Reflective Supervision

What We Know and What We Need to Know to Support and Strengthen the Home Visiting Workforce—Executive Summary

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Supporting and Strengthening the Home Visiting Workforce (SAS-HV) Phase 1 Final Report

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Executive Summary

Introduction

Reflective supervision was developed in response to an identified need to support providers who work closely with families with young children.[1] Reflective supervision is thought to assist providers in developing important competencies[2–4] while also helping them manage the complexity of relationships and powerful emotions that often accompany the work.[1,5] If implemented well and over time, reflective supervision may improve service quality, staff retention, and family outcomes.[6] Consequently, most evidence-based home visiting models and funders, such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, encourage the use of reflective supervision.[7]

Given the wide acceptance of reflective supervision as a conceptually sound approach, the home visiting field needs a clear and agreed-upon definition of *reflective supervision* and an understanding of key elements and best practices that are most relevant and useful in the home visiting context.[4,8] In addition, the field needs evidence that reflective supervision is effective in achieving its intended outcomes and an understanding of which specific elements of reflective supervision affect which outcomes, and under which conditions.

The Supporting and Strengthening the Home Visiting Workforce project seeks to identify gaps in knowledge about reflective supervision and develop a conceptual model to support future research, policy, and practice.[i] The Office of Planning, Research, and Evaluation in collaboration with the Health Resources and Services Administration awarded the contract to James Bell Associates, in partnership with Johns Hopkins Bloomberg School of Public Health, MDRC, and the University of Colorado Denver.

This report summarizes findings from a review of existing literature on reflective supervision within home visiting and adjacent fields; presents a conceptual model of reflective supervision in home visiting; and includes a scan of existing materials to promote or assess reflective supervision.

Primary Research Questions

The project addressed five guiding questions:

1. How does the literature define reflective supervision? What are key elements of reflective supervision? What are gaps in existing research?

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[i] The project also focuses on home visitor professional well-being, which will be presented in a separate report.

2. What factors promote reflective supervision in home visiting and related fields?

3. How does reflective supervision affect home visiting outcomes?

4. What trainings, resources, and strategies are in use within home visiting and related fields to promote reflective supervision? What are gaps in existing trainings, resources, and strategies?

5. How do researchers and practitioners measure reflective supervision? What are gaps in existing measures?

Methods

Key project tasks include a literature review, the development of a conceptual model, and an environmental scan of existing materials on reflective supervision.

The project team ("we") completed a literature review to understand how home visiting and adjacent fields, such as infant mental health and child welfare, address aspects of reflective supervision (see box). We reviewed 53 sources, including journal articles and relevant gray literature.

To develop a conceptual model of reflective supervision, we used literature review findings, an analysis of existing conceptual models and relevant theories, as well as ongoing engagement with local program staff, MIECHV awardees, Tribal MIECHV grantees, home visiting model representatives, training and technical assistance (TA) providers, and project consultants.

Last, we conducted an environmental scan to understand the current state of the field with respect to the availability and characteristics of trainings, resources, and measures ("materials") related to reflective supervision (see box). We also explored how existing materials align with the newly developed conceptual model of reflective supervision.

Literature Review Steps

1. Systematic searches of scholarly databases

2. Searches of reference lists of included articles identified in database searches

3. Targeted search of gray literature, such as home visiting reports and MIECHV state-led evaluation reports

4. Input from local program staff, home visiting model representatives, training and professional development providers, and project consultants

Environmental Scan Steps

1. Public call for information about relevant materials

2. Targeted website searches of 18 relevant organizations, entities, and efforts

3. Series of web-based searches using predetermined search terms

4. Exploration of relevant materials identified in the literature review

Key Findings and Highlights

Literature Review Findings

Findings suggest that there is no clear and agreed-upon definition of *reflective supervision* that specifies key elements and is supported by research evidence. Although definitions commonly emphasize the importance of regularity, collaboration, reflection, and the relationship between the supervisor and supervisee, they vary in the extent to which they specify key elements and goals of reflective supervision. The literature described elements of reflective supervision related to the supervisory relationship, structure and modes of delivery, areas of focus within sessions, reflective process, and supervisor techniques.

Very limited research exists on reflective supervision—both within and beyond home visiting. Much of the literature is conceptual, and existing research is descriptive or correlational, limiting our ability to make causal inferences about reflective supervision's impact on staff, program, or family outcomes. There is also limited research on influential contextual factors, strategies, and resources that may support or hinder the implementation or effectiveness of reflective supervision.

Reflective supervision is assumed to promote home visiting fidelity and quality—and, subsequently, improved family outcomes—but there is little research to support this notion. Results from a few studies suggest that reflective supervision may enhance supervisee self-efficacy, reflective practice, and job satisfaction; however, because no studies used a control or comparison group, we cannot say for certain that reflective supervision caused improvements in outcomes more than other factors did, such as time or experience on the job.

Conceptual Model Highlights

We developed a conceptual model that places reflective supervision within a complex home visiting system (exhibit ES.1). The model describes how factors throughout this system might influence the implementation or effectiveness of reflective supervision. The key elements of reflective supervision fall into five categories: (1) *supervisory relationship,* (2) *structure and mode of delivery,* (3) *focus within the session,* (4) *reflective process,* and (5) *supervisor techniques.* The model shows how key elements are expected to contribute to a series of outcomes for staff, programs, and families; the model also shows that reflective supervision's effectiveness in achieving intended outcomes likely depends on the extent to which organizations and staff implement and engage fully in the practice. The model offers a framework for thinking about reflective supervision in home visiting, provides a starting point for determining reflective supervision quality, and may be useful for identifying or developing evidence-informed strategies and resources to support implementation.

Exhibit ES.1. Conceptual Model of Reflective Supervision
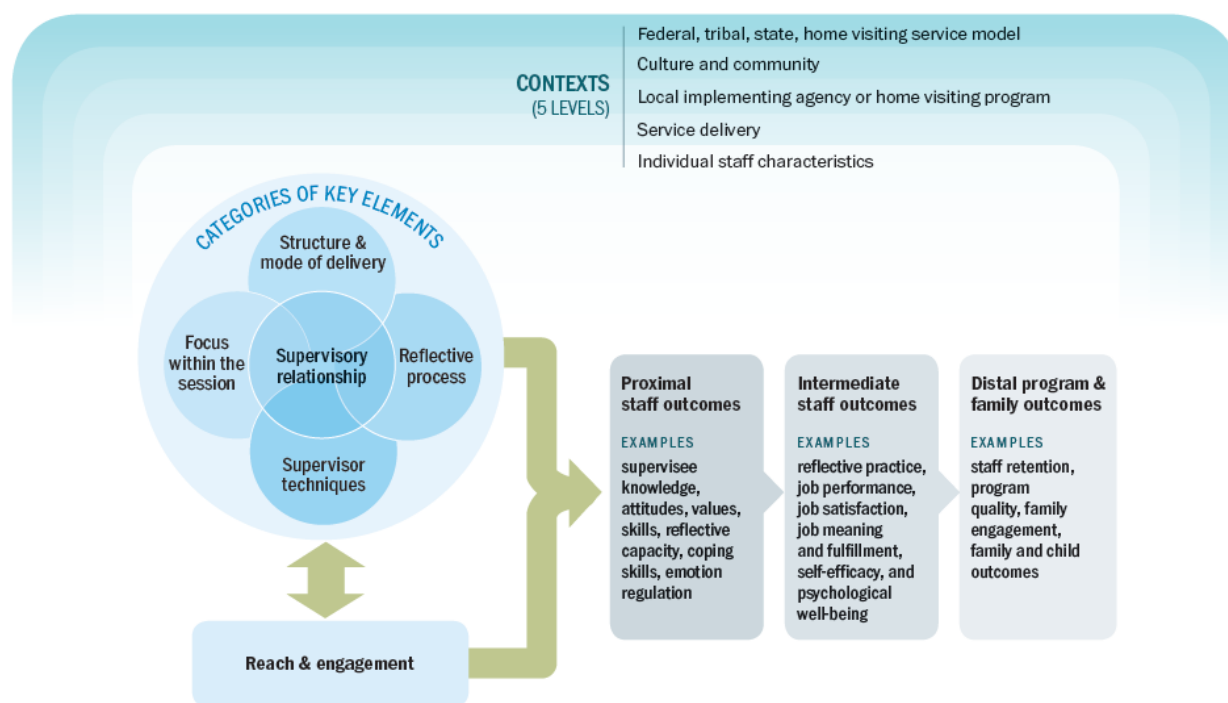
Environmental Scan Findings

We identified 41 existing trainings, several of which are intended to be supplemented with related strategies such as coaching, mentoring, or participation in a community of practice. Beyond trainings, we found an array of resources that vary in depth and breadth of information; examples include books, manuals, guidelines, and websites. We identified 11 self-report and observational measures that aimed to evaluate a wide range of elements of reflective supervision, although none have been well validated. All materials supported elements within at least one of the categories described in the conceptual model; most spanned several of them. Most materials were developed for home visiting.

Recommendations

The home visiting field needs an agreed-upon definition of *reflective supervision* that specifies key elements and is supported by research evidence. Ideally, a definition would incorporate the perspectives of home visiting practitioners, researchers, and policymakers—to ensure that its elements are feasible, acceptable, relevant, and useful in the home visiting context.

The home visiting field needs validated measures of reflective supervision for research and practice. Measures are needed to assess reflective supervision implementation quality; to examine

change in quality over time in response to interventions; and to test whether and how reflective supervision is associated with intended outcomes. Measures should be acceptable, feasible, and useful for diverse communities and workforce populations.

The newly developed conceptual model of reflective supervision should be further specified and tested using methods that prioritize the perspectives of home visiting practitioners. In particular, there is a need for research to identify elements of reflective supervision that drive change in specific outcomes while taking into account context and the diverse strengths and needs of the home visiting workforce. Rigorous study designs and methods are needed to identify the pathways through which reflective supervision achieves proximal, intermediate, and distal outcomes. Because the home visiting workforce is diverse, future efforts should aim to understand which elements of reflective supervision work best for whom and in what contexts.

Trainings in reflective supervision must be rigorously designed and evaluated. Training developers should state clear and realistic goals, use training methods that are likely to help achieve those goals (e.g., methods that are consistent with principles of adult learning and training transfer), and evaluate fidelity of training implementation and outcomes. Ideally, training evaluations would use valid measures and rigorous designs, such as those that include a control or comparison group.

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