

Understanding and Improving Supervision through Observation

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HARC COLLABORATIVE SCIENCE OF HOME VISITING MEETING

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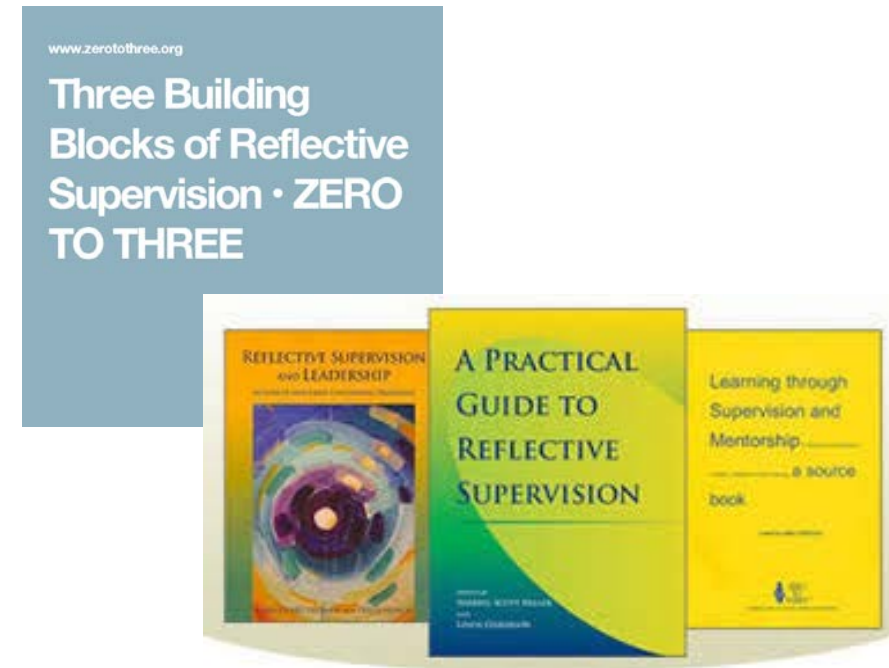
Supervision: An Essential Element of HV

Functions of supervision (Kadushin, 2002)

- Management/administration
- Professional development
- Support

Models of supervision

- Model or content driven
- Developmental
- Reflective
- Integrative



Questions for the Field

1. What are characteristics of supervision in home visiting?
 - Content and process
 - Frequency and duration
 - Preparation and support for supervisors & supervisees
2. What are the active ingredients of high quality supervision?
3. Does high quality supervision promote better HV outcomes?
4. How can we teach and support high quality supervision?



Content and Process of Supervision in Home Visiting

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JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH



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of PUBLIC HEALTH

Population, Family and
Reproductive Health



MARYLAND
Department of Health

Context

RCT of training to enhance home visitors' and supervisors' skills in addressing sensitive topics

- Mental health
- Partner violence
- Substance use
- Concerns about parenting
- Cultural differences

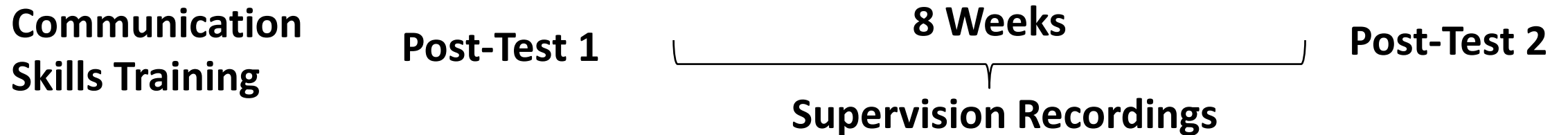
- Training had positive impacts on home visitors' skills
- Impacts were attenuated 2 months post-training
- **Question: *Were skills reinforced in supervision?***

Aims

1. Describe supervision
 - Content
 - Process
2. Assess extent to which supervisors reinforced skills learned in the training

Method

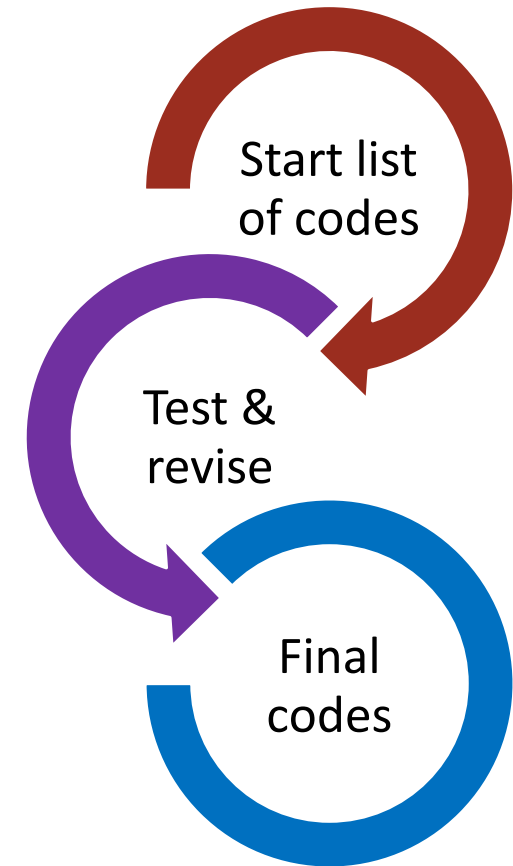
1. Audio recordings of supervision for all RCT participants
 - HV-Supervisor dyads from 9 HFA and EHS programs
 - Recorded 8 weeks in a row; coded 2 sessions each



2. Logs on frequency and length of sessions

Coding Scheme Development

- Developed start list of codes from
 - Specific training competencies
 - Theoretical and empirical literature
- Created global scores (1-6 scale)
- Followed process for establishing reliability



Home Visiting Supervision Content and Process Scale (HVS-CAPS)

Six focal areas:

- a. Functions of supervision
- b. Supervisor's use of general supervisory skills
- c. Supervisor's use of specific skills taught in training
- d. Application of skills when discussing **5 sensitive topics**
- e. Home visitor's participation in supervision
- f. Dyadic interaction

Home Visiting Supervision Content and Process Scale (HVS-CAPS)

Six focal areas:

- b. Supervisor's use of general supervisory skills**
- c. Supervisor's use of specific skills taught in training**
- d. Application of skills when discussing 5 sensitive topics**

Examples: General Supervisory Skills

The Supervisor:

- Listens attentively
- Is flexible and open to new ideas
- Fosters critical thinking and problem solving skills
- Helps the HV explore her own thoughts and feelings re: the family
- Encourages the HV to explore the family members' thoughts and feelings
- Shares knowledge and experience
- Models optimal practices
- Helps the HV link her work with relevant theory and practice
- Provides reassurance or encouragement when appropriate
- Offers constructive, relevant, and concrete feedback

Examples: Skills Taught in Training

The Supervisor¹:

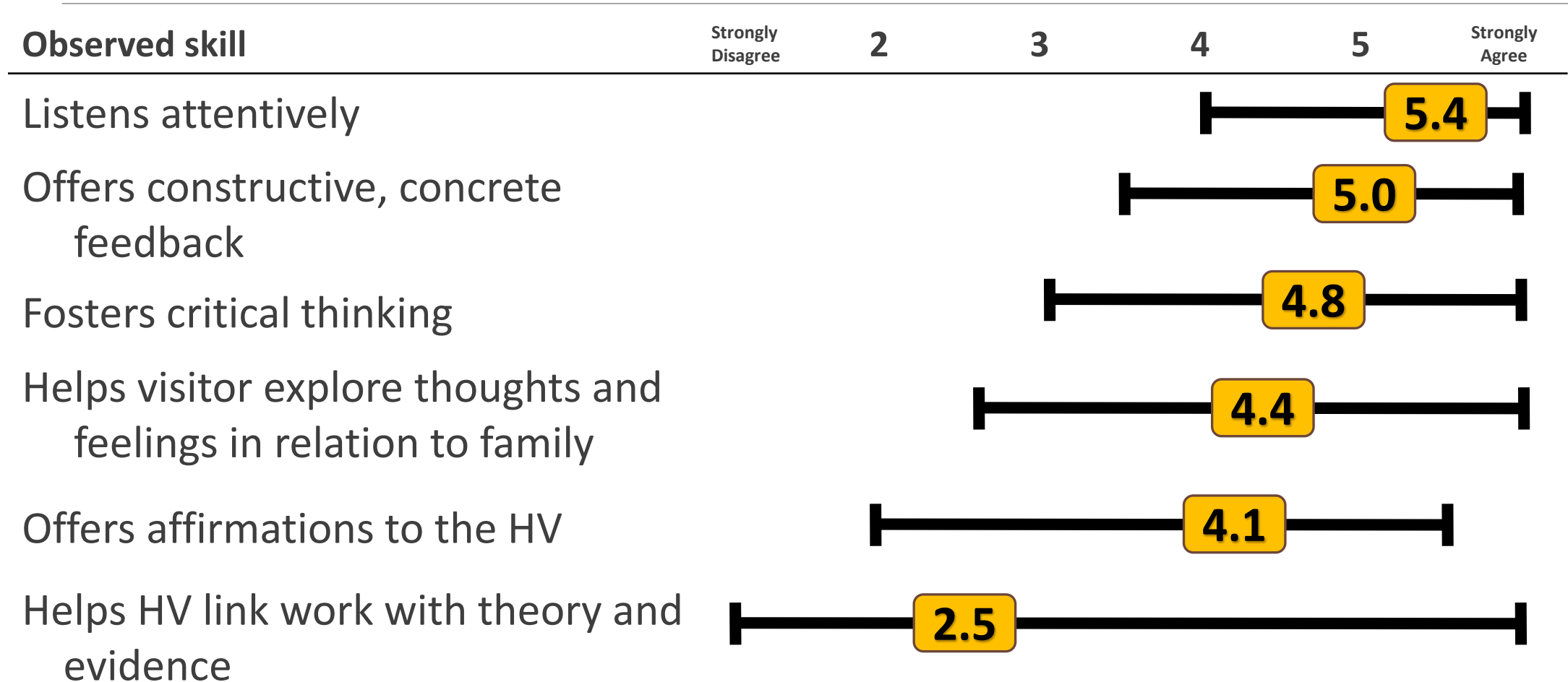
- Asks open-ended questions
- Offers affirmations
- Uses reflections
- Summarizes, helping forward the conversation

¹ Codes adapted from the Motivational Interviewing Treatment Integrity Scale (MITI; Moyers et al., 2014).

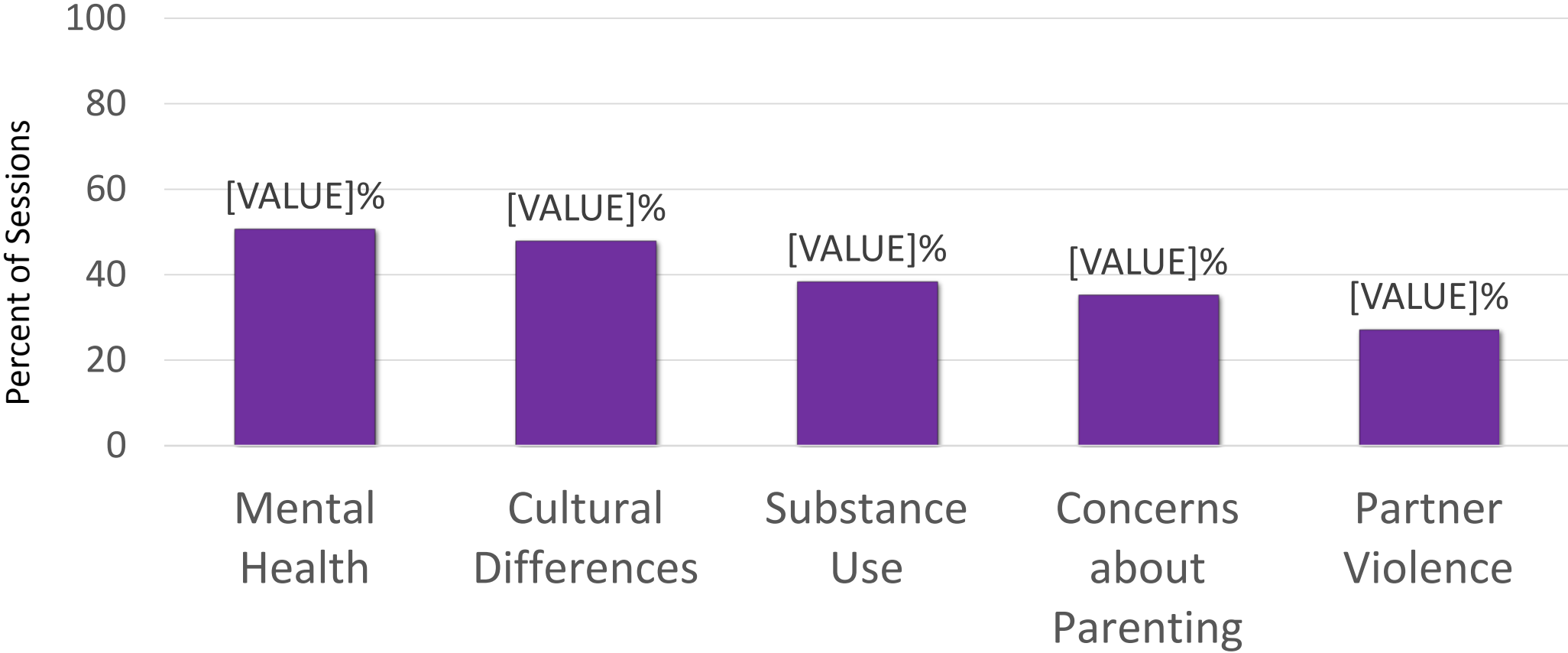
Addressing Sensitive Topics

- Identified instances in which 5 topics were addressed
- For each instance, were the following discussed?
 1. Exploration of the parent's thoughts and feelings
 2. Assessment of the situation and needed response
 3. Provision of information/resources specific to topic
 4. Referral and follow-up
 5. Exploration of home visitor's feelings about the issue/family

Selected Results: Supervisory Skills

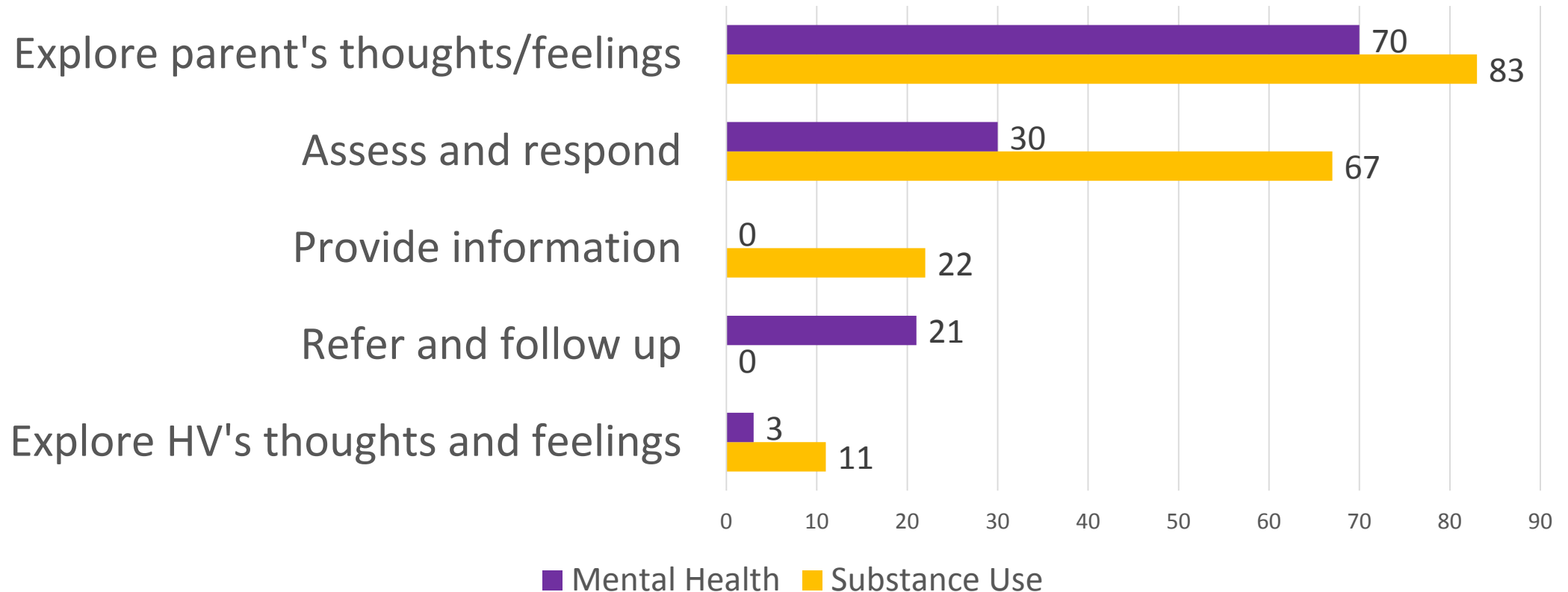


Sessions in which Sensitive Topics are Raised



Skills Used When Discussing Mental Health and Substance Use

Percent of Families Discussed in Which Skills are Applied to Each Topic



Conclusions

- Variability in use of supervisory skills
- Frequent discussions of sensitive topics
- HVS-CAPS
 - Challenges, tradeoffs
 - Applicability in research and practice

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RIOS

Reflective Interaction Observation Scale

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HARC

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Alliance for the Advancement of Infant Mental Health

Goals in Establishing the Scale

What comprises the practice of reflective supervision/consultation?

Is there a way of telling “when it is happening”and then determining at what “stage” of reflective supervision is a particular supervisory relationship?

Our Goal

Create a tool to comprehensively, consistently and accurately capture what is happening in the **interaction** between the two people in their supervisory relationship

To do this: analyze “snapshots” of one point in time

Development of the RIOS

2010 — video observation activity

2011 — UMN team aggregated into elements and observable behaviors — Survey distributed — 16 Elements identified

2012-2016 — Committee conference calls — define content & structure

2017 — Published 1.0 version of the coding manual

UMN team became reliable coders

Revised the coding manual based on reliability training & testing

Central Tenants

- A primary focus is on relationships
- Emotional responses are used as data
- A quest for deeper meanings behind behaviors
- Assumptions are questioned (e.g. “she doesn’t prioritize her kids”)
- Resisting the “rush to fix”

5 Essential Elements

content — topics of conversation

5 Collaborative Tasks

process - cumulative steps

Indicators

operationalize Elements & Tasks

Essential Elements of the RIOS

The unique components that differentiate reflective supervision/consultation from other forms of relationship-based professional development

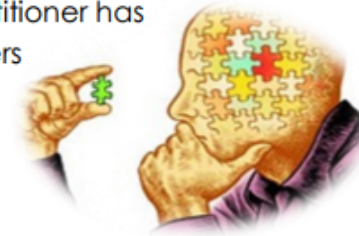
Reflective Alliance

Establishing and maintaining the relationship between supervisee and supervisor



Professional Use of Self

Paying attention to the relationships the practitioner has with others



Understanding the Family Story

Focusing on the relationship among the adults surrounding the baby



Holding the Baby in Mind

Attending to the baby's relationships with others



Parallel Process

Noting the way in which one relationship affects and is affected by other relationships

Collaborative Tasks of the RIOS



Integrating: *What have we learned?*

5



Linking: *Why does this matter?*

4



Exploring: *What might this mean?*

3



Responding:
How do we and others think and feel about this?

2

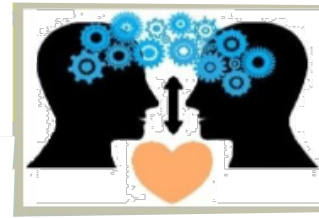


Describing: *What do we know?*

1

RIOS

Reflective
Supervision/Consultation
Framework



RIOS

REFLECTIVE INTERACTION OBSERVATION SCALE

Infant Mental Health Reflective Supervision

ESSENTIAL ELEMENTS

CONTENT

Understanding
the Family Story

Holding the
Baby in Mind

Professional
Use of Self

Parallel
Process

COLLABORATIVE TASKS

PROCESS

Describing

What do
we know?

Responding

What do
we and
others
think and
feel about
this?

Exploring

What
might it
mean?

Linking

Why does
it matter?

Integrating

What
have we
learned?

INDICATORS

EXAMPLES OF
HOW THE CONTENT
IS PROCESSED

Reflective
Alliance

Understanding the Family Story



- **DESCRIBING (1) “What do we know about the family members and their relationships?”**
 - Discussing factual information about what has transpired
 - Clarifying and organizing details of what was seen and heard
- **RESPONDING (2) “How do those surrounding the baby think and feel about this?”**
 - Showing interest in the thoughts, perspectives, reactions, and emotional experience of those surrounding the baby
- **EXPLORING (3) “What might this mean?”**
 - Seeking insight into motivations and assumptions of those surrounding the baby
 - Considering possible hypotheses that might lead to deeper understanding
 - Attempting to acknowledge and address difficult issues
- **LINKING (4) “Why does this matter?”**
 - Creating connections between this narrative and theoretical principles
 - Identifying possible implications of these connections
 - Approaching the application of theory with curiosity, resisting rigidity and avoiding absolutes
- **INTEGRATING (5) “What have we learned?”**
 - Co-creating a summary of what has been discovered
 - Exploring together implications for the work going forward

Reflective Alliance



Global Score – “watch entire segment and code based on all information observed”

1

2

3

4

5

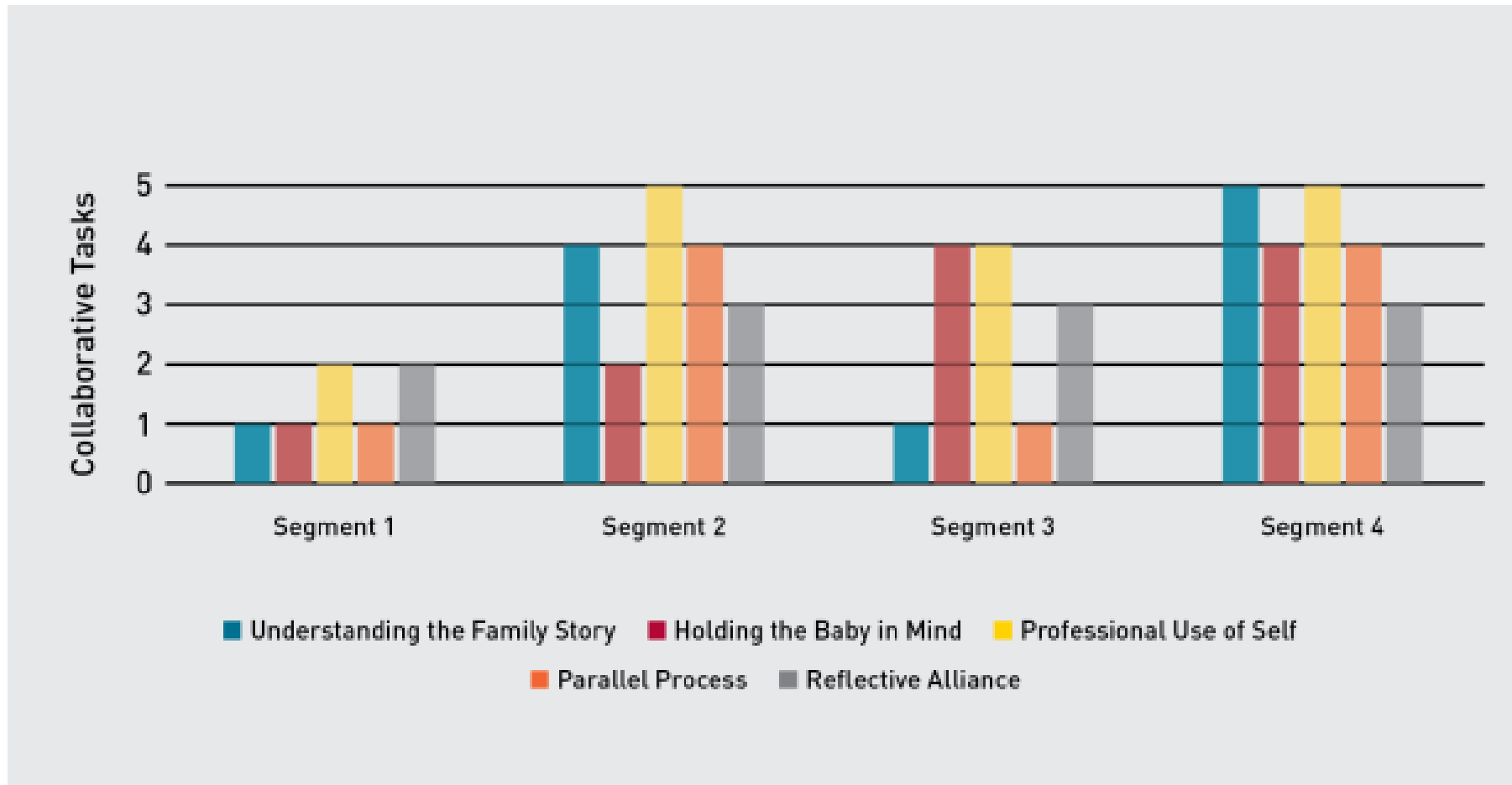
The dyad is not engaged in reflective alliance; the conversation could be described as reporting or teaching rather than reflecting. Conversation is surface level without attending to emotion.

Both participants are openly exploring emotional content along with the unfolding story and the relationships at play. At times, they are engaged in supporting each other as they wonder together about deeper issues.

The dyad uses their interaction to come to a more advanced understanding of their work, which may include discussions about their own relationship. They are consistently reflecting on multiple levels and attending to the deep meaning under the surface of the work. Their pace shows they entertain multiple possibilities without jumping to conclusions.

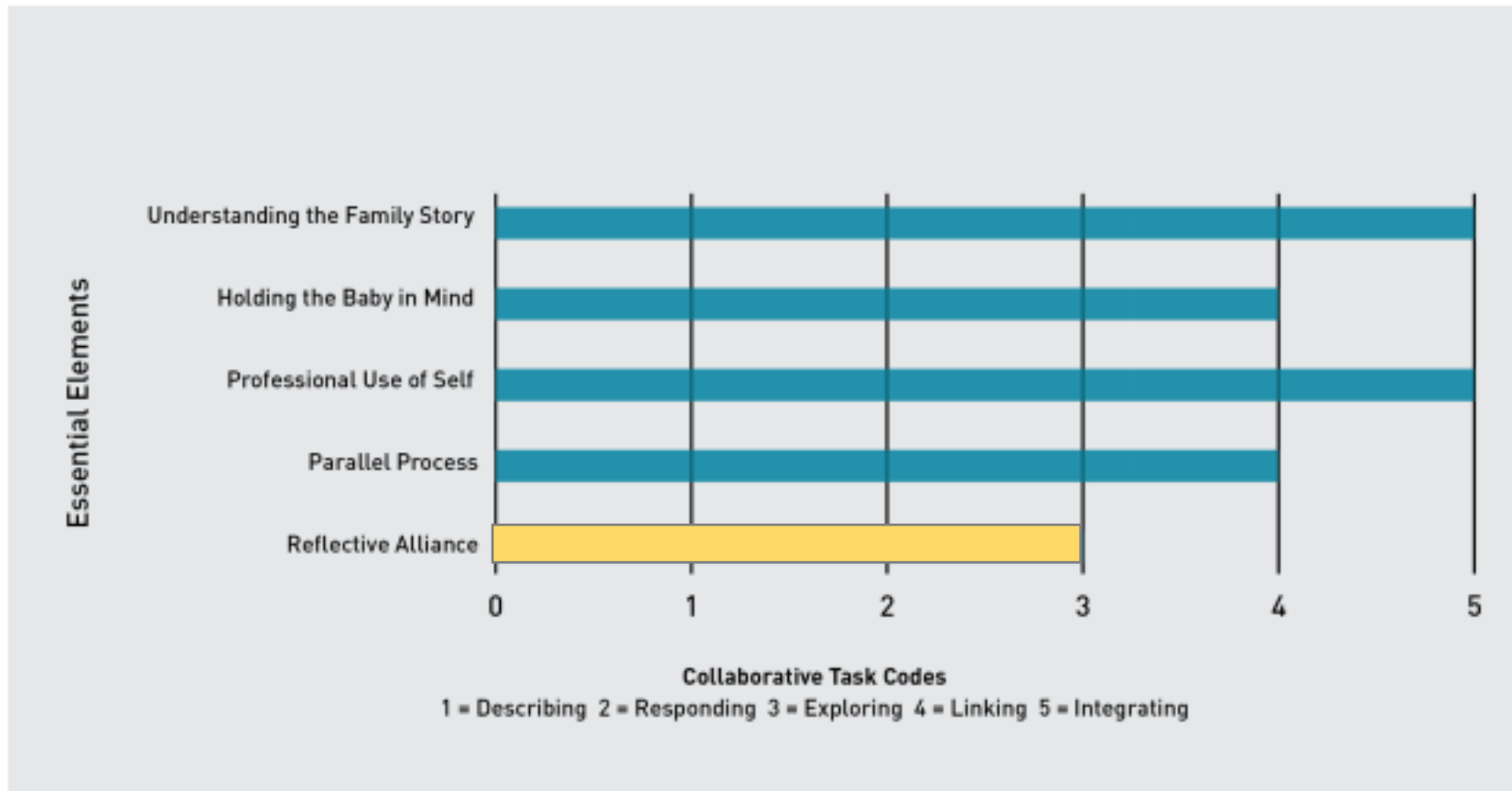
Graphing Data

The codes for the segments of a session can be graphed to create a profile a supervisory session.



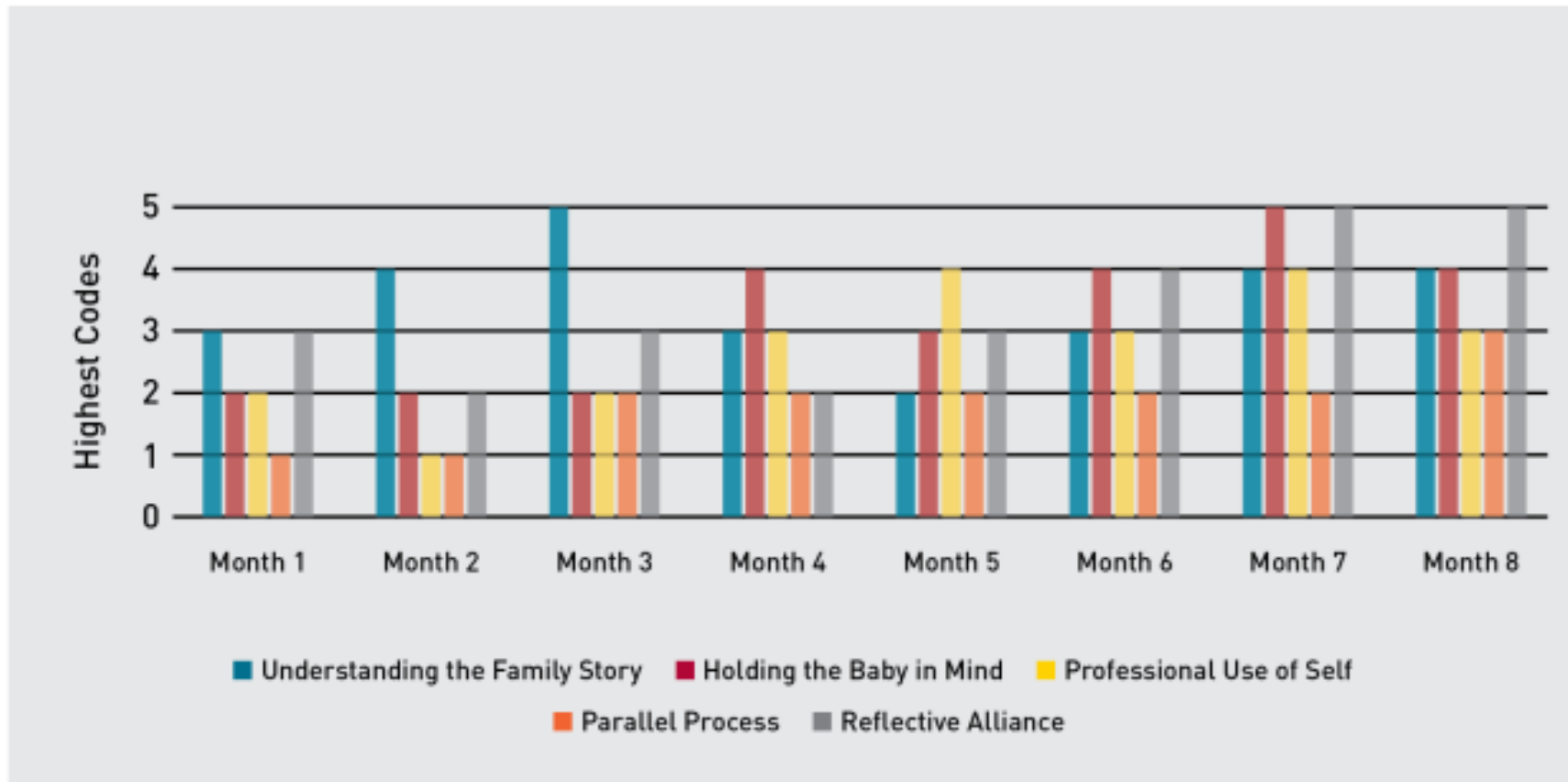
Graphing Data

The Highest Codes Attained for each Essential Element within a session can be graphed to create a simplified picture of the way in which content was addressed during a session



Graphing Data

The Highest Codes Attained across multiple sessions over time can be graphed to display the longitudinal development of the reflective work of the dyad.



Opportunities and Challenges

Opportunities

- ❖ Utility of coding schemes in training and quality improvement
- ❖ Can recording of supervision become a new “norm”?

Challenges

- ❖ Terminology
 - ❖ Example: reflective vs. clinical supervision
- ❖ Reflective supervision as an “addition” vs. integration