Types of Supervision and Oversight Required to Effectively Support Infant and Early Childhood Mental Health Consultants in the Field

Overview

Supervision is intended to safeguard the quality of care delivered to the consultee and is provided for the IECMH consultant by a senior-level professional who has some form of administrative oversight. The supervisor is often an agent of the consultant's organization or of the organization implementing the IECMHC model. Alternatively, supervision can be provided by someone identified as a senior expert in the field of IECMHC. Effective consultants need guidance related to knowledge, skills, self-confidence, the reflective process, and objectivity. Supervision is a continual process and goes hand in hand with training, professional development, and quality assurance.

Types of Supervision

IECMH consultants typically engage in four general types of supervision: clinical, reflective, administrative, and model (fidelity):

♦ **Clinical:** This type of supervision focuses on the child and their environment, internal psychological processes, relational dynamics, etc. Clinical supervision assists consultants in developing an understanding of the meaning of behaviors, and helps them learn to communicate the boundaries of consultation services. In some cases, this modality also helps consultants consider whether a child and/or family needs additional intervention, and, when such intervention is advisable, supports them in making effective referrals to appropriate services.

♦ **Reflective:** This type of supervision supports the growth of a consultant's *reflective capacity*—the ability to explore the thoughts, feelings, actions, and reactions that are evoked in the consultation work. It is widely agreed that as consultants' capacity to engage in the reflective process grows, their self-confidence and level of mastery in the field is likely to grow as well; for this reason, reflective supervision holds an important place in the field of IECMHC.

♦ **Administrative:** This type of supervision typically concerns hiring, agency policies, procedures, and employee performance. Administrative supervision often includes a focus on professional responsibilities that are required to complement an IECMH consultant's work in the field, including satisfactory engagement in record keeping and quality assurance efforts.

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♦ **Model (fidelity):** This type of supervision focuses on delivering IECMHC in the context of the program or model within which the consultant works. In its most basic form, model-related supervision focuses on issues related to the service delivery structure of the program or model in question. In cases where the IECMHC program or model has a rigorous evidence base, the supervision focuses on maintaining fidelity to the practices supporting this evidence base, with the aim of replicating previously researched (and positive) outcomes.

Note: While some aspects of fidelity can be supported through other forms of supervision, this modality is unique in that it includes clearly defined degrees of accountability that consultants must meet. Supervision with a focus on model fidelity is always paired with a clearly laid out information system, and necessitates two important factors: (1) a supervisor specializing in the IECMHC model in question, and (2) a system of feedback loops that can guide a consultant's work to understand and maintain model fidelity.

Variability in Supervision in Relation to Differences in IECMHC Practice Environments

As the reach of IECMHC expands—from the work of an independent consultant engaging with a single agency to consultation delivered in programs serving multiple geographical areas and populations—there must be a related increase in supervision-related comprehensiveness and required coordination with other workforce development activities. The structures put in place to deliver consultation and to support the IECMHC workforce will determine who will deliver supervision, how it will be offered, and the degree of coordination between different "players" (e.g., model developers, implementation agencies, agencies subcontracted to hire consultants and deliver services). The provision of supervision must include the use of qualified supervisors, coordination among supervisors in cases where there is more than one involved, clarity about supervision dose and timing, and the use of different delivery methods, including group supervision and supervision following the implementation stages of a consultation model.

Supervision of Independent Consultants

Independent consultants do not work within an IECMHC program or model. They may receive supervision from the agency hiring them or, in the case of private practitioners, from supervisors who are accessed through other means. The supervision available to independent IECMH consultants is not integrated into other workforce development activities, it may not be as robust as that available in other contexts, and it not always include the four types of supervision discussed earlier. It is crucial, however, that independent consultants receive the following:

♦ Clinical supervision

♦ Reflective supervision

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Supervision of Consultants Working within a Targeted IECMHC Program

Targeted IECMHC programs provide services to within a certain community, tribe, or county and have an identified population or set of identified populations. Such programs have varying degrees of comprehensiveness in terms of service delivery and access to supervision, both of which are based on available resources. IECMHC programs serving large numbers of children and families require integrated and robust supervisory efforts and structures. Supervision of consultants serving a targeted population should include the following:

♦ Clinical supervision

♦ Reflective supervision

♦ Administrative supervision

♦ Model supervision (with a focus on model fidelity when indicated)

Supervision in the Case of Statewide IECMHC Programs or Models

Consultants working within a statewide IECMHC program or model engage in comprehensive workforce development activities that include a fully embedded system of supervision. The scope, reach, and rigor of the evidence base of a particular IECMHC program or model will determine if model fidelity supervision is included. There are two categories of statewide programs or models to consider here: those with limited access and those with universal access. Either may require model fidelity supervision. However, it is important to note that IECMHC programs or models that are operating at a large scale and/or are positioned for replication in geographic areas outside of the one where they were developed *must* have rigorous research evidence to support their scope, reach, and ability to be transported. As a result, efforts must be in place in those programs to support model fidelity and to continue efforts to track outcomes beyond initial research.

Statewide programs with targeted access: These programs are limited to a specific location (or locations) throughout a state, and populations are eligible for services based on location. Consultants in these programs should receive the following:

♦ Clinical supervision

♦ Reflective supervision

♦ Administrative supervision

♦ Model supervision (include fidelity in cases of evidence-based models)

Statewide programs with universal access: These programs or models provide universal access within and across their entire state, and service any population and/or program. Such programs or models are operating at a large scale and may be replicated or operate outside of the geographic area where they were developed. This universal status requires rigorous research supporting positive outcomes and therefore will require special supports through model fidelity supervision. Consultants in these programs should receive the following:

♦ Clinical supervision

♦ Reflective supervision

♦ Administrative supervision

♦ Model fidelity supervision

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