

# ISSUE BRIEF:

## Reflective Supervision/Consultation

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Nichole Paradis discusses how reflective supervision/consultation (RS/C) supports the infant and early childhood workforce, outlines systemic challenges, and highlights the need for greater inclusivity.

## What is Reflective Supervision/Consultation?

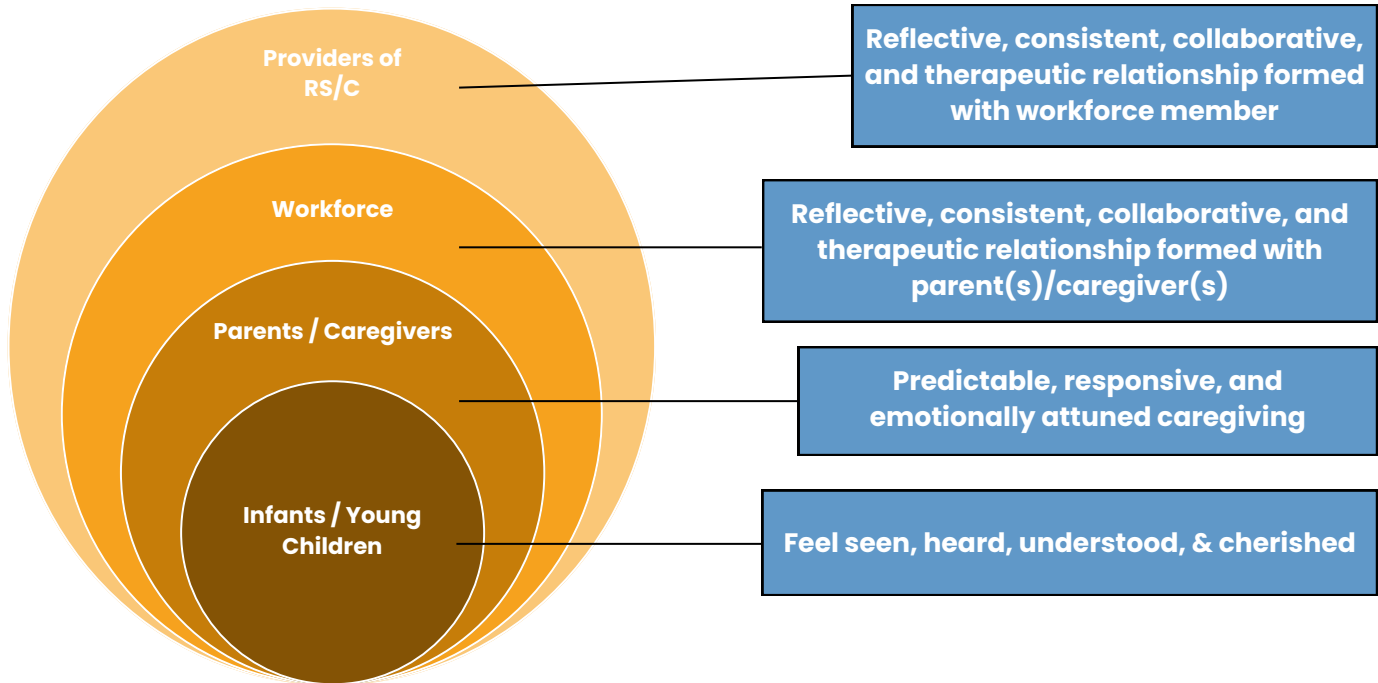
Reflective supervision and/or consultation (RS/C) is an ongoing professional development practice for the infant and early childhood workforce. Through regularly scheduled reflective sessions, the professional and their supervisor/consultant establish a collaborative and reflective alliance. The relationship, in which the professional feels seen, heard, and understood, provides a model for strengthening relationships and promoting the growth and development of babies, young children, their parents, and caregivers.<sup>1</sup>

RS/C also allows leaders to navigate the complex relationships within agencies, departments and organizations more effectively and efficiently to ultimately offer the highest quality supports and services for families.<sup>2</sup>



**RS/C supports the professional in addressing the challenges of their work and leads to better service to families.**

# REFLECTIVE SUPERVISION/CONSULTATION



## The Impact of RS/C and Its Limitations

RS/C offers emotional support to practitioners working with or on behalf of babies, young children, caregivers, and families, allowing them to process their work and "fill their cup" so they can better support families. Importantly, research conducted to date points toward improvements in wellbeing and self-efficacy and reductions in burnout among professionals who participate in reflective supervision.

Challenges for the workforce remain as RS/C alone cannot, "eliminate burnout because [burnout] is directly impacted by systemic policies such as compensation rates, family leave, flexible schedules, and workplace culture." (Meuwissen, et.al., 2024). Other limitations include that the models of RS/C that have been evaluated come mostly from Eurocentric perspectives that have not adequately considered, "the implications of harm done when marginalized IECMH families and professionals are not seen in their full humanity and are excluded from the discourse," (Meuwissen, et. al., 2024). Findings from the Digging Deeper<sup>5</sup> study indicate that, in order for RS/C to be inclusive and culturally responsive, providers of RS/C must acknowledge power and privilege differentials and be willing to skillfully engage in conversations about racism and oppression.

## Diversity Informed Tenets<sup>4</sup>

A central principle in the [\*Diversity Informed Tenets for Work with Infants, Children, and Families\*](#)<sup>4</sup> framework is that self-awareness leads to better services for families. RS/C has the capacity to facilitate social justice work through the practice of curiosity, self-awareness, and exploration of the parallel process. RS/C provides a space to identify bias, increase cultural humility, and to explore the ways in which power, privilege, and systems of oppression impact both the reflective alliance and the work with young children and families.<sup>1</sup>



### Call to Action

A recent publication from the World Association for Infant Mental Health includes the following: "...the IECMH field has a prime opportunity to integrate principles of social justice and anti-racism into practice, policy, and research to promote healthy early relationships for all infants, young children, and families. Reflective supervision, consultation, and practice should be the vehicle to advance these efforts. It is not enough for individual IECMH supervisors to be open, curious, consistently available, and emotionally safe for their supervisees in order to ensure a safe, nurturing, and just society for all babies and families. **Organizations and institutions need to integrate these characteristics into operations and relationships from the top-down so that socially just, empathic, equitable principles rooted in reflection, collaboration, and predictable regularity will be embedded throughout ... The babies and families we all serve deserve nothing less.**"<sup>3</sup>

## Diversity Informed Tenets

1. Self-Awareness Leads to Better Services for Families
2. Champion Children's Rights Globally
3. Work to Acknowledge Privilege and Combat Discrimination
4. Recognize and Respect Non-Dominant Bodies of Knowledge
5. Honor Diverse Family Structures
6. Understand That Language Can Hurt or Heal
7. Support Families in Their Preferred Language
8. Allocate Resources to Systems Change
9. Make Space and Open Pathways
10. Advance Policy That Supports All Families

## Supporting the Workforce: ORIMHA and RS/C

ORIMHA plays a key role in increasing the number of infant and early childhood mental health (IECMH) informed professionals through workforce development strategies that include training, conferences, and building the capacity for RS/C. The ORIMHA RS/C [Fellows Program](#) delivers high quality RS/C training to providers across the state. Fellows become qualified RS/C providers available to multiple service delivery sectors.

ORIMHA offers the Infant Mental Health Endorsement (IMH-E®) and the Early Childhood Mental Health Endorsement (ECMH-E®) that indicate an individual has specialized in infant and early childhood mental health. ORIMHA maintains a registry on their [website](#) of those who have earned Endorsement, including those with credentials as qualified providers of RS/C.



### EXPERT BACKGROUND

*Nichole Paradis, MSW, LMSW, IMH-E® provides reflective consultation and subject matter expertise in infant and early childhood mental health practices, policies, credentialing, leadership, and workforce development strategies. Nichole helped to found the Alliance for the Advancement of Infant Mental Health. Through her work at the Michigan Association for Infant Mental Health and the Alliance, she helped create, grow, and lead the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health nationally and globally.*

### Citations

1. [Alliance for the Advancement of Infant Mental Health](#)
2. [Schmelzer & Eidson. \(2020\)](#). The Intersection of Leadership and Vulnerability: Making the Case for Reflective Supervision/Consultation for Policy and Systems Leaders. The Infant Crier. MI-AIMH.
3. Meuwissen, M., Shea, S. E., Eaves, T., Parker, A., Barron, C. C., & Paradis, N. (2024). Reflective supervision: The state of the field and future directions. In Osofsky, J. D., Fitzgerald, H. E., Keren, M., & Puura, K. WAIMH Handbook of Infant & Early Childhood Mental Health (Vol 2): Cultural Context, Prevention, Intervention, & Treatment. Cham, Switzerland; Springer Nature Switzerland AG.
4. [Diversity Informed Tenets for Work with Infants, Children, and Families](#)
5. [Digging Deeper: De-Colonizing Our Understanding and Practice of Reflective Supervision Through a Racial Equity Lens](#)