supervision. A consensus definition can lead to uniformity of practice, enhanced quality of service, and training specific to reflective supervision and evaluation, thus clarifying links between reflective supervision and best practice outcomes.

METHOD

The Delphi method (Linstone & Turoff, 1975) was used to identify critical elements of reflective supervision. This method provides a way to gather information and reach consensus about a topic without convening a face-to-face panel (Fish & Busby, 2005). A three-phase survey, beginning with expert participants' responses to open-ended questions in Phase 1 and developing more structured responses to identified items in Phases 2 and 3, thus building on participants' responses to each set of queries, was used. For each phase, data were collected using Dillman's (2007) survey method. The investigators contacted participants a total of five times in each phase: (a) a presurvey introductory letter, (b) a second letter including a survey booklet and a stamped and self-addressed envelope, (c) a follow-up thank you/reminder post card, (d) a fourth contact letter which included another copy of the survey and a stamped and self-addressed envelope, and (e) a fifth and final contact letter letting participants know that this was the last chance to continue participating in the study. Participants had the option to respond by return mail or via a web-based survey format for Phases 1 and 2, and by return mail only for Phase 3. Procedures for the study were reviewed and approved by the Institutional Review Board at Purdue University.

Participants

The three-part Dephi process was designed to query a group of experienced practitioners of reflective supervision from across North America. In recognition that the pool of potential candidates is relatively small, a goal of 50 potential participants was deemed realistic. The investigators generated a list of potential participants using personal contacts and knowledge of writers and speakers, and from other published literature. Criteria for selection included knowledge of and experience with reflective supervision as documented by publically accessible information available in the scholarly literature and through Internet searches. "Experts" included those who had published (a book, an article, or a chapter) or presented at professionals conferences about their experiences using reflective supervision. Some experts had experience providing reflective supervision or mentorship, individually or in groups, to mental health and non-mental-health professional working with infants, very young children, and their families identified as at high risk for social or emotional disturbances or delays.

Of those invited, 35 experts (70%) agreed to participate. The majority of respondents (85.2%) were female. Of participants reporting their educational backgrounds, 7.4% had 4-year degrees, 55.6% held master's degrees, 33.3% had doctoral de-grees, and 3.7% held other professional degrees. Nearly 60% (59.3%) reported having published articles or book chapters related to reflective supervision, 55.6% reported having presented at national conference/training venues, and 88.5% reported having presented at regional conference/training venues related to reflective supervision.

Survey Design

The investigators identified previously published material focusing on reflective supervision that included descriptions of the process, and then combined this information with their own experiences to develop nine open-ended questions to elicit information from the panel of experts related to the essential elements of reflective supervision (see Table 1). These questions were designed to gain participants' insights related to interpersonal elements of reflective supervision, skills, and/or capacities of supervisors; qualities and capacities of those receiving reflective supervision; behaviors of supervisors during a reflective supervision session; methods of communication; the supervisory setting; and the structure of a reflective supervision process.

Phase 1. The investigators independently reviewed and grouped participant responses into general categories. Following this process, the investigators integrated these responses, forming a consensus set of six distinct categories related to components of reflective supervision. The six categories identified through this process were (a) Qualities a Supervisor Demonstrates, (b) Behaviors a Supervisor Demonstrates, (c) Mutual Behaviors and Qualities, (d) Structure of Reflective Supervisory Session, (e) Process of Reflective Supervisory Session, and (f) Behaviors/Characteristics a Supervisee Demonstrates. Individual responses from the expert participants were reviewed, and similar items were collapsed to reduce duplications; this process yielded a total of 134 items, which were assigned to these six categories by the investigators (see Table 2).

Phase 2. Expert participants who responded to Phase 1 received a letter asking them to participate in the second phase of the Delphi study. The letter asked them to rate each of the 134 items for relevance to practice of reflective supervision using the following scale: 5 (*This is always essential*), 4 (*This is essential most of the time.*), 3 (*This is sometimes essential.*), 2 (*This is rarely essential.*), and 1 (*This is not at all essential.*) As in Phase 1, respondents answered using paper or a Web-based survey. Twenty-two participants completed surveys for Phase 2. The median ranking and interquartile range (IQR) were calculated for each survey item. The IQR provides an estimate of the level of consensus about the value of an item; smaller ranges on this measure indicate a greater degree of consistency in rating.

Phase 3. Expert participants who completed Phase 2 received another letter asking them to participate in the final phase of the data collection, reminding them of the purpose of the research, and

TABLE 1. *Phase 1 Open-Ended Questions*

Example Questionnaire Items
1. What are the key interpersonal elements of reflective supervision?
2. Are there specific skills or capacities that are required for a person to be able to be effective in providing reflective supervision?
3. Are there any specific behaviors, qualities, or capacities that would make a person more able to benefit from participating in reflective supervision?
4. Describe behaviors of supervisors that best exemplify reflective supervision.
5. What kinds of methods of communications are most beneficial within a reflective supervision relationship?
6. In infant mental health work, we talk about therapeutic stance. Describe the essential elements of the therapeutic stance of the effective provider of reflective supervision.
7. How would you describe the optimal setting for reflective supervision to occur?
8. Are there a particular structure and/or elements within a reflective supervision session that you would say are essential?
9. Are there essential nonverbal elements that characterize reflective supervision?

TABLE 2. *Reflective Supervision Consensus Categories and Examples*

Categories	Examples
1. Qualities a supervisor demonstrates during each reflective supervision session	Tolerant/Nonjudgmental Reliable and predictable A safe and confidential resource
2. Behaviors a supervisor demonstrates during each reflective supervision session	Attentive to supervisee Self-aware Observes skillfully
3. Mutual behaviors and qualities necessary for reflective supervision	Mutual respect Safe and confidential relationship Mutual professionalism
4. Structure of reflective supervision sessions	Private, quiet setting Regularly and consistently scheduled
5. Process of reflective supervision sessions	Supervisor encourages continuous learning and improvement
6. Behaviors a supervisee demonstrates in reflective supervisory sessions	Nondefensive stance Realistic expectations of supervision Ability to ask for help

reiterating the value of their continued participation and feedback. They were asked to complete a third survey that was individualized with the group medians and IQRs as well as their own personal scores for each item from the Phase 2 survey. Participants were asked to re-rate each item using the same 5-point scale that was utilized in Phase 2 and taking into account the responses of other experts. This process provided participants the opportunity to reevaluate their initial ratings in light of the responses of others, indicated by the medians and IQRs calculated for the entire sample. Given the complexity of the Phase 3 survey, respondents were only provided the opportunity to respond via a paper survey. Sixteen expert participants completed Phase 3 surveys.

RESULTS

Medians and IQRs for each of the 134 items were recalculated based on the Phase 3 responses. Tables 3 to 8 list all 134 items by category. Within each table, items are listed in rank order by (a) strength of the median response ranking and (b) IQR. The higher the ranking, the more the participants reported viewing the item as "essential" for reflective supervision. Smaller IQRs (0–0.5) indicate a greater degree of consensus among responding participants, as compared to larger IQRs (0.5–1), which indicate lower consensus. All items were ranked from 5 to 2; no items received a rating of 1 (*This is not at all essential.*)

Qualities a Supervisor Demonstrates

The Qualities a Supervisor Demonstrates category includes 37 characteristics that are part of a supervisor's sense of self or that describe "how the supervisor is" in the context of the reflective supervision relationship (see Table 3). Representative responses include describing the supervisor as *compassionate*, *tolerant/nonjudgmental*, *self-reflective*, and *reliable and predictable*. This category had the most items overall and the most items rated as "always essential" ($n = 15$) or "essential most of the time" ($n = 19$). Furthermore, there was high consensus about the importance of the items, given that the IQR of 22 of the items in these two groups was 0. Within the items ranked as "always essential," 12 of 15 (80%) attained high consensus, and in the items ranked as "almost always essential," 52% had high agreement.

Behaviors a Supervisor Demonstrates

Participants identified 25 supervisor behaviors that facilitate reflection, such as *remaining attentive*, *engaged*, and *thoughtful* and *being self-aware and curious* (see Table 4). Of these, 10 statements were endorsed as always essential ($Mdn = 5$); 8 (80%) of these were rated with high consensus (IQR = 0). In addition, 11 more statements were endorsed with medians of 4; of these, 6 (54%) were rated with high consensus (IQR = 0).

Mutual Behavior and Qualities

This category included 22 elements that characterize the mutual nature of reflective supervision (see Table 5). The majority of the items included the term *both parties* or specifically included the words *supervisor and supervisee*, indicating that the behavior or quality was expected or important for each participant. Of these 22 items, 6 were identified as always essential ($Mdn = 5$). Three of the items rated as always essential (50%) were ranked with

TABLE 3. *Qualities a Supervisor Demonstrates*

Mdn	IQR	Item
5	0	Supervisor is compassionate.
5	0	The supervisor is tolerant/nonjudgmental during and after session.
5	0	The supervisor is self-reflective.
5	0	The supervisor appreciates parallel process.
5	0	The supervisor is reliable and predictable.
5	0	The supervisor understands the importance of relationship to health and growth.
5	0	The supervisor is a safe and confidential resource.
5	0	The supervisor can say "I don't know."
5	0	The supervisor is able to hold ambivalence during session.
5	0	The supervisor is interested in helping supervisee to develop new skills.
5	0	The supervisor listens carefully at all times.
5	0	The supervisor communicates warmth to supervisee.
5	.75	The supervisor has a sense of humility.
5	1	The supervisor expresses a sense of caring for others.
5	1	The supervisor maintains hope during and after sessions.
4	0	The supervisor is self-confident.
4	0	The supervisor explores challenging issues.
4	0	The supervisor has exceptional communication skills (verbal and nonverbal).
4	0	The supervisor has clear expectations of the supervisee.
4	0	The supervisor sometimes remains quiet.
4	0	The supervisor has an appropriate sense of humor.
4	0	The supervisor enters into healthy relationships.
4	0	The supervisor balances different items/perspectives.
4	0	The supervisor clarifies vague ideas.
4	0	The supervisor is nonintrusive.
4	.75	The supervisor is mature.
4	.75	The supervisor relates current issues with past experiences.
4	.75	The supervisor responds with support during session.
4	.75	The supervisor asks supervisee questions.
4	1	The supervisor uses an array of information/ knowledge/skills to enrich session.
4	1	The supervisor is flexible and adaptive.
4	1	The supervisor has prior experience with therapy and/or supervision.
4	1	The supervisor has provided direct services.
4	1	The supervisor can be analytical.
3	.75	The supervisor uses an array of communication styles.
3	1	The supervisor uses conflict resolution skills.
3	1	The supervisor is knowledgeable about research.

IQR = Interquartile range.

TABLE 4. *Behaviors a Supervisor Demonstrates During Each Session*

Mdn	IQR	Item
5	0	The supervisor remains attentive to supervisee.
5	0	The supervisor is self-aware.
5	0	The supervisor observes skillfully.
5	0	The supervisor remains engaged.
5	0	The supervisor is curious.
5	0	The supervisor remains thoughtful.
5	0	The supervisor stays open to supervisee.
5	0	The supervisor minimizes distractions during session.
5	.75	The supervisor demonstrates self-control.
5	1	The supervisor maintains perspective.
4	0	The supervisor facilitates but does not control the session.
4	0	The supervisor acknowledges supervisee's affect.
4	0	The supervisor remembers information being shared.
4	0	The supervisor provides a relaxed setting.
4	0	The supervisor assumes the best intentions of supervisee.
4	0	The supervisor remains calm.
4	.75	The supervisor takes appropriate time to respond.
4	.75	The supervisor is patient.
4	.75	The supervisor can "just be there" for supervisee.
4	1	The supervisor takes other perspectives.
4	1	The supervisor is collaborative with supervisee.
3	1	The supervisor challenges supervisee.
3	1	The supervisor is persistent.

IQR = Interquartile range.

quiet) and the schedule of supervision (*regular*, *consistent*). This category produced two "always essential" items, both of which had high consensus (IQR = 0), but only three more statements with a median score of at least 4, and all of these had low consensus (IQR > .5).

Process of Reflective Supervision Session

Twenty-six items were included in the Process of Reflective Supervision category, but consensus was low, as only 8 of these had an IQR of 0 (see Table 7). Only three items were rated as always essential, and of these, only one, "Session maintains an environment that encourages continuous learning and improvement," was rated with high consensus (IQR = 0). Fifteen items were ranked as essential most of the time, and just under half of these (47%) were rated with high consensus (IQR = 0). One item, "Written communication is maintained between sessions," was rated as having little importance (2), and this perception was widespread, as the IQR was 0.

Behaviors/Characteristics a Supervisee Demonstrates

Only 10 items were identified as related to the behaviors and characteristics that supervisees should demonstrate during the reflective experience (see Table 8). The items included descriptions of supervisee behaviors and qualities that would be advantageous when

high consensus (IQR = 0). Another 16 statements had medians of 4 (*essential most of the time*). Within this category, 5 statements (31%) were identified consistently among participants (IQR = 0).

Structure of Reflective Supervision Sessions

Sixteen items related to the physical and logistical aspects of performing reflective supervision make up this category (see Table 6). The category included statements about the environment (*private*,

TABLE 5. *Mutual Behaviors and qualities necessary for Reflective Supervision*

Mdn	IQR	Item
5	0	Both parties exhibit mutual respect.
5	0	A safe/confidential relationship is maintained between supervisor and supervisee.
5	0	Mutual respect for professionalism is maintained during the session.
5	.75	Both parties are dependable participants.
5	1	Mutual openness/honesty is observed by both supervisee and supervisor.
5	1	Both parties remain thoughtful and mindful.
4	0	Both parties maintain mutual trust for the duration of their relationship.
4	0	Both parties share power in their partnership.
4	0	There is a goodness of fit between parties.
4	0	Supervisor and supervisee share attention to process and content during session.
4	0	Both parties maintain a mutual willingness to embark on a shared journey.
4	.75	Both parties maintain mutual listening skills.
4	.75	Both parties maintain a shared attention to "not knowing" during session.
4	.75	Both parties place an emphasis on the relationship process.
4	1	Both parties maintain mutual attention to posture and body language of one another.
4	1	Both parties maintain mutual self-awareness during the session.
4	1	Both parties actively engaged in presenting to the other.
4	1	Mutual empathy is maintained by supervisor and supervisee.
4	1	Both parties maintain a mutual capacity to wonder.
4	1	Both parties set the goals and agenda for the session.
4	1	Eye contact between is maintained by supervisor and supervisee during session.
4	1	Both supervisor and supervisee retain the information provided during session.

IQR = Interquartile range.

TABLE 6. *Structure of Reflective Supervision Session*

Mdn	IQR	Item
5	0	Session should be conducted in a private, quiet space.
5	0	Session should be both regularly and consistently scheduled.
4	.75	Relaxing, calm, and comfortable environment should be provided for the session.
4	1	Face-to-face contact is maintained for supervision sessions.
4	1	Appropriate dress/demeanor is maintained during session.
3	0	Telephone-based contact is used for supervision sessions.
3	0	Group setting can be used for supervision sessions.
3	.75	E-mail/telephone communication is used as needed.
3	1	Reflective supervision should utilize videotaped sessions.
3	1	Reflective supervision should be done on an individual basis.
2	.75	Session convened in natural light.
2	1	Something from "nature" is visible during session.
2	1	Office setting used for sessions.
2	1	Socratic method is used during sessions.
2	1.5	Video clip discrepancy analysis is used during sessions.
2	1.5	Both parties have access to food/drink during session for either party.

IQR = Interquartile range.

In general, participants seemed to place the highest importance on the Qualities That a Supervisor Demonstrates*;* this category had the largest number of total items, the largest number of items rated as always essential, and the largest number of items with high consensus. When describing important personal attributes, participants described the optimal reflective supervisor as one who is attentive, self-aware/self-reflective, able to observe skillfully, curious and engaged, compassionate, tolerant, and nonjudgmental. In addition, the category Behaviors a Supervisor Demonstrates During Each Session seemed important to the participants. Although participants identified fewer total items within this theme, the items had high consensus for items ranked as always essential. Across the two themes, 80% of the items rated as always essential showed high agreement. Overall, participants in this study identified behaviors and characteristics of supervisors that are congruent with past observations about the importance and centrality of trust, safety, and confidentiality or security in the supervisory relationship (Weigand, 2007).

Across categories, behaviors and qualities of the supervisor that would support the supervisee's learning through focused attention on the supervisee and the supervisee's experience were noted. Representative responses include "The supervisor remains attentive to the supervisee," "Supervisor stays open to the supervisee," "Supervisor minimizes distractions," "Supervisor listens carefully at all times," "Session maintains an environment that encourages continuous learning and improvement," and the "Supervisor is interested in helping the supervisee develop new skills." A variety of items in different categories refers to the supervisor–supervisee relationship, partnership, and collaboration.

Many categories also included concepts related to the importance of a sense of wonder, openness, and exploration. For

involved in reflective supervision, such as having a *nondefensive stance*, *realistic expectations*, *ability to ask for help and to participate in collaboration*, and *being introspective and self-aware*. None of the items were ranked as "always essential" items; however, eight items were ranked with median of 4 (almost always essential), 75% with an IQR of 0.

DISCUSSION

This article presents the results of an initial effort to seek consensus among expert academicians and master clinicians regarding the critical elements that define the practice of reflective supervision. The results generated by this survey study include a set of six overarching categories related to reflective supervision as well as specific supervisor behaviors, qualities, and characteristics; supervisee behaviors; and descriptions of the structure and process of reflective supervision sessions that offer some consensus support for what reflective supervision entails and how it is experienced.

TABLE 7. *Process of Reflective Supervision Session*

Mdn	IQR	Item
5	0	Session maintains an environment that encourages continuous learning and improvement.
5	.75	Sessions include open-ended questions from supervisor.
5	1	Session language encourages deeper thinking and exploration.
4	0	The session focuses on understanding what is happening, not solving problems.
4	0	Other work-related topics do not dominate talk during sessions.
4	0	Sessions include celebrating achievement.
4	0	Supervisee has time to transition at the end of the session.
4	0	Clear communication is maintained by both parties during the session.
4	0	Next steps are discussed before ending the session.
4	0	Communication is used to open space and broaden perspective.
4	.75	The session is closed thoughtfully.
4	.75	Sessions are well-paced.
4	1	A date is set for the next session before ending.
4	1	Exploration and opening are included in the sessions.
4	1	Sessions include analysis of information.
4	1	Sessions have an agreed-upon frequency.
4	1	Direct inquiry from both parties is included during session.
4	1	Sessions have clear start and stop times.
3	0	Sessions involve problem solving.
3	0	Sessions include descriptive facial expressions by the supervisor.
3	0	Ongoing and regular communication is maintained between sessions.
3	.75	Mirroring is used during communication.
3	.75	Supervisor summarizes from last session at the beginning of the session.
3	.75	Session involves summary of information by both parties at the end of session.
3	1.75	Both parties set an agenda for session.
2	0	Written communication is maintained between sessions.

IQR = Interquartile range.

TABLE 8. *Behaviors a Supervisee Demonstrates in Reflective Supervision Session*

Mdn	IQR	Item
4	0	The supervisee has a nondefensive stance.
4	0	The supervisee has realistic expectations of benefits from supervision.
4	0	The supervisee is able to ask for help.
4	0	The supervisee enjoys and is willing to partake in collaboration.
4	0	The supervisee is introspective and self-aware.
4	0	The supervisee is open to suggestions and input from supervisor.
4	.75	The supervisee is curious.
4	.75	The supervisee is willing to take risks and try new things.
3	0	The supervisee has a need to be protected during session.
3	1	The supervisee has an appropriate sense of humor.

IQR = Interquartile range.

example, good agreement that a session should focus on *understanding what is happening, not solving problems* was rated as almost always essential. Furthermore, participants reported the value of the supervisor's ability to hold ambivalence, to remain curious, and to say "I don't know;" the supervisee's capacity for insight, self-reflection, and openness to input from the supervisor, and both parties' ability to attend to the process and content of the session. These notions align well with previous descriptions of reflective supervision as offering a space for the exploration of thoughts and feelings, personal and professional, within the supervisory relationship (Weatherston & Barron, 2009).

Perhaps because the focus of the study was on the opinions of supervisors, relatively little emerged regarding characteristics of those supervised. Fewer items were generated, as compared to the other themes, and of those, none were rated as always essential. However, the majority of the items generated were rated with a score of 4 (almost always essential); of these, most had an IQR of 0, indicating a high level of consensus. Therefore, although not considered always essential, there is fairly good agreement about several behaviors that a supervisee "almost always" should demonstrate to be able to engage in reflective supervision. Identified supervisee behaviors are similar to those endorsed for supervisors, including behaviors related to being open, collaborative, and self-aware. Other important behaviors for supervisees included being nondefensive, having realistic expectations about supervision, and being able to ask for help. Future efforts may address the perspective of supervisees and novice (i.e., nonexpert) practitioners and compare their perspective with that of supervisors.

In contrast to low identification of items specific to supervisees, participants identified the second-largest number of total items in the theme of *mutual behaviors* demonstrated by both supervisors and supervisees. The focus on mutual behaviors may reflect the general emphasis on reflective supervision as a learning relationship. About half of the items were consistently rated as always essential. Although a larger number was consistently rated as almost always essential, only about 31% of these had high agreement. Items in this category endorsed with consensus involved discussion of safety and trust, respect, and sharing of attention, power, and the "journey" within the relationship. These concepts appear similar to a view of reflective supervision as a shared process that provides opportunities to examine emotionally significant events (Schafer, 2007).

Regarding the structure of reflective supervision, participants in this study rated as always essential and with high agreement that sessions should be *regular and consistent* and conducted in a *private, quiet space*. This finding is congruent with the triad of "regularity, collaboration, and reflection" (Fenichel, 1992, p. 9), an often-cited and practical framework for practicing reflective supervision. Furthermore, the present study identified many items as important to the process of supervision sessions, with one item consistently rated as always essential: "Session maintains an environment that encourages continuous learning and improvement." This statement is very consistent with a well-known description of reflective supervision as "a relationship for learning"

(Shahmoon-Shanok, 2006, p. 343). In addition, two items highlighted the importance of communication and were consistently rated as almost always essential: "Clear communication is used to open space and broaden perspective" and "Clear communication in maintained by both parties during the session." In the present study, the structure and process of sessions were considered separately from each other and from characteristics and behaviors of the supervisor; however, structural aspects of the supervision session and the supervisory relationship may be better understood when considered as interwoven. Regularity, for example, may refer to the predictable scheduling and reliable occurrence of meetings, but also to the consistency of the supervisor and the supervisory relationship itself (Weatherston & Barron, 2009). Both regularity of meeting times and consistency in the behavior of the supervisor are likely to contribute to the supervisee's growing sense of reflective supervision as safe.

Some additional items in this category seem similar to the steps or phases that have been proposed by others (e.g., Atchley, Hall, Martinez, & Gilkerson, 2009; Gilkerson & Shahmoon-Shanok, 2000). These include: "Supervisee has time to transition at the end of the session" and "Next steps are discussed before ending the session." Overall, there appears to be less agreement about the exact structure and especially process of sessions, as compared to higher levels of agreement about concepts related to supervisor characteristics and behavior. It could be that the participants were more attuned to interpersonal behaviors than they were to concrete factors such as space. Newer or less traditional practices incuding group supervision or interactions that are not in person (e.g., via telephone, e-mail, or video) also had lower agreement, perhaps because they may be used less often than conventional face-to-face sessions, leading to less familiarity for some respondents.

The study has some of weaknesses, including those common to survey studies in general. For example, although the participation rate of 70% for Phase 1 was acceptable, there was considerable attrition across the three phases, resulting in fewer than 50% retention of the initial pool of experts. This reduction in participation occurred despite using the five-step survey procedure designed to maximize participation. Some factors that could have contributed to the attrition include the amount of time that had passed between phases and the necessary repetitive nature of the process. In future studies using this method, a shorter time between phases could increase participation. Because there was little difference between the results of the Phase 2 and the Phase 3 rankings, the third step could be modified or even eliminated in future studies, which also might improve participant retention.

The study also has limitations related to the sample composition. Specifically, the sample was disproportionately female and potentially could be strengthened by the inclusion of more males. The present study assessed the opinions of a small group of "experts" in the field. The same type of study involving "non-expert" practitioners should be undertaken to validate the findings derived from experts. In addition, future studies should collect data required to assess differences between participants who are in academic positions as compared to those who are primarily practitioners. Larger samples could allow for examination of potential associations between other participant characteristics such as years of experience, ethnicity, area of practice, types of training in reflective supervision, and overall view of reflective supervision.

This survey asked respondents to comment on "reflective supervision" in a global sense, not to discuss their behavior as it might be with specific supervisees or at certain stages of the supervisor–supervisee relationship. Discussion about how supervision changes as the relationship grows has begun to appear in the clinical and applied literature (Weatherston & Barron, 2009). Future studies could have participants respond to questions tagged to different stages in the supervisory relationship. For example, there may be differences between how the supervisor approaches sessions when the relationship is new as compared to how the supervisor may respond when the relationship is established. Supervisors may make different decisions about what qualities, behaviors, practices, or expectations are important relative to the supervisee's level of experience or other supervisee attributes.

Summary and Implications for the Future

In the 100 years since Freud introduced psychoanalysis to the scientific community, mental health practices and beliefs about supervision have changed dramatically. This is particularly evident in the field of infant mental health, where reflection is considered to be the hallmark of best practice with families and of equal importance to the supervisory process (Gilkerson, 2004; Weatherston & Osofsky, 2009). Furthermore, many other disciplines, including many in the infant and early childhood field, also have embraced reflective practices and reflective supervision (Emde, 2009; Gilkerson, 2004; Virmani & Ontai, 2010). However, although belief in and implementation of reflective practice has grown, evidence supporting its effectiveness has not kept pace. This is critical now, as at both state and federal levels of successful funding hinge on evidence that reflective functioning and supervision are indeed effective. A first step requires that the field identify core components of reflective supervision. Once core components are identified and agreed upon, measures can be developed that allow reflection to be observed and quantified in the course of supervisory relationships as well as incorporated into more effective training and education programs across many disciplines. Eventually, it will be possible to conduct studies that address issues related to quality, effectiveness, and costs of reflective supervision on outcomes related to clients. Although there is much more to explore, this study marks an initial step in reaching consensus around essential components of reflective supervision in preparation for an evaluation of the reflective supervision process.

REFERENCES

Atchley, T., Hall, S., Martinez, S., & Gilkerson, L. (2009). What are the phases of the reflective supervision meeting? In S.S. Heller & L. Gilkerson (Eds.), A practical guide to reflective supervision (pp. 83–98). Washington, DC: ZERO TO THREE Press.

Dewald, P. (1987). Learning process in psychoanalytic supervision: Complexities and challenges. Madison, CT: International Universities Press.

Dillman, D. (2007). Mail and internet surveys: The tailored design method. Hoboken, NJ: Wiley.

Eggbeer, L., Mann, T., & Seibel, N. (2007). Reflective supervision: Past, present, and future. ZERO TO THREE Journal, 28(2), 5–9.

Eggbeer, L., Shahmoon-Shanok, R., & Clark, R. (2010). Reaching toward an evidence base for reflective supervision. ZERO TO THREE Journal, 31(2), 39–50.

Emde, R. (2009). Facilitating reflective supervision in an early child development center. Infant Mental Health Journal, 30(6), 664–672. doi:10.1002/imhj.20235

Fenichel, E. (1992). Learning through supervision and mentorship to support the development of infants, toddlers, and families: A source book. Arlington, VA: ZERO TO THREE Press.

Freud, S. (1909). Analysis of a phobia of a five year old boy. In The Pelican Freud Library (1977), Vol. 8 Case Histories 1 (pp. 169–306). London: Penguin.

Fish, L., & Busby, D. (2005). The Delphi method. In D. Sprenkle & F. Piercy (Eds.), Research methods in family therapy (pp. 238–253). New York: Guilford Press.

Fleming, J., & Benedek, T. (1966). Psychoanalytic supervision: A method of clinical teaching. New York: International Universities Press.

Fonagy, P., Steele, H., Moran, G., Steele, M., & Higgitt, A. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. Infant Mental Health Journal, 13, 200–217.

Fonagy, P., & Target, M. (2005). Bridging the transmission gap: An end to an important mystery of attachment research? Attachment & Human Development, 7(3), 333–343. doi:10.1080/14616730500269278

Fraiberg, S. (1980). Clinical studies in infant mental health: The first year of life. New York: Basic Books.

Gilkerson, L. (2004). Reflective supervision in infant/family programs: Adding clinical process to non-clinical settings. Infant Mental Health Journal, 25(5), 424–439.

Gilkerson, L., & Shahmoon-Shanok, R. (2000). Relationships for growth: Cultivating reflective practice in infant, toddler, and preschool programs. In J. Osofsky & H. Fitzgerald (Eds.), WAIMH handbook of infant mental health: Early intervention, evaluation and assessment, Vol. 2 (pp. 34–79). New York: Wiley.

Gilliam, W., & Shahar, G. (2006). Preschool and childcare expulsion and suspension: Rates and predictors in one state. Infants and Young Children, 19(3), 228–245. doi:10.1097/00001163-200607000-00007

Heffron, M.C. (2005). Reflective supervision in infant, toddler, and preschool work. In K. Finello (Ed.), The handbook of training and practice in infant and preschool mental health (pp. 114–136). San Francisco: Jossey-Bass.

Heffron, M.C., & Murch, T. (2010). Reflective supervision and leadership in early childhood programs. Washington, DC: ZERO TO THREE Press.

Hoffman, I. (1992). Some practical implications of a social-constructivist view of the psychoanalytic situation. Psychoanalytic Dialogues, 2, 287–304.

Horney, K. (1930). The establishment of the educational program: On organization, Zehn Jahre Berliner Psychoanalytisches Institute (pp. 48–52). Vienna: Internationaler Psychoanalytischer Verlag.

Jacob, D., David, P., & Meyer, D.J. (1998). The supervisory encounter: A guide for teachers of psychodynamic psychotherapy and psychoanalysis. New Haven, CT: Yale University Press.

Kadushin, A. (1976). Supervision in social work (3rd ed.). New York: Columbia University Press.

Kohut, H. (1971). The analysis of the self. New York: International Universities Press.

Linstone, H., & Turoff, M. (Eds.). (1975). The Delphi method: Techniques and applications. Reading, MA: Addison-Wesley.

Michigan Association for Infant Mental Health. (n.d.). Best Practice Guidelines for Reflective Supervision/Consultation. Retrieved October 25, 2013 http://www.mi-aimh.org/reflective-supervision

Neilsen Gatti, S., Watson, C., & Siegel, C. (2011). Step back and consider: Learning from reflective practice in infant mental health. Young Exceptional Children, 14(2), 32–45.

Oppenheim, D., & Koren-Karie, N. (2002). Mothers' insightfulness regarding their children's internal worlds: The capacity underlying secure child–mother relationships. Infant Mental Health Journal, 23(6), 593–605.

O'Rourke, P. (2011). The significance of reflective supervision for infant mental health work. Infant Mental Health Journal, 32(2), 165–173.

Parlakian, R. (2001). Look, listen, and learn: Reflective supervision and relationship-based work. Washington, DC: ZERO TO THREE.

Robinson, V. (1936). Supervision in social casework. Chapel Hill: University of North Carolina Press.

Sadler, L.S., Slade, A., & Mayes, L.C. (2006). Minding the baby: A mentalization-based parenting program. In J.G. Allen & P. Fonagy (Eds.), Handbook of mentalization-based treatment (pp. 271–288). New York: Wiley.

Schafer, W. (2007). Models and domains of supervision and their relationship to professional development. ZERO TO THREE Journal, 28(2), 10–16.

Shahmoon-Shanok, R. (2006). Reflective supervision for an integrated model: What, why and how? In G. Foley & J. Hochman (Eds.), Mental health in early intervention (pp. 343–381). Baltimore: Brookes.

Siegel, D. (2007). The mindful brain: Reflection and attunement in the cultivation of well-being. New York: Norton.

Stern, D. (1998). The motherhood constellation: A unified view of parent–infant psychotherapy. London: MPG Books.

Tomlin, A., Sturm, L., & Koch, S. (2009). Observe, listen, wonder, and respond: A preliminary exploration of reflective function skills in early care providers. Infant Mental Health Journal, 30(6), 634–647. doi:10.1002/imhj.20233

Virmani, E., Masyn, K., Thompson, R., Conners-Burrow, N., & Mansell, L. (2013). Early childhood mental health consultation: Promoting change in the quality of teacher–child interactions. Infant Mental Health Journal, 34(2), 156–172.

Virmani, E., & Ontai, L. (2010). Supervision and training in child care: Does reflective supervision foster caregiver insightfulness? Infant Mental Health Journal, 31(1), 16–32.

Wallerstein, R. (1981). Becoming a psychoanalyst: A study of psychoanalytic supervision. New York: International Universities Press.

Weatherston, D., & Barron, C. (2009). What does a reflective supervisory relationship look like? In S. Heller & L. Gilkerson (Eds.), A practical guide to reflective supervision (pp. 61–80). Washington, DC: ZERO TO THREE Press.

Weatherston, C., & Osofsky, J. (2009). Working within the context of relationships: Multidisciplinary, relational, and reflective practice, training, and supervision. Infant Mental Health Journal, 25, 424–439.

Weatherston, D., Weigand, R.F., & Weigand, B. (2010). Reflective supervision: Supporting reflection as a cornerstone for competency. ZERO TO THREE Journal, 31(2), 22–30.

Weigand, R. (2007). Reflective supervision in child care: The discoveries of an accidental tourist. ZERO TO THREE Journal, 28(2), 17–22.