Michigan Home Visiting Initiative Mental Health Consultation – Reflective Supervision

EVALUATION REPORT

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Prepared for Michigan Department of Health and Human Services – Home Visiting Unit

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Introduction

Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the settings in which they learn and grow. The aim is to build adult capacity to strengthen and support the healthy social and emotional development of children early and before intervention is needed. It also builds the capacity of professionals to support adults who have experienced trauma, stress or who have experienced mental health issues themselves and are now parenting.

The Michigan Home Visiting Initiative, utilizing funds from the Maternal, Infant, Early Childhood Home Visiting program (MIECHV), had the opportunity to evaluate the impact of reflective supervision for supervisors of home visiting professionals working in MHVI programs funded through the Michigan Department of Health and Human Services Home Visiting Unit. The intent was not to permanently provide ongoing mental health consultation but to support supervisors who were providing reflective supervision, but who did not often receive reflective supervision themselves, and answer evaluation questions that would impact future IECMHC policy.

The Michigan Public Health Institute (MPHI) provided evaluation consultation to MDHHS-HVU for the IECMHC project. MPHI worked collaboratively with MDHHS-HVU to develop an evaluation plan, and to develop, administer, and analyze: surveys, focus groups, and interviews.

Evaluation

a. Evaluation Questions and Study Design: The primary aims of the evaluation study were:
1. To determine whether the reflective supervision training is associated with an increase in supervisor knowledge and confidence in providing reflective supervision.
2. To understand the barriers and facilitators of incorporating reflective supervision training content into home visiting programs.
3. To determine whether reflective supervision is associated with an increase in home visitor reflective practice.

The study was guided by the following evaluation questions:
1. To what extent is training associated with an increase in supervisor knowledge and confidence in providing reflective supervision?
   a. What are the successes, challenges, and lessons learned from how reflective supervision training is provided?

b. Do supervisors experience a change in their knowledge and confidence in providing reflective supervision after participating in the training?
2. To what extent is reflective supervision incorporated into home visiting programs?
3. What are the barriers, facilitators, and lessons learned from incorporating reflective supervision into home visiting programs?
4. To what extent is reflective supervision associated with an improvement in home visitor reflective practice?

The study design used to address the evaluation questions was a sequential explanatory mixed methods design. This is a two-phase design where quantitative data are collected first, and qualitative data are collected later to further explain and interpret the findings from the quantitative phase. Additionally, the quantitative phase included longitudinal data collection. This design was selected because it was not possible to use a design that included a comparison group, as the training was offered to all MIECHV-funded LIAs in Michigan. Without a comparison group, a longitudinal mixed methods design offers the best quality evidence of the effectiveness of the reflective supervision training.

b. Target Population: The evaluation study targeted home visiting supervisors and home visitors.

c. Major Findings: The reflective supervision training was rated very highly by the supervisors who participated. According to training evaluation forms, they were satisfied with the knowledge and organization of the trainer, the content and engagement of the training, and indicated they learned new approaches and ideas. In interviews, supervisors indicated they enjoyed the training and thought it was useful in building their reflective supervision practice, but they did think it could have been shorter than 18 months.

The structure of the training was also successful. Supervisors liked the hybrid structure of in-person training and monthly virtual sessions. They thought it offered a balance between the value of in-person time and the burden of travel. The training also facilitated trusting relationships between cohort members. In a midway satisfaction survey, supervisors indicated a high level of trust with the other supervisors in their training cohort. Supervisors shared in their interviews that aspects of how the training was conducted (e.g., creating a safe space, small group setting with lots of interaction) helped to facilitate a high level of trust between participants.

Survey and interview findings showed that supervisors increased their knowledge of reflective supervision over the course of the training. Answers to an open-ended question asking supervisors to explain reflective supervision in their own words showed progression in understanding of the key components of reflective supervision. When the same question was asked in interviews conducted after the training ended, supervisors' answers reflected all the

key components of reflective supervision. Supervisors also observed changes in their knowledge of reflective supervision, particularly around how to hold space for home visitor reflection and how to best structure supervision time.

Survey and interview findings showed that supervisors also experienced an increase in confidence in providing reflective supervision. Mean scores on the Reflective Supervision Self-Assessment Scale for supervisors increased significantly over time. Interviews affirmed and expanded upon this, finding that supervisors largely credited their increased confidence to their improved skill in supporting home visitors to develop their own solutions to challenges. A primary theme within supervisor comments about their confidence in providing reflective supervision touched on the idea that their confidence was increased when they put less pressure on themselves to provide solutions and fix problems, and greater emphasis on being focused listeners. Supervisors also recognized that reflective supervision is an ongoing learning process, and some talked about how the training helped them further refine this skill and feel more relaxed or natural, and more comfortable overall with providing reflective supervision.

Overall, the findings were a bit mixed for whether the reflective supervision training was associated with changes in supervisors' reflective supervision practice and quality. Survey findings indicated that supervisors did experience a statistically significant increase in one aspect of quality and fidelity (encouraging growth and skill development) but did not make large changes to their practices. This is likely due to the fact that all supervisors who participated in the training were in organizations where reflective supervision had already been implemented and were themselves already providing reflective supervision. They participated in the training to improve their skills rather than to learn a new skill. Findings from the interviews helped explain the mixed quantitative results for this study question and provided more nuanced information about the changes that supervisors did make to their practice that were not captured by the survey scales. Supervisors were able to transfer knowledge from the training to their program in terms of the structure of supervision and encouraging home visitor reflection. These changes were also noticed and discussed by home visitors in their interviews. Interview findings also indicated that typical supervision sessions as described by participants included all critical components of reflective supervision.

When transferring the training content to their program, supervisors did not experience many barriers, but did note that lack of time and resources can create difficulties. When asked about the level of support received from their administration in providing reflective supervision, the consensus among respondents was that they received excellent support implementing reflective supervision practices. Challenges and barriers experienced by home visitors and supervisors around reflective supervision were most often regarding time, content shared during supervision, and resources. Supervisors and home visitors noted that it takes time and practice

to build a reflective supervision relationship, but it is well worth the time invested. An additional barrier around resources was that oftentimes supervisors did not have anyone that they could reflect with. It was shared that supervisors also need supports in place for them to be reflective in order to provide quality reflective supervision for home visitors (i.e., parallel process).

Survey results indicated there was not a change in home visitor reflective practice or home visitor confidence in participating in reflective supervision from baseline to 12-month follow-up. Although the quantitative findings were not statistically significant, in the interviews, supervisors and home visitors discussed several ways in which reflective supervision is actively building home visitor reflective practice, particularly the skill of reflecting on past events. Additionally, reflective supervision teaches home visitors how to be more reflective with the families they serve. Several home visitors mentioned that in reflective supervision sessions with their supervisors, they were able to learn strategies to use with their families. Reflective supervision also helped home visitors to better meet their families where they are. For example, being able to reflect on whether a goal is truly a family's goal or the home visitor's goal, as well as supporting families in problem solving instead of jumping to solutions for them, or even just preparing oneself mentally to be patient in a frustrating situation.

Although this evaluation study did not include an examination of the impact of reflective supervision on home visitor stress and burnout (because it was believed to be a longer-term outcome of the training), the interview findings did include some themes around this topic. One of the many benefits shared in interviews was that reflective supervision prevents stress and feelings of burnout among home visitors. For example, it had been a useful tool for supervisors and home visitors to deal with the stress of the COVID-19 pandemic.

d. Limitations: The evaluation study had several limitations. The lack of a control group or comparison group increases the chances of confounding factors being present. The small sample size, impacted by training attrition, limits the generalizability of findings. Also, because these supervisors self-selected to participate in the training, there may be something particular about them that makes them different from the average home visiting supervisor, which further limits generalizability. Also, the vast majority of participants were white (100% of supervisors and 81.3% of home visitors). Future research should examine whether reflective supervision training and practice are experienced differently by individuals of different racial, ethnic, and cultural backgrounds. Finally, the study was designed to be a two-part study, where home visitors would continue to complete surveys for two more years. To avoid over-burdening home visitors with surveys, the study team decided to collect surveys from home visitors every 12 months. Unfortunately, there was not funding available to support a second phase of the study. If this had been known at the outset of the study, we would have administered home visitor

surveys at the same frequency as supervisors (every six months from baseline through 18 months).

e. *Implications*: This evaluation study has implications for future training efforts in reflective supervision. The evaluated training provided an intensive 18-month training program to supervisors, with a mix of in-person multi-day training and monthly virtual reflective supervision sessions. Supervisors completed the training in cohorts, which helped foster a sense of trust and safety among participants. The findings of the evaluation indicated that the training was successful in increasing supervisors' knowledge and confidence in providing reflective supervision and supervisors improved aspects of their reflective supervision practice. Home visiting supervisors are busy professionals, so the decision to participate in an intense training program such as this one is not something taken lightly. The positive outcomes of this training discovered through this evaluation study indicated that it was time well-spent. Training participants did note that the training was long and could probably achieve the same outcomes in a shorter amount of time.

There are also implications for the value of reflective supervision during the COVID-19 pandemic. Several of the supervisors and home visitors in this study discussed how reflective supervision had been helpful during this time. It provided a way to process the stress, uncertainty, and emotions, and to generate strategies for supporting families in dealing with the stress and anxiety.

f. *Lessons Learned*: The evaluation was carried out as planned and faced very few challenges, so there were no lessons learned along the way in terms of carrying out the evaluation study. There were many lessons learned about reflective supervision training and practice through the results of the study.

This training or similar trainings on reflective supervision should be offered in the future. Because reflective supervision was identified as an area where supervisors can always improve their skills, it may be beneficial to offer training in this area on a regular schedule.

Future reflective supervision trainings should maintain the hybrid structure of in-person training days and virtual reflective supervision sessions. This provided a balance between valuable in-person time and the burden of travel, and the reflective supervision sessions helped supervisors practice this skill and become more natural and comfortable. It is also recommended that future training offerings include the cohort structure of this training, as it helped to build trust between participants.

An important element of reflective supervision training should be to build supervisor skill in holding space for home visitor reflection, as supervisors in this study cited this as both a key learning area and a key component impacting their increase in confidence. Furthermore,

responses from home visitors indicated that this key component of reflective supervision helped them better serve their families.

The reflective supervision training as currently designed best fits supervisors who have some experience with reflective supervision and who work within organizations that are already implementing reflective supervision. If the training is repeated with supervisors who have a different level of experience, these elements should be considered.

Future reflective supervision trainings should consider including home visitors. Reflective supervision is a relationship where both the supervisor and the home visitor must participate. To maximize the benefits of reflective supervision, it may be beneficial to train each on their role in that relationships.

Outside of future trainings, there is also opportunity to provide a structure for peer support around reflective supervision (e.g., learning community), because it is an ongoing learning process. The supervisors valued the cohort structure of the training that allowed them to learn alongside other supervisors and several home visitors mentioned that opportunities to learn from other home visitors could help build their reflective practice.

VII. Evaluation Design

This study was a process and outcome evaluation of a reflective supervision training program provided to home visiting program supervisors. Reflective supervision is a form of relationship-based professional development where home visitors have a safe, supportive environment to explore the emotional content of their work and their thoughts, feelings, and reactions to their work. The Michigan Home Visiting Initiative (MHVI) reflective supervision training program that was evaluated provided in-person and virtual training on reflective supervision and experience receiving and providing reflective supervision. Supervisors participated in the training in two geographic cohorts (Grand Rapids and Saginaw).

a. Entities/Organizations: Michigan Public Health Institute (MPHI) provided evaluation consultation to MHVI for the study. MPHI worked collaboratively with MHVI to develop an evaluation plan, and MPHI developed, administered, and analyzed training evaluations, longitudinal surveys, and interviews.

b. Rationale for the Evaluation: The rationale for the study was to understand the outcomes associated with the reflective supervision training for supervisors, home visitors, and home visiting programs in order to support improved supervision, and ultimately ensure that families receive high quality, evidence-based services from well-supported home visitors. The objective of the training was to improve the quality of reflective supervision provided by trained supervisors. Reflective supervision explores the parallel process by attending to all the relationships, including between home visitor and supervisor, between home visitor and parent, and between parent and child (Bernstein & Edwards, 2012). The literature theorizes that

reflective supervision practices can impact the satisfaction and well-being of home visiting staff, as well as build their ability to engage in reflective practice (Heffron et al., 2005; Heffron & Murch, 2010; Kavanagh et al., 2003). The Michigan Home Visiting Initiative supports improved supervision practices across Local Implementing Agencies (LIAs). Several LIAs have identified supervision as a root cause of problems they have targeted with quality improvement projects. Additionally, high-quality supervision is a requirement under the Social Security Act Title V and a priority of this FOA.

c. Description of Training Program*:* The training offered the opportunity for small cohorts of home visiting supervisors to learn about, observe, and practice applying essential elements and collaborative tasks in reflective supervision. Additionally, the dilemmas of balance in relationships with staff that arise when also providing program supervision were explored. The series began with two full training days followed by monthly 1.5 hour reflective supervision sessions via Zoom virtual technology (total of 15), with additional in-person trainings at one year and 18 months (the final training was switched to virtual due to COVID-19). Participants discussed key concepts articulated in a new tool designed to make reflective supervision more accessible – the Reflective Interaction Observation Scale (RIOS; Watson, Harrison, Hennes, & Harris, 2016). The RIOS elements - reflective alliance, understanding the story, holding the baby in mind, professional use of self, and parallel process - were used to organize learning through lecture, discussion, observation, and practice receiving and providing reflective supervision among participants. During the in-person training, participants described goals, benefits, challenges, and expectations they experienced as supervisors in addressing both administrative and reflective tasks. Then, they learned the five elements of the RIOS framework and identified examples of the core processes in action. Participants then identified key tasks important to prepare for integration of reflective supervision into supervisory relationships. Participants also observed the RIOS elements in reflective supervision interactions experienced together related to their home visiting staff and the families they serve. The trainers supported this learning first by assuring a safe and confidential collaborative environment, and then through providing reflective supervision, and coaching participants as they practiced doing the same with each other.

The objectives of the training were that at the completion of the training, participants would be able to identify essential elements of reflective supervision that can be observed in self and others, identify strategies to enhance self and staff preparation to engage in authentic reflective practice, and obtain higher levels of confidence in providing reflective supervision. Additionally, training participants would be able to identify their strategies for integrating reflective supervision into their relationships with staff and would be able to demonstrate
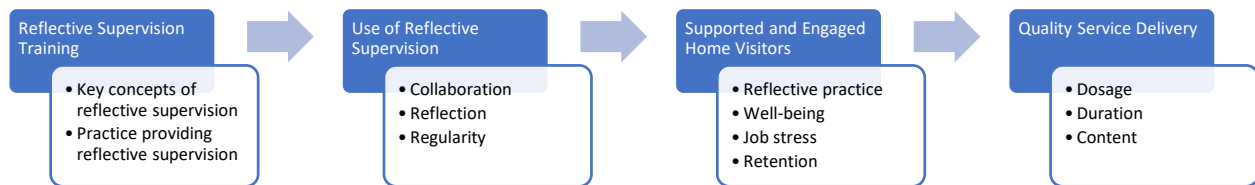
reflective supervision interactions that can be self/other assessed for indicators of best practices in reflective supervision.

The reflective supervision training was led by two highly qualified trainers. Both trainers hold endorsement with the Michigan Association for Infant Mental Health as a Mentor (Level IV) and have decades of experience providing reflective supervision/consultation in private practice and providing reflective supervision training. Each trainer led a cohort of supervisors and worked together to create coordinated and consistent content across the two cohorts.

d. *Prior Evaluation Findings Summary* - NA

e. Theory of Change and Evaluation Framework*:* Reflective supervision practices can impact the satisfaction and well-being of home visiting staff, as well as build their ability to engage in reflective practice. Staff satisfaction and reflective practice can, in turn, affect the quality of home visiting service delivery. The present evaluation study did not examine the full theory of change because it was unlikely that the outcomes of the 18-month training would lead to measurable differences in home visitor and family engagement within the two-year project study.

Figure 1. Theory of Change

Reflective Supervision Training
- Key concepts of reflective supervision
- Practice providing reflective supervision

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Use of Reflective Supervision
- Collaboration
- Reflection
- Regularity

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Supported and Engaged Home Visitors
- Reflective practice
- Well-being
- Job stress
- Retention

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Quality Service Delivery
- Dosage
- Duration
- Content

Evaluation Framework: Table 3 provides an overview of the evaluation questions, measures, data sources, timeline for data collection, and analyses.

Table 3. Reflective Supervision Evaluation Questions, Measures, Data Sources, and Planned Analyses

Question	Measure/Indicator	Data Source(s)	Timeline	Analysis
1. To what extent is training associated with an increase in supervisor knowledge and confidence in providing reflective supervision?				

What are the successes, challenges, and lessons learned from how reflective supervision training is provided?	- Training activities (e.g., didactic presentations, RS experience) - Mode of delivery (i.e., in-person, virtual) for training elements - Deviations from training plan - Supervisor attendance at trainings - Satisfaction with training content and format - Intentions to apply training material - Quality of relationship between cohort members	- Project records - Training evaluations - Supervisor interview	Records: Ongoing Eval: After first and last training session Interview: 18mo after baseline	Record review Eval: Descriptive statistics Interview: Thematic analysis
Do supervisors experience a change in their knowledge and confidence in providing reflective supervision after participating in the training?	- Knowledge of reflective supervision - Confidence in providing reflective supervision	- Supervisor survey ▪ Reflective Supervision Self-Assessment Scale - Supervisor interview	Survey: baseline and 6mo intervals Interview: 18mo after baseline	Survey: Repeated measures ANOVA Content analysis Interview: Thematic analysis
2. To what extent is reflective supervision practice incorporated into home visiting programs?				
To what extent is reflective supervision practice	- Use of practices supportive of reflective practice	- Supervisor survey ▪ Leadership Self-	Survey: baseline and 6mo intervals (Supervisors)/12	Survey: Repeated measures ANOVA

incorporated into home visiting programs?	- Use of best practices - Inclusion of critical components - Stages of implementation	Assessment Tool ▪ Reflective Supervision Rating Scale - Supervisor interview - Home visitor survey ▪ Reflective Supervision Rating Scale - Home visitor interview	mo. intervals (home visitors) Interview: 18mo after baseline	Interview: Thematic analysis
3. What are the barriers, facilitators, and lessons learned from incorporating reflective supervision into home visiting programs?				
What are the barriers, facilitators, and lessons learned from incorporating reflective supervision into home visiting programs?	- Barriers - Facilitators - Lessons learned - Drivers of implementation - Enabling contexts for implementation	- Supervisor interview - Home visitor interview	18mo after baseline	Thematic analysis
4. To what extent is reflective supervision associated with improvements in home visitor reflective practice?				
To what extent is reflective supervision associated with improvements in home visitor reflective practice?	- Reflective capacity	- Home visitor survey ▪ Reflective Practice Questionnaire - Home visitor interview - Supervisor interview	Survey: baseline and 12mo intervals Interview: 18mo after baseline	Survey: Repeated measures ANOVA Interview: Thematic analysis

f. Program Outcomes: The logic model in Figure 2 builds upon the theory of change, providing more specific information about the resources, activities, and outputs of the training, as well as short-term, intermediate, and long-term outcomes.

g. Populations Targeted: The evaluation study targeted home visiting supervisors and home visitors.

h. Evaluation Questions

Study aims were:

1. To determine whether the reflective supervision training is associated with an increase in supervisor knowledge and confidence in providing reflective supervision.
2. To understand the barriers and facilitators of incorporating reflective supervision training content into home visiting programs.
3. To determine whether reflective supervision is associated with an increase in home visitor reflective practice.

The study was guided by the following questions:

1. To what extent is training associated with an increase in supervisor knowledge and confidence in providing reflective supervision?
    a. What are the successes, challenges, and lessons learned from how reflective supervision training is provided?
    b. Do supervisors experience a change in their knowledge and confidence in providing reflective supervision after participating in the training?
2. To what extent is reflective supervision incorporated into home visiting programs?
3. What are the barriers, facilitators, and lessons learned from incorporating reflective supervision into home visiting programs?
4. To what extent is reflective supervision associated with an improvement in home visitor reflective practice?
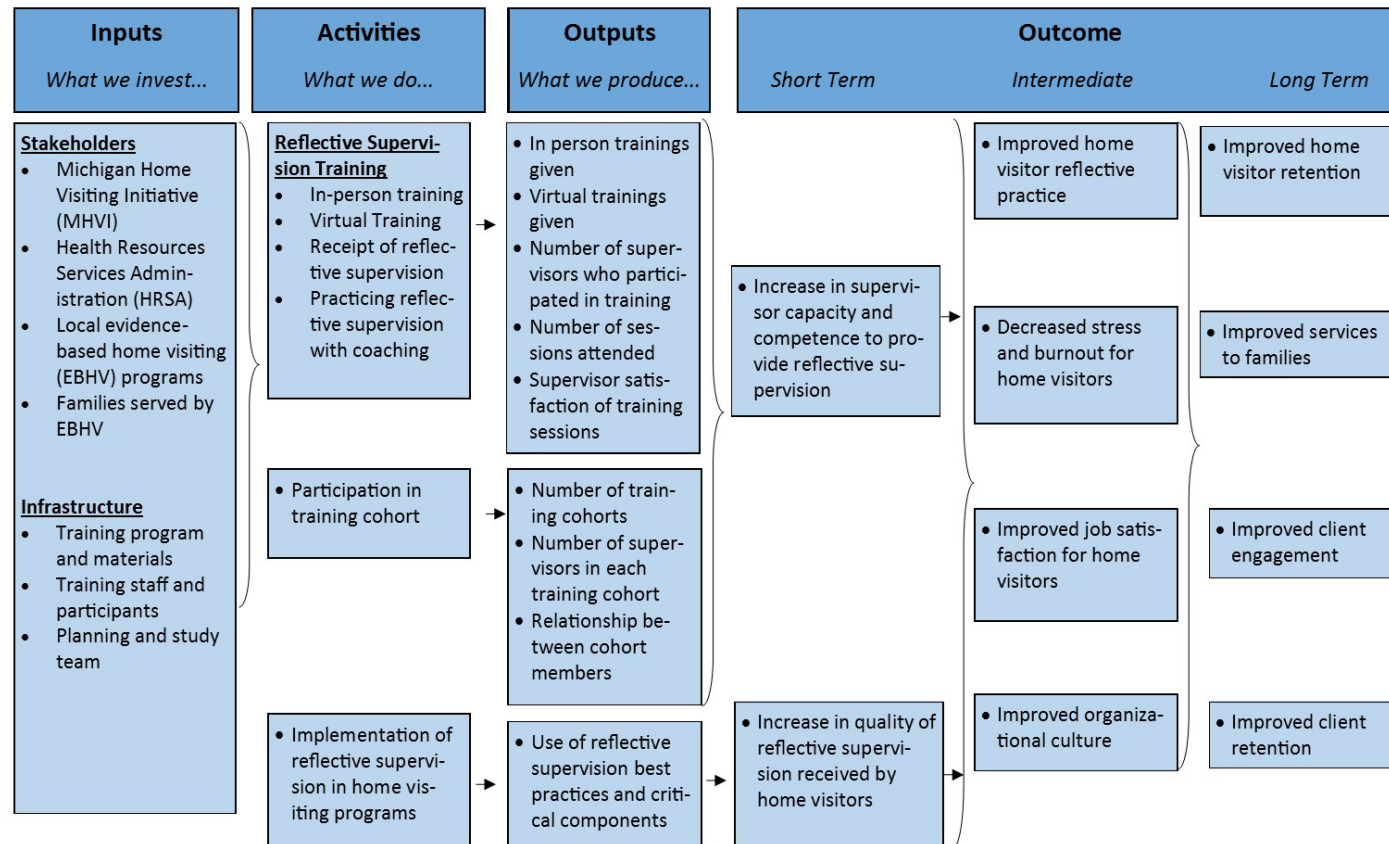
i. Evaluation Design: The design used in this study was a sequential explanatory mixed methods design. This is a two-phase design where quantitative data are collected first, and qualitative data are collected later to further explain and interpret the findings from the quantitative phase. Additionally, the quantitative phase included longitudinal data collection.

j. Rationale for the Design: This design was selected because it was not possible to use a design that included a comparison group, as the training was offered to all MIECHV-funded LIAs in Michigan. Without a comparison group, a longitudinal mixed methods design offers the best quality evidence of the effectiveness of the reflective supervision training. The evaluation adhered to the ACF Common Framework for Research and Evaluation standards for rigorous quantitative and qualitative evaluation.

Figure 2. Reflective Supervision Training Program Logic Model

Reflective Supervision Training Program Evaluation Logic Model

- **Goal:** Improve home visiting supervisors' ability to provide reflective supervision, which will help to better support home visitors and increase their reflective practice, resulting in higher quality services provided to families.

Inputs	Activities	Outputs	Outcome		
What we invest...	*What we do...*	*What we produce...*	*Short Term*	*Intermediate*	*Long Term*

Stakeholders
- Michigan Home Visiting Initiative (MHVI)
- Health Resources Services Administration (HRSA)
- Local evidence-based home visiting (EBHV) programs
- Families served by EBHV

Infrastructure
- Training program and materials
- Training staff and participants
- Planning and study team

Reflective Supervision Training
- In-person training
- Virtual Training
- Receipt of reflective supervision
- Practicing reflective supervision with coaching

- Participation in training cohort

- Implementation of reflective supervision in home visiting programs

- In person trainings given
- Virtual trainings given
- Number of supervisors who participated in training
- Number of sessions attended
- Supervisor satisfaction of training sessions

- Number of training cohorts
- Number of supervisors in each training cohort
- Relationship between cohort members

- Use of reflective supervision best practices and critical components

- Increase in supervisor capacity and competence to provide reflective supervision

- Increase in quality of reflective supervision received by home visitors

- Improved home visitor reflective practice
- Decreased stress and burnout for home visitors
- Improved job satisfaction for home visitors
- Improved organizational culture

- Improved home visitor retention
- Improved services to families
- Improved client engagement
- Improved client retention

Evaluation Questions
1. To what extent does training increase supervisor capacity and competence to provide reflective supervision?
2. What are the barriers and facilitators of implementing reflective supervision in home visiting programs?
3. To what extent does reflective supervision improve home visitor reflective practice?

The evaluation was informed by the Kirkpatrick training evaluation model (Kirkpatrick, 1976) and implementation science frameworks (Fixsen et al., 2015). The Kirkpatrick model is one of the most commonly used models for evaluating training and educational programs and provides a systematic way to assess the outcomes and impacts of training programs. The model follows a sequential level of analysis, where each of the four levels build upon and inform the others: 1) reaction to the training program, 2) measuring learning of participants, 3) transfer of training content to the workplace, 4) the impact of the training program within the workplace. Implementation science was used to augment level three by examining stages of implementation, drivers of implementation, and enabling contexts.

k. Timeline for Evaluation: Table 4. summarizes the timeline for the evaluation.

Table 4. Evaluation Timeline

Evaluation Activity	Timeline
Planning	September, 2018
IRB	September, 2018
Survey data collection	October 2018 – May, 2020
Preliminary survey analysis	January, 2020
Interview data collection	April 2020 – July, 2020
Survey and interview analysis	July 2020 – September, 2020
Reporting	October 2020 – December, 2020

l. Tool and Instruments:

Program documents: Documents were reviewed to describe how the reflective supervision training was provided, and whether this deviated from the training plan. The training plan was documented in forms that were submitted for continuing education credits. Other program documents reviewed included agendas, training schedules, and attendance records. The reflective supervision trainers developed a training evaluation to assess satisfaction with the training, changes in knowledge, and intentions to apply training material. The evaluation survey began with a series of closed-ended questions that asked about the participants' agreement, using a five-point Likert scale, with statements about the presenters' knowledge as well as training delivery and content. Following the closed-ended questions, five open ended questions asked participants about what was helpful about the training, practical applications of the content, and how they are changing their supervisory practice. Supervisors completed the training evaluations after the first and last training sessions. In addition to the training evaluation survey, a mid-point survey was collected in June of 2019 to assess participants' satisfaction with the training series to that point, and to help gather feedback on how the training could be tailored for the remainder of the series to meet supervisors' needs.

Supervisor Survey: Supervisors completed surveys at baseline and six-month intervals for 18 months. The survey combined established scales with questions developed by MPHI.

The supervisor survey examined knowledge of reflective supervision, confidence in providing reflective supervision (Reflective Supervision Self-Assessment Scale – Supervisor version), use of practices supportive of reflective practice (Leadership Self-Assessment Tool), and use of best practices and critical components (Reflective Supervision Rating Scale – Supervisor version). Because there are no existing measures for capturing change in knowledge of reflective supervision, knowledge was assessed through an open-ended question that asked supervisors to describe reflective supervision in their own words. This allowed for comparison of their answers over time to assess the extent to which their understanding of reflective supervision increased in accuracy and complexity.

The *Reflective Supervision Self-Assessment Scale* (Shea, Goldberg, & Weatherston, 2012) is a measure of confidence in providing or participating in reflective supervision. There are two versions of this scale, a supervisor version ($\alpha = 0.92$) and a supervisee version ($\alpha = 0.93$). The scale consists of 17 items with answer options ranging from 1 (no confidence) to 5 (extremely high confidence). Questions ask about elements such as creating a safe supervisory environment (supervisor version) and integrating supervisory discussions into work with families (supervisee version). This scale was selected because it has shown good reliability, and it was developed for use in early childhood/infant mental health settings.

The *Leadership Self-Assessment Tool* (Parlakian & Seibel, 2001) is a measure of how reflective one's supervisory style is. The scale includes 18 items with answer options ranging from 1 (rarely) to 3 (almost always). Example items include, "I lead by example, not just words" and "I meet regularly with staff who report to me." There is no published reliability coefficient for this scale. The scale was selected because it was created for use in early childhood settings.

The *Reflective Supervision Rating Scale* (Ash, 2010) was designed to assess fidelity and quality of reflective supervision. There are two versions of this 17-item measure, a supervisor/manager version and a staff version. The scale consists of four subscales: reflective process and skills ($\alpha = 0.899$), mentoring ($\alpha = 0.85$), supervision structure ($\alpha = 0.63$), and mentalization ($\alpha = 0.86$). Example items include, "My supervisor is both a teacher and a guide" and "During supervision, I allow supervisees to come to their own solutions." This scale was selected because it has shown good reliability, and it was developed for use in early childhood/infant mental health settings.

Home Visitor Survey: Home visitors completed surveys at baseline and one year into the project. The survey combined established scales with questions developed by MPHI. The survey included questions about confidence in participating in reflective supervision (Reflective Supervision Self-Assessment Scale – Home Visitor version), quality of reflective supervision received (Reflective Supervision Rating Scale – Supervisee version), and use of reflective practice (Reflective Practice Questionnaire - Adapted).

The *Reflective Practice Questionnaire* (Priddis & Rogers, 2018) assesses reflective practice through nine four-item subscales. For the present study, the following subscales were used (total of 20 items): reflective-in-action (α = 0.85); reflective-on-action (α = 0.87); reflective with others (α = .0.86); self-appraisal (α = 0.82); and desire for improvement (α = 0.91). These subscales were selected because the other four subscales measure constructs that are better captured by other scales in the survey (i.e., confidence, uncertainty, stress, job satisfaction). Answer options range from 1 (not at all) to 6 (extremely). Example items include, "I gain new insights when reflecting with others about my work" and "After interacting with clients I spend time thinking about what was said and done." This scale was selected because it has shown good reliability, and because the subscales allow for examining different constructs within reflective practice.

Supervisor Interview: Supervisors participated in in-depth interviews. The interview protocol was developed after preliminary analysis of survey data in alignment with the sequential explanatory mixed methods design. The study team used the Kirkpatrick model, implementation science frameworks, and preliminary findings from the surveys to identify key concepts for the interview. Supervisor interviews elicited feedback on the training to supplement the training evaluations and explored barriers and facilitators to incorporating reflective supervision into practice, as well as changes in organizational culture. Also, because the training is provided in cohorts, the interviews asked about how this format fostered relationships between cohort members (e.g., relationship quality and dynamics), and whether and how those relationships enhanced the training experience. In addition, interviews were used to explain and interpret survey findings regarding knowledge of reflective supervision, confidence in providing reflective supervision, use of practices supportive of reflective practice, use of best practices, and inclusion of critical components.

Home Visitor Interviews: Interviews explored barriers and facilitators to incorporating reflective supervision into home visiting programs. Interviews were also used to explain and interpret survey findings regarding quality of reflective supervision received and changes in reflective capacity. The same process was used to develop the home visitor interviews as for the supervisor interviews.

m. Design Specific Components: The qualitative component of the evaluation design was interviews with thematic analysis.

VIII. Data Collection Methods and Schedule

a. Description of Data Collection Methods and Schedule: Training evaluations were administered by the training coordinator who is an employee of MPHI. Supervisor and home visitor surveys were administered in-person at trainings and online through REDCap, a software that offers features for administering longitudinal data collection. Each online survey was

implemented using best practices in survey implementation. An invitation letter was emailed prior to the survey itself to introduce the study and invite participation. The link to each instrument was emailed with a message describing the study, its value to the field, and its utility for participants. Interviews were conducted over the phone by trained interviewers (one participant provided written answers to the questions to accommodate their schedule due to COVID-19). Participants worked with a member of the study team to schedule the interview for a time that was convenient for them. All interviews were audio recorded and transcribed verbatim to ensure accuracy. Table 5 summarizes the data collection tools, respondents, and frequency.

Institutional Review Board (IRB) approval was granted by the MPHI IRB and the Nurse Family Partnership National Service Office Research and Publications Committee.

b. Design Specific Components: Not Applicable

Table 5. Data Collection Tools

Data Collection Tool	Respondent	Frequency
Training Evaluation	Supervisors	Baseline, 9mo, 18mo
Supervisor Survey • Reflective Supervision Self-Assessment Scale • Leadership Self-Assessment Tool • Reflective Supervision Rating Scale	Supervisors	Baseline, 6mo, 12mo, 18mo
Home Visitor Survey • Reflective Supervision Self-Assessment Scale • Reflective Supervision Rating Scale • Reflective Practice Questionnaire	Home Visitors	Baseline, 12mo
Supervisor Interview	Supervisors	18mo
Home Visitor Interview	Home Visitors	18mo

IX. Sample Size and Sampling Plan

a. Description of Sample Size and Sampling Plan: All supervisors who participated in the training were enrolled in the study. This was a total of 11 supervisors, six from the Grand Rapids cohort and five from the Saginaw cohort. During the course of the training, two supervisors left their positions and two supervisors dropped out of the training and were subsequently removed from the evaluation study. The Saginaw cohort lost three supervisors and the Grand Rapids cohort lost one. The final number of supervisors in the evaluation study was seven (training attrition rate of 36%). All seven supervisors completed the four time points of surveys (baseline, six months, 12 months, 18 months) and completed an interview (study attrition rate of 0%). Additionally, we interviewed the two supervisors who dropped out of the training for a total of nine supervisor interviews.

The sample size for this study was very representative of the supervisors who participated in the training, because it included all seven individuals who completed the training plus two individuals who dropped out. However, the size of the sample does limit generalizability beyond these specific training cohorts. First, all seven supervisors were white, so there was no racial diversity in the sample. Second, the training was voluntary, so there may be something unique about the supervisors who chose to attend the training.

Among the original 11 supervisors, there were 48 home visitors they supervised. We recruited all 48 home visitors and enrolled 26. After four supervisors dropped out of the training, the remaining seven supervisors had 29 home visitors they supervised (training attrition rate of 40%). Of these 29 home visitors, 25 enrolled in the study. However, seven home visitors never completed baseline surveys. Out of the 18 home visitors who did complete a baseline survey, 16 of them also completed the 12-month follow-up survey (attrition rate of 11%). Out of the 16 home visitors with two time points of survey data, 12 completed an interview. Additionally, six home visitors with incomplete or no survey data completed an interview for a total of 18 home visitor interviews.

b. Estimated Power to Detect Impacts:

Estimated power was calculated using G*Power. Observed power was calculated using SPSS.

Reflective Supervision Self-Assessment Scale for supervisors: Estimated power for this analysis was 0.74 (α=0.05, n=10, effect size=0.25) and observed power was 0.94 for supervisors and 0.065 for home visitors.

Leadership Self-Assessment Tool and Reflective Supervision Rating Scale: Estimated power for this analysis was 0.74 (α=0.05, n=10, effect size=0.25) and observed power was 0.60 for the Leadership Self-Assessment Tool and 0.460-0.931 for supervisors and 0.055-0.827 for home visitors on the Reflective Supervision Rating Scale subscales.

Reflective Practice Questionnaire: Estimated power for this analysis was .96 (α=0.05, n=40, effect size=0.25) and observed power was 0.051-0.311 for the subscales.

Reflective Supervision Self-Assessment Scale for home visitors: Estimated power for this analysis was .96 (α=0.05, n=40, effect size=0.25) and observed power was 0.065.

c. Design Specific Components: Not applicable

X. Analytic Methods

Supervisor Surveys and Home Visitor Surveys were exported from REDCap into SPSS for analysis. Data from the two cohorts was combined before analysis.

a. Analysis Technique for Each Research Question:

Study Question 1*: To what extent is training associated with increased supervisor knowledge and confidence in providing reflective supervision?*

1a. What are the successes, challenges, and lessons learned from how reflective supervision training is provided? To answer this question, the study team reviewed program records of training activities to describe the training, and to assess whether and how the training deviated from the training plan. Then, training evaluations were analyzed using descriptive statistics. The Supervisor Interview provided additional contextual information for this question. Interviews were analyzed following the methods of Taylor and Bogdan (1998) and used a blended inductive/deductive approach (see X.c below).

1b. Do supervisors experience a change in their knowledge and confidence in providing reflective supervision after participating in the training? Changes in knowledge of reflective supervision were captured through an open-ended question and were analyzed using content analysis. Two members of the study team reviewed answers to this question independently to identify themes. They then met to compare themes and resolved any discrepancies through discussion until consensus was reached. The extent to which training increased supervisor confidence in providing reflective supervision was assessed using the Reflective Supervision Self-Assessment Scale from the Supervisor Survey. Change over time was analyzed using repeated measures ANOVA. Previous research has shown that education (i.e., Master's degree) is a significant predictor of change in supervisor self-assessed competence (Low et al., 2018). The evaluation plan stated that we would compare outcomes based on supervisor education, however, there were only two supervisors with a Master's degree or higher so this was not advisable. The supervisor interview was used to explain and interpret the results of the Reflective Supervision Self-Assessment Scale. See X.c below for a description of the qualitative analysis process for interview data.

Study Question 2*: To what extent is reflective supervision practice incorporated into home visiting programs?*

The extent to which reflective supervision practice was implemented by supervisors who participated in the training was assessed using the Leadership Self-Assessment Tool (Supervisor Survey) and Reflective Supervision Rating Scale (Supervisor Survey and Home Visitor Survey). Change over time was analyzed using repeated measure ANOVA for each instrument. The Supervisor Interview and Home Visitor Interview were used to explain and interpret the results of the Leadership Self-Assessment Tool and Reflective Supervision Rating Scale. See X.c below for a description of the qualitative analysis process for interview data.

Study Question 3*: What are the barriers, facilitators, and lessons learned from incorporating reflective supervision into home visiting programs?*

The Supervisor Interview and Home Visitor Interview were used to identify barriers, facilitators, and lessons learned in implementing reflective supervision. See X.c below for a description of the qualitative analysis process for interview data.

Study Question 4: *To what extent is reflective supervision associated with improvements in home visitor reflective practice?*

The extent to which reflective supervision improved home visitor reflective practice was assessed using the Reflective Practice Questionnaire from the Home Visitor Survey. Change over time was analyzed using repeated measure ANOVA. This question was also assessed using the Reflective Supervision Self-Assessment Scale for home visitors. This scale measures confidence in participating in reflective supervision, which is largely related to one's confidence in engaging in reflective practice. The Home Visitor Interview was used to explain and interpret the results of the Reflective Practice Questionnaire, as well as to provide additional contextual information for this study question. See X.c below for a description of the qualitative analysis process for interview data.

One limitation of repeated measures ANOVA is that missing data results in listwise deletion of cases. This limitation was avoided in the present study because all supervisors and home visitors who completed surveys did not skip any survey questions.

c. Design Specific Components: Interviews were analyzed following the methods of Taylor and Bogdan (1998) and used a blended inductive/deductive approach. The members of the study team developed a coding scheme based on the evaluation questions and emerging ideas, themes, and concepts discovered through transcript review. Using the coding scheme, each interview transcript was coded independently by two study team members, using the qualitative software NVivo. Any coding discrepancies were discussed until a consensus was reached. Once the data from the interviews was coded, the study team developed memos that described each theme and then reviewed the data to develop interpretations, findings, and conclusions in the format of propositions. When describing the results of interviews in this report, the term 'most' is used when a theme came up with over half of the participants and the term 'a few' is used when a theme came up with fewer than half of participants. Since themes were generated through responses to open-ended questions, the specific number of individuals who spoke to a specific theme cannot be used to ascertain agreement with an idea. Even themes generated by a small number of participants could reflect an idea that other participants would support if asked directly.

XI. Evaluation Results
a. Results for Each Evaluation Question:

Study Question 1: *To what extent is training associated with increased supervisor knowledge and confidence in providing reflective supervision?*

1a. *What are the successes, challenges, and lessons learned from how reflective supervision training is provided?*

      The Michigan Home Visiting Initiative (MHVI) Reflective Supervision Consultation Series consisted of in-person and virtual training sessions. Both cohorts participated in two full days of in-person training at the start of this series in October of 2018 and one full day of in-person training in October of 2019, in addition to 90 minute monthly virtual reflective supervision sessions. The consultation series ended in March/April of 2020 with a final day of virtual training.

      For the most part, the Reflective Supervision Training Series was carried out according to the original plan. The training was kicked off in person in October of 2018 in Grand Rapids and Saginaw, each of the cohorts received virtual learning sessions each month for the remainder of the series, each cohort met in-person at the midway point in October of 2019, and culminated with the virtual wrap up meeting in March of 2020. However, in each of the cohorts, there were minor challenges and deviations that occurred. First, in the Grand Rapids group, the virtual learning session for November of 2019 was cancelled. After discussing with the group, it was decided to add an additional thirty minutes to each of the remaining Zoom sessions in December 2019, January 2020, and February 2020 to make up the time missed. Second, the final in-person training days for both cohorts were rescheduled and moved to virtual due to the COVID-19 pandemic. Despite these changes to the logistics of sessions, there were not deviations from the planned content.

      The in-person and virtual trainings had very good attendance. The two in-person trainings and the final virtual training were attended by all supervisors (who were still participating at the time of the training), participants attended over 80% of virtual sessions on average across the two cohorts, and each session had over 80% of enrolled participants attend on average across the two cohorts. When supervisors did miss a session, this was most often due to scheduling conflicts. Over the course of the training, two supervisors had to drop out because they left their positions. Two other supervisors chose to drop out of the study because of the time commitment of monthly meetings. The following tables provide more information about attendance.

Table 6. Attendance at in-person/virtual trainings

Training Date	Cohort	Attendance	
		n	*%*
October 9th-10th	Saginaw	5	100%
October 16th-17th, 2018	Grand Rapids	6	100%

October 9th 2019	Saginaw	2	100%
October 14th 2019	Grand Rapids	5	100%
March 25th 2020	Saginaw	2	100%
April 13th, 2020 (Part 1)	Grand Rapids	5	100%
April 17th, 2020 (Part 2)	Grand Rapids	5	100%

Table 7. Attendance at virtual reflective supervision sessions

Grand Rapids cohort	
Percent of participants who attended all sessions while enrolled	16.7% (1/6)
Average percent of sessions attended by participants while enrolled	76.0%
Average percent of enrolled participants at each session	73.6%
Saginaw cohort	
Percent of participants who attended all sessions while enrolled	0% (0/5)
Average percent of sessions attended by participants while enrolled	87.2%
Average percent of enrolled participants at each session	89.0%

Evaluation surveys were collected from both the Grand Rapids and Saginaw cohorts following the in-person training days in October of 2018 and the virtual trainings in March & April of 2020. There were five surveys collected from the Saginaw cohort and six from the Grand Rapids cohort following the first in-person training in October 2018. At the final virtual training days in March and April 2020, five surveys were collected in the Grand Rapids cohort, and two surveys were collected in the Saginaw cohort. That is a 100% response rate from both cohorts at both time points.

Overall, participants in both groups indicated in closed-ended questions that they were satisfied with the knowledge and organization of the trainers (100% agree), the content and engagement of the training (100% agree), and indicated they learned new approaches and ideas (100% agree). Participants shared in open-ended questions that the small size of the group allowed for "*open discussion*" and "*helped with sharing ideas and experiences.*" Additionally, several participants shared about their satisfaction with the trainers: "[*trainer] did a great job letting learning flow and balancing with the agenda and learning objectives."* Similarly, another participant wrote "*[trainer] provided wonderful tech support and TA."* Training participants also shared in training evaluations that they were appreciative of the 'hands-on' format and use of scenario-based examples, which helped to solidify the information being shared. For example, one training participant mentioned: "*I love working on scenario-based issues because even though they may not be very specific, they provide you with ways of thinking about your approach."* Other helpful aspects of the training that participants shared in open-ended questions of the evaluation surveys included new tools and resources shared,

digging into the parallel process, discussion of self-care, and learning new approaches to reflective supervision.

In addition to training evaluation surveys, a mid-point survey was collected in June of 2019 to assess participants' satisfaction with the training series so far, and to help gather feedback on how the training can be tailored for the remainder of the series to meet supervisors' needs. Within that survey, the supervisors were asked: "What is your level of satisfaction with the supervision cohort" on a scale of 1 (completely satisfied) to 5 (unsatisfied). The average satisfaction score for this question across both cohorts (11 total responses) was 1.6. Satisfaction with the training was also explored in the Supervisor Interviews. Overall, the supervisors participating in the training enjoyed it, and thought it was useful in building their reflective supervision practice but did think that it could have been shorter. When asked about their general opinions on the training, most supervisors responded with positive feedback. Many supervisors shared that they enjoyed the training, found the content and trainer helpful, and would recommend the training to other supervisors. Additionally, supervisors reported that the reflective supervision sessions were incredibly helpful because they were able to practice what they were learning in the training. While most supervisors shared positive opinions on the training, some supervisors shared some suggestions for improvement.

Although many supervisors shared that the training did a great job meeting their needs, some did share additional supports needed from the training. Many of the suggestions for improvement that were shared were concerning the duration of the training. Most supervisors felt that 18 months was too long. A couple of supervisors explained that they did not realize the full length of the training when they signed up. When asked about their opinions on the monthly Zoom calls, supervisors gave varied opinions. A few supervisors mentioned that the monthly virtual calls felt repetitive after a while and seemed more of a mechanism to talk with the other supervisors, and not necessarily a place where they received constructive feedback. However, most supervisors had positive feedback and shared that having the monthly calls on Zoom allowed them to continue working together throughout the training, despite the distance between them.

Supervisors also shared additional support needed around the content of the training. First, a few different supervisors shared that the content may have to be shifted for supervisors who are just starting out with reflective supervision. For individuals who are new, it was shared that more of an introduction to what Reflective Supervision is, and what it looks like, would be helpful. On the other hand, many of the supervisors who participated in this round of training were already experienced in Reflective Supervision. Given that most supervisors did have experience, it made good sense that the framework for reflective supervision was skimmed over. For example, one supervisor shared: "*So I think it's a little bit different I think if you have*

folks who are new to reflective supervision, I think the training could help provide them with a structure to get started in what reflective supervision might look like with a supervisee. So because a lot of us had already done supervision for quite some time, maybe that was part of the training that we kind of just (laughs) glazed over, but kind of giving that foundation of what exactly it might look like."

The hybrid structure of the in-person training and monthly virtual sessions offered a balance between the value of in-person time and the burden of travel. When asked about their opinions of the hybrid structure of the training, most supervisors shared positive thoughts. It was mentioned that the combination of in-person and virtual sessions was helpful because it allowed those with full schedules the flexibility to be able to join and eliminated any transportation barriers. Additionally, most supervisors enjoyed the in-person sessions, and were disappointed that the last session had to be moved to virtual due to COVID-19. Even though the supervisors generally appreciated the hybrid structure, some supervisors mentioned the long-time commitment of monthly calls over 18 months, which often created conflicts with their other roles and responsibilities. Overall, the structure of the training worked well for most training participants.

The interviews also explored what motivated supervisors to sign up for the training. Supervisors shared that they were motivated to pursue training in this area because improving their skills can ultimately benefit their home visitors, the program overall, and the families that they serve. Most supervisors mentioned their desire to increase their knowledge and skills in this area and discussed how reflective supervision is a skill where they can always improve. For a couple of supervisors, the training came at a good time within their own professional development, while others mentioned that they were drawn to the training because reflective supervision is a requirement of their home visiting model. Across participants, there was a sense that the training was a great opportunity and they wanted to take advantage of it. Similarly, supervisors mentioned that building reflective skills is a continuous parallel process that can always be improved upon, which was another motivating factor in pursuing training. Supervisors were interested in learning new techniques and seeing how other fellow supervisors were providing reflective supervision to their home visitors. Ultimately, supervisors were motivated to improve their skills in providing Reflective Supervision because they recognized the impact that it can have on their home visitors, program, and families they serve. For example, one supervisor shared, *"…and the better you are at it as the supervisor, the better your staff become at reflecting and it really is a parallel process with trickle down benefits. So in the end, the better I am at this, then it has the potential to improve the parenting and the lives of the babies in our program."*

In the midway training satisfaction survey and interviews, supervisors indicated that their level of trust was high with the other supervisors in their training cohort. Within the midway satisfaction survey that was distributed in June of 2019, training participants were asked to indicate the 'level of trust they felt has developed with the supervisors in this cohort' on a scale from 1 to 5, with 1 being "I completely trust this cohort" and 5 being "I'm still in the beginning stages." The average score for this question across all supervisors in both cohorts was a 1.8, indicating a high level of trust between cohort members. Similar findings were shared in supervisor interviews as well. Some supervisors mentioned that they knew other supervisors in their cohort prior to the training, and that working together throughout the training helped to strengthen their existing relationship.

Supervisors also shared in their interviews that aspects of how the training was conducted helped to facilitate a high level of trust between participants. First, several supervisors shared that the trainer did a great job of creating a safe space for vulnerability and honest communication, which helped everyone to feel comfortable. For example, one supervisor mentioned, ""*I think that the big thing is that right on the very first day when we were in person, the facilitator had us all make an agreement that anything that was said during those sessions was private… Like all that stuff was agreed to be kept private and confidential so that we all had really good trust with each other and I think that was really important.*" Supervisors shared that having this safe space and structured time to share their experiences with one another, as well as giving and receiving feedback, also helped to build their trust with other supervisors. The trainers also held space at the beginning of sessions for personal connection before diving into content. Another aspect of the training that helped to build high quality relationships between cohort members was the small group setting, which allowed supervisors to get to know one another better. Additionally, it was shared that starting out each monthly meeting by asking how each other has been doing also helped them to connect with one another.

1b: *Do supervisors experience a change in their knowledge and confidence in providing reflective supervision after participating in the training?*

Supervisors' knowledge of reflective supervision was captured by an open-ended question in the Supervisor Survey that was asked at each time point of data collection to track change over time.

Answers to this question indicated supervisors did increase their knowledge over the course of the training. The main elements of reflective supervision that were found in answers within the baseline survey were that reflective supervision is a time for home visitors to reflect on how their work impacts them, it provides an opportunity to explore thoughts and feelings, and that it is a safe space to do this reflection. Examining change over time in answers, we found that some participants added the concept of parallel process to their answer while others added

content about focusing on the child. There was more attention to the role of reflective supervision in preventing stress and burnout among home visitors in later surveys, and there was more emphasis on it being a space of honesty. One participant showed an interesting progression from talking about reflective supervision as "guiding staff" to "listening to staff" to "providing space/support for staff."

Results of the Reflective Supervision Self-Assessment Scale for supervisors indicated supervisors did experience a change in their confidence providing reflective supervision. Mean scores on this scale increased steadily over the 18-month training and a repeated measures ANOVA determined that confidence in providing reflective supervision differed statistically significantly between time points (F (3,18) = 6.831, p=.003). The effect size (partial eta squared) was 0.532. All assumptions were checked for this and all other repeated measures ANOVAs. There were no significant outliers, distribution of the dependent variables were approximately normally distributed, and Mauchly's test indicated the assumption of sphericity was not violated. Tables 9 and 10 include detailed parameters, tests, and results from all repeated measures ANOVAs.

Findings from the Supervisor Interviews also indicated that supervisors experienced an increase in knowledge and confidence from the training and provided more detail about how these changes were experienced. Changes in knowledge centered largely around how to hold space for home visitor reflection and how to best structure supervision time. One of the things mentioned most frequently by supervisors was that they learned it was okay to not provide an answer or solution to a challenging issue that a home visitor was expressing in a meeting with them, and that silence and an opportunity for the home visitor to just talk was very valuable. In addition to an awareness of the value of silence, a number of supervisors said that for them, allowing home visitors to come up with solutions without the supervisor's prompting was an important part of what they learned and how it impacted the overall process. As one supervisor explained, "*I guess it just focused my thoughts on letting them come up with solutions rather than me saying, 'So have you thought about this?' a little bit more. I think I try to let them come up with more things than me prompting.*" Another theme that emerged from the perspective of supervisors was around the structure of supervision sessions. Supervisors reported realizing there was room for improvement in their supervision structure. For example, preparing more by thinking about how to tailor supervision to individual personality types (the training used enneagram types) or covering specific topics that are decided in advance.

Supervisors were also asked to describe reflective supervision in their own words in the interview. The themes that emerged from the responses echoed many of the themes from the similar open-ended question on the Supervisor Survey. One clear theme in supervisors' definitions was that it is a time where home visitors can reflect on how their work is impacting

them. It gives them a chance to process their feelings about working with families. This can help provide new insight to their work and it can help protect against burnout. Some supervisors also tied this idea to the parallel process. For example, if a home visitor is processing their feelings about a situation with a family, the insight they gain about how that situation is impacting themselves can help them to better understand the impact it might be having on the parent and child. Another theme was that reflective supervision provided a "protected space," both in terms of it being a time and day that both supervisor and supervisee prioritized and made sure to maintain on their respective schedules and serving as an opportunity for the home visitor to share their feelings in an open, private, safe space.

When reviewing these themes, one can see each of the components of reflective supervision as defined in the Reflective Supervision Rating Scale. Descriptions focused most heavily on the aspects of mentalization (understanding emotional, situational, and cultural influences on behavior) and reflective process and skills (encouraging growth and skill development). Both supervisors and home visitors discussed how reflective supervision is a time to process emotions and feelings about one's work and is therefore a space to practice the skill of reflection. While not as prevalent in definitions, the concepts of mentoring (trusting, attentive, and collaborative learning relationship) and supervision structure (consistent and engaged supervision) also came through in descriptions of reflective supervision as a "protected space."

Interview findings also indicated that supervisors experienced an increase in confidence providing reflective supervision, which they largely credited to their improved skill in supporting home visitors to develop their own solutions to challenges. A primary theme within supervisor comments about confidence touched on the idea that their confidence was increased when they put less pressure on themselves to provide solutions and fix problems, and greater emphasis on being focused listeners. This also allowed several supervisors to be more relaxed and feel more natural in meeting with home visitors. As one supervisor stated, *"We're not there to come up with every single solution that one of our supervisees may have. So kind of taking that pressure off yourself allows you to fully get into this reflective role. And that increases your confidence in what you're doing because you're not worried about every single thing that you can't figure out at that exact second."* Supervisors also recognized that reflective supervision is an ongoing learning process, and some talked about how the training helped them further refine this skill and feel more relaxed or natural, and more comfortable overall with providing reflective supervision.

Study Question 2: *To what extent is reflective supervision practice incorporated into home visiting programs?*

In examining the extent to which the training content was incorporated into home visiting programs, a key element was to understand whether there were changes in how reflective of a style supervisors used (Leadership Self-Assessment Tool) and the fidelity and quality of reflective supervision provided by supervisors (Reflective Supervision Rating Scale) over time. If the supervisors were successful in incorporating what they learned in the training into their programs, we should see increases in these components of their practice. Overall, the findings are a bit mixed for this study question. Findings indicated that supervisors did experience an increase in some aspects of quality and fidelity, but they did not make large changes to their practices. This is likely due to the fact that all supervisors who participated in the training were already providing reflective supervision (see demographics table).

Results of the Leadership Self-Assessment Tool indicated there was not a change in supervisors' ratings of how reflective their supervisory style is. A repeated measures ANOVA determined that reflective supervisor style did not differ statistically significantly between time points (F (3,18) = 2.944, p=.061). This may be due to the fact that ratings were fairly high at baseline (mean of 2.65 on a 3-point scale).

Results of the Reflective Supervision Rating Scale for supervisors indicated there was a change in one aspect of supervisors' fidelity and quality of reflective supervision. *Reflective Process and Skills* increased over the 18-month training period, and a repeated measures ANOVA determined that this subscale differed statistically significantly between time points (F (3,18) = 6.576, p=.003). This subscale measures the construct of encouraging growth and skill development. The effect size (partial eta squared) was 0.523. Findings were not significant for the other subscales: mentoring (F(3,18) = 2.165, p=.128), supervision structure (F(3,18) = 3.130, p=.051), and mentalization (F(3,18) = 1.947, p=.158).

The Reflective Supervision Rating Scale was also completed by home visitors, rating their supervisor. Findings were not significant for any subscale when comparing baseline and 12-month follow-up: reflective process and skills (F(1,15) = 3.201, p=.094), mentoring (F(1,15) = 4.355, p=.054), supervision structure (F(1,15) = 0.050, p=.827), and mentalization (F(1,15) = 0.349, p=.564). This is likely due to the fact that home visitors rated their supervisors fairly high at baseline (means range from 3.39 to 3.68 on a 4-point scale). We did re-run the analysis after removing all home visitors who rated their supervisor a 4 at baseline and follow-up and this did not change the results.

Findings from the interviews helped explain the mixed quantitative results for this study question and provided more nuanced information about the changes that supervisors did make to their practice that were not captured by the survey scales. All the supervisors were from organizations that were in advanced stages of implementation, between initial and full implementation according to the stages of implementation described by Fixsen and colleagues

(2015). When asked how they had prepared their program for changes in supervision, supervisors indicated that they had not needed to do much preparation because most already had some reflective supervision practices in place. Mainly, they informed their staff about potential changes coming to the supervision process based on the trainings in which they were participating.

Because most supervisors had already been providing reflective supervision, they did not make large changes to their practices, but they were able to transfer knowledge from the training to their program in terms of the structure of supervision and encouraging home visitor reflection. Home visitors and supervisors both identified minor changes within their supervision sessions as they incorporated the reflective supervision training content into their programs. From the supervisor perspective, one of the key ideas expressed by several individuals was that their supervisory sessions with home visitors had become more of a collaborative experience, with the home visitor taking a more active role in the process. One supervisor explained how this dynamic had shifted in her supervision sessions: "*So after this training, it's a nice kind of refreshing view to look at it as a partnership and for the supervisee to really just have that allotted time and that individualized attention for them and in whatever purpose they may need it.*" This was recognized by home visitors, as well. Several home visitors talked about how their supervision sessions now have more space to focus on topics or challenges that the home visitor brings.

Another change that was discussed by both supervisors and home visitors was that supervision allowed more space for home visitors to come up with strategies and solutions on their own without the supervisor jumping to solutions. Several home visitors identified that a key difference they have noticed is how there is more emphasis now on creating reflective space when talking about families on their caseload, and less focus on problem solving and solutions. Some supervisors also talked about how there was a renewed emphasis on structure in scheduling meetings with their home visitors and making sure that they stick to those meetings when scheduled, or to re-schedule promptly if necessary. Both home visitors and supervisors made comments indicating that sessions were more structured than before, with more planning around how the time was used and more intentional use of reflective strategies.

Overall, many of the home visitors said there was not a large change in their supervision because their supervisor was already using reflective supervision. However, they did notice some shifts. In addition to the themes around an active role for home visitors and structure and intention discussed above, some of the changes home visitors mentioned included how their supervisor appeared more present and focused in sessions, offered more positive feedback and praise, had started taking notes in sessions, and provided more positive affirmations. Home visitors also noticed that their supervisors were providing more space to explore their feelings

and how their work was impacting them. A few home visitors also mentioned the value they felt in having more open-ended questions in their sessions, allowing them time to process how they felt about an issue, be it personal or relating to an issue with families that they were working with. Similarly, home visitors also discussed how they appreciated their supervisor's ability to provide new or different perspectives on their work and on challenges they may be experiencing with a family.

Home visitors were very complementary about the support they received from their supervisors while receiving reflective supervision. There were numerous comments about how they appreciated the positive feedback and open communication in their sessions with their supervisors, and how they valued just being heard (as opposed to an emphasis on receiving advice). Allowing more silence in sessions, but not providing answers necessarily, was identified by home visitors several times as something they appreciated in their reflective supervision sessions. Additionally, some home visitors remarked that the supervision process as it has now evolved allows them to feel more relaxed, refreshed, and relieved. One home visitor spoke about feeling less pressure to problem solve with families based on discussions with her supervisor, because she is reminded that she is not responsible for "owning" her families' problems.

To better understand the content of participants' reflective supervision sessions and to look for evidence of best practices and critical components of reflective supervision, the interviews asked supervisors and home visitors to walk through a typical supervision session. When discussing a typical session, there was quite a bit of consistency among respondents from both home visitors and supervisors. For most participants, supervision followed a general structure of: general check-in, in-depth case reviews, feedback and questions, and processing of experiences and feelings about their work. Responses from home visitors often indicated that there was a balanced exchange with their supervisor, and that a discussion most often began with the supervisor checking in on how the home visitor was doing, be it personally as well as in their work with families, and then moving into a dialogue about more specific issues with caseloads. There was some variation in the structure and content of supervision depending on the home visiting model used. For example, one supervisor noted how the session struck a balance between the reflective, clinical, and administrative components that are required by their model.

Overall, home visitors' and supervisors' descriptions of typical supervision sessions included all components of reflective supervision as described in the Reflective Supervision Rating Scale. Descriptions of supervision sessions gave a clear picture of the *supervision structure*, with a similar format described by both home visitors and supervisors. In terms of *mentalization*, both supervisors and home visitors reported doing in-depth case reviews where

the supervisor asked probing questions and gave feedback, helping home visitors process their experiences and feelings. This is closely linked to *reflective process & skills*, where supervisors helped the home visitors to build their skills in reflective practice. Home visitors mentioned getting feedback and suggestions from their supervisor, learning to be more comfortable talking about themselves while addressing what is happening with their families, appreciating the benefit of having new input on a problem, valuing that their supervisor had a different lens to view from when the home visitor was stuck on an issue, and having their supervisor be a valued sounding board to confirm that the home visitor was on the right path. *Mentoring* showed up somewhat less than the other components, but participants did mention: receiving positive feedback and encouragement from their supervisor; connecting on a personal level in sessions prior to when they would focus on the home visitor's caseloads; having a quiet, relaxed, private environment in which home visitors could share; and having dedicated time together.

Study Question 3: *What are the barriers, facilitators, and lessons learned from incorporating reflective supervision into home visiting programs?*

When transferring the training content to their program, supervisors did not experience many barriers, but did note that lack of time and resources can create difficulties. When asked about the level of support received from their administration in providing reflective supervision, the consensus among respondents was that they received excellent support implementing reflective supervision practices. However, one supervisor did provide a word of caution around the importance for administrators to provide the space, privacy, and blocks of time for supervision to occur, while still indicating that she received the support she needed. Although most home visitors and supervisors shared that they did not experience barriers with reflective supervision, challenges were shared by some. Challenges and barriers experienced by home visitors and supervisors around reflective supervision were most often regarding time, content shared during supervision, and resources. Additionally, supervisors and home visitors shared processes and resources they have utilized in helping them participate in reflective supervision that help to counteract some of the barriers mentioned. Facilitators of high-quality reflective supervision mentioned by supervisors and home visitors included flexible scheduling, sending weekly focus topics, noting highlights of each session, open and honest communication, and professional boundaries.

Timing and scheduling presented challenges for both home visitors and supervisors. Home visitors shared that setting aside time for reflective supervision presented difficulties when their schedules were already full of home visits with families. Supervisors also generally have full schedules, which can make dedicating supervision time difficult. When this barrier was shared, however, home visitors mentioned that they were usually able to find another time to meet with their supervisor. Additionally, scheduling difficulties are especially challenging for

home visiting staff in more rural areas of the state. Because the distance between staff is often hours apart, it can make having in-person reflective supervision sessions challenging. Staff in these locations shared that although the distance presented challenges, they are still able to conduct reflective supervision sessions over the phone. In noticing challenges with scheduling, it was mentioned that flexibility in meeting times is important, in addition to having the option to contact supervisors when stressful or challenging moments arise with their families. Having that support when these moments arise, home visitors shared, helps them to feel more confident and prevents burnout. One home visitor shared, *"I think our flexible schedules definitely have helped because we typically have a set day and time but sometimes the way that things work out with our families, things change quickly, and so we have the flexibility to be able to move that, we have the flexibility to meet elsewhere if it's easier. Sometimes when there's a lot going on and I feel very anxious about things, sometimes walking helps and so sometimes we have changed the environment to be able to practice better. So, I think that flexibility is very important and that's been very helpful."*

The final area of challenges that emerged from interviews was around resources at the agency level. First, not all agencies had a private and dedicated space to conduct reflective supervision sessions. Both home visitors and supervisors shared that having a private space is important to allow for comfortability in sharing sensitive information, as well as for consistency in where they are meeting. One supervisor shared her experience in not having a dedicated, private space for supervision, and that she and her supervisees were often interrupted during sessions which created conflicts. This supervisor was able to talk to their administration and get a private office space. An additional barrier around resources was that oftentimes supervisors did not have anyone that they could reflect with. It was shared that supervisors also need supports in place for them to be reflective to provide quality reflective supervision for home visitors (i.e., parallel process).

Finally, reflective supervision can present challenges for some people who find the skill of being reflective challenging. Because home visiting staff are busy and often wearing multiple hats, the act of slowing down and being reflective can seem unimportant compared to competing priorities. For example, one home visitor shared *"For me probably the biggest barrier is sometimes (pauses) I know it's important, but I also feel like I just want to do my job and get moving. Like I don't—there are days where I don't want to sit and discuss how things are going. I'm just like, 'This is what's happening. This is what I need to do. Let's move on and I want to get going,' which I know probably sounds harsh."*

Supervisors and home visitors noted that it takes time and practice to build a reflective supervision relationship, but it is well worth the time invested. Determining what to share during reflective supervision was a challenge for both home visitors and supervisors. During her

interview, one supervisor shared that the line between reflective supervision and 'therapy' can at times be blurred. In reflective supervision sessions, home visitors are sharing details about their emotions and reflections resulting from the work they do with families, which can present opportunities for oversharing, according to some home visitors and supervisors. From the home visitor perspective, it was shared that it can be difficult at times to determine what is appropriate to be shared with their supervisor during reflective supervision. If they have a close relationship with their supervisor and feel comfortable sharing, it can present opportunities to disclose information that may be too personal. Another home visitor mentioned that topics that were shared in reflective supervision have come up in other contexts outside of reflective supervision. Because of that, it was mentioned that home visitors need to be careful what is disclosed during those sessions.

To counteract this challenge, supervisors and home visitors shared about the importance of finding a balance with their supervisor and using open and honest communication. Although it can take time for the professional relationship to develop, and for the home visitor to determine what information to disclose with their supervisor and when about the families they serve, the most benefit is experienced when the home visitor shares honestly. One home visitor shared, *"With your supervisor sometimes it's really hard with a supervisor because you feel you're being in a sense judged. And that's not necessarily the case. They're there to help you improve your skills and to be able to help you help your families more. And I think that that's important: being able to be open and honest about what is going on as opposed to what you think they want to hear."* Home visitors also described how coming prepared to supervision sessions helps them to feel more comfortable and helps in making the most of reflective supervision time with their supervisor.

Home visitors also shared that being open and honest requires vulnerability, which can feel uncomfortable when first beginning reflective supervision. Many home visitors and supervisors shared that it is important to trust the process, be patient and flexible, and to enter supervision sessions without any expectations. Over time, both the home visitor and supervisor learn about each other's style and personalities, which helps the home visitor and supervisor to feel more comfortable. As the professional relationship develops, the home visitors and families start to experience greater benefits.

Study Question 4: *To what extent is reflective supervision associated with improvements in home visitor reflective practice?*

Results of the Reflective Practice Questionnaire completed by home visitors indicated there was not a change in home visitor reflective practice. A repeated measures ANOVA determined that reflective practice did not differ statistically significantly between baseline and 12-month follow-up on any of the subscales: reflective-in-action ($F(1,15) = 0.466$, $p=.505$),

reflective-on-action ($F(1,15) = 0.172$, $p=.684$), reflective with others ($F(1,15) = 2.034$, $p=.174$), self-appraisal ($F(1,15) = 2.455$, $p=.138$), and desire for improvement ($F(1,15) = 0.005$, $p=.943$). There was also not a change in home visitor's confidence in their ability to fully participate in reflective supervision (which relies heavily on reflective practice skills). A repeated measures ANOVA determined that there was not a statistically significant difference in mean scores on the Reflective Supervision Self-Assessment Scale for home visitors from baseline to 12-month follow-up ($F(1,15) = 0.147$, $p=.707$).

Although the quantitative findings were not statistically significant, in the interviews, supervisors and home visitors discussed several ways in which reflective supervision is actively building home visitor reflective practice, particularly the skill of reflecting on past events (reflective-on-action). Home visitors shared several ways their supervisor helps them build their reflective practice, including providing encouragement, reminders, and tips that they can bring into their visits with families. Supervisors also asked probing questions to help home visitors reflect more deeply, such as questions about what families have done with resources that the home visitor provided. Similarly, by walking through the reflective process with home visitors, supervisors help build this skill.

Additionally, reflective supervision teaches home visitors how to be more reflective with the families they serve. Several home visitors mentioned that in reflective supervision sessions with their supervisors, they were able to learn strategies to use with their families. In being more reflective, home visitors shared that they are better able to actively listen and be present with their families. One home visitor shared, *"And I think reflective supervision is not this therapy session where we sit and complain about all of these things, but it's a time to really process our experiences through this role and learn more about ourselves, and then therefor learn better ways to not only manage how we're feeling about things or how we're handling things, but really the ways that we interact with families and really improve our practice because the more you know about yourself, and how you handle things, and how you deal with things, the better you can be for these families that need you. And I think it prevents a lot of that burnout and it gives you an avenue to be able to express some of those things in a really safe environment."* Reflective supervision also helped home visitors bring new strategies and perspectives to their work with families. Home visitors and supervisors talked about multiple ways in which reflective supervision has changed how home visitors interact with families. Several home visitors gave examples of how reflective supervision gave them an opportunity to talk through a challenging situation with a family and come up with new strategies to try with that family. Being able to talk through situations and strategies also gave home visitors more confidence in working with their families and having difficult conversations. Similarly, some home visitors talked about how reflective supervision sessions have helped them see a situation from a new perspective.

Reflective supervision also helped home visitors to better meet their families where they are. For example, being able to reflect on whether a goal is truly a family's goal or the home visitor's goal, as well as supporting families in problem solving instead of jumping to solutions for them, or even just preparing oneself mentally to be patient in a frustrating situation. Within each of these changes in interactions with families there are hints of parallel process, but one home visitor's answer strongly illustrated how the parallel process of reflective supervision can function: "*I think listening to [supervisor] and how she would approach things with us kind of would influence me and be like, 'Oh, that's actually a good way (laughs) to address some issues that I have with my clients and how to approach them.' Because there was a—it was like a gentle way to address bigger things that were going on without feeling too pushy or judgmental by any means.*"

When asked if they had encountered any barriers when using reflective practice with their families, home visitors mostly responded that they had not encountered barriers. One home visitor mentioned that it takes time to build rapport with a family to be able to use reflective strategies. One thing several home visitors mentioned that would help them with their reflective practice is having more opportunity to learn from other home visitors.

Although this evaluation study did not include an examination of the impact of reflective supervision on home visitor stress and burnout (because it was believed to be a longer-term outcome of the training), the interview findings did include some themes around this topic. One of the many benefits shared in interviews was that reflective supervision prevents stress and feelings of burnout among home visitors. Reflecting on potentially traumatic or stressful events that occur with families helps home visitors to process and release that stress rather than having it build up. For example, COVID-19 added several challenges to home visiting, such as virtual visits, virtual supervision, and additional stress and hardship for families, combined with the personal stress and anxiety that home visitors and supervisors were feeling as a result of the pandemic. During this time, several of the home visitors and supervisors discussed how reflective supervision had been helpful. It provided a way to process the stress, uncertainty, and emotions, and to generate strategies for supporting families in dealing with the stress and anxiety. As one supervisor explained, "*I think it's so important right now that we have [reflective supervision] so we don't get burned out. And I can see that I don't have highly stressed home visitors right now.*"

Table 9. Supervisor Repeated Measures ANOVAs (n=7)

Scale	Mean baseline	Mean 6mo	Mean 12mo	Mean 18mo	Mauchly's X^2	Mauchly's Sig	F	df	Sig	Observed power
RSSAS	3.39	3.55	3.94	4.05	1.4	.926	6.831	3,18	**.003**	.940
LSAT	2.65	2.67	2.72	2.79	3.52	.627	2.944	3,18	.061	.598
RSRS Process Skills	2.4	2.86	2.86	3.3	5.197	.401	6.576	3,18	**.003**	.931
RSRS Mentoring	3.17	3.26	3.33	3.55	4.199	.529	2.165	3,18	.128	.460
RSRS Structure	3.29	3.38	3.38	3.67	6.949	.233	3.130	3,18	.051	.627
RSRS Mentalization	3.11	3.23	3.37	3.57	3.3	.660	1.947	3,18	.158	.418

Table 10. Home Visitor Repeated Measures ANOVAs (n=16)

Scale	Mean baseline	Mean 12mo	F	df	Sig	Observed Power
RSSAS	4.11	4.15	.147	1,15	.707	.065
RSRS Process Skills	3.42	3.30	3.201	1,15	.094	.388
RSRS Mentoring	3.52	3.46	4.355	1,15	.054	.497
RSRS Structure	3.68	3.67	.050	1,15	.827	.055
RSRS Mentalization	3.39	3.44	.349	1,15	.564	.086
RPQ-RIA	4.58	4.34	.466	1,15	.505	.098
RPQ-ROA	4.77	4.67	.172	1,15	.684	.068
RPQ-RO	4.66	4.91	2.034	1,15	.174	.267
RPQ-SA	4.55	4.73	2.455	1,15	.138	.311
RPQ-DFI	4.56	4.58	.005	1,15	.943	.051

RSSAS: Reflective Supervision Self-Assessment Scale Supervisor and Home Visitor versions. Scale of 1 (no confidence) to 5 (extremely high confidence)
LSAT: Leadership Self-Assessment Tool. Scale of 1 (rarely) to 3 (almost always)
RSRS: Reflective Supervision Rating Scale Supervisor and Home Visitor versions. Scale of 1 (rarely) to 4 (almost always)
RPQ: Reflective Practice Questionnaire. Scale of 1 (not at all) to 6 (extremely

b. Sample and Characteristics: All seven supervisors who participated in the full training completed all data collection time points of the supervisor survey and completed an interview. A total of 16 home visitors completed the two time points of the home visitor survey and 18 completed an interview. Demographic characteristics for all participants from the baseline survey are presented in Table 11.

Table 11. Demographic Characteristics of Sample

	Supervisors (n=7)		Home Visitors (n=16)	
	n	*%*	*n*	*%*
Female	7	100%	16	100%
Race				
White	7	100%	13	81.3%
Black/African American	-	-	1	6.3%
Asian	-	-	1	6.3%
Multi-racial	-	-	1	6.3%
Hispanic	0	0%	2	12.5%
Age				
25-34 years old	-	-	8	50%
35-44 years old	4	57.1%	5	31.3%
45-54 years old	3	42.9%	2	12.5%
55-64 years old	-	-	1	6.3%
Education				
College diploma	4	57.1%	13	81.3%
Some grad school	1	14.3%	1	6.3%
Master's degree	2	28.6%	2	12.5%
Years providing supervision				
<1 year	2	28.6%		
1-5 years	4	57.1%		
>10 years	1	14.3%		
Years providing reflective supervision				
<1 year	2	28.6%		
1-5 years	5	71.4%		
Years providing home visiting				
<1 year			4	25%
1-5 years			7	43.8%
6-10 years			1	6.3%
>10 years			4	25%

Years receiving reflective supervision				
Not currently			1	6.3%
<1 year			5	31.3%
1-5 years			8	50%
6-10 years			1	6.3%
>10 years			1	6.3%

c. Description of Control Groups: Not applicable.

d. Discussion and Interpretation of Findings:

The reflective supervision training was rated very highly by the supervisors who participated. Evaluation forms and interviews found that supervisors were satisfied with the trainers and that they learned new approaches and ideas to build their reflective practice. However, they did think it could have been shorter than 18 months.

The structure of the training was also successful. The combination of virtual and in-person elements offered a balance between the value of in-person time and the burden of travel. The training also facilitated trusting relationships between cohort members. Supervisors shared in their interviews that aspects of how the training was conducted (e.g., creating a safe space, small group setting with lots of interaction) helped to facilitate a high level of trust between participants.

Survey and interview findings showed that supervisors increased their knowledge of reflective supervision over the course of the training. Supervisors showed progression in their understanding of the key components of reflective supervision and they observed changes in their knowledge of reflective supervision, particularly around how to hold space for home visitor reflection and how to best structure supervision time.

Findings also showed that supervisors experienced an increase in confidence in providing reflective supervision. Supervisors largely credited their increased confidence to their improved skill in supporting home visitors to develop their own solutions to challenges. This allowed supervisors to put less pressure on themselves to provide solutions and fix problems, and greater emphasis on being focused listeners. Supervisors also recognized that reflective supervision is an ongoing learning process, and some talked about how the training helped them further refine this skill and feel more relaxed or natural, and more comfortable overall with providing reflective supervision.

Overall, the findings were a bit mixed for whether the reflective supervision training was associated with changes in supervisors' reflective supervision practice and quality. Survey findings indicated that supervisors did experience a statistically significant increase in one aspect of quality and fidelity (encouraging growth and skill development) but did not make large

changes to their practices. This is likely due to the fact that all supervisors who participated in the training were in organizations where reflective supervision had already been implemented and were themselves already providing reflective supervision. They participated in the training to improve their skills rather than to learn a new skill. Findings from the interviews helped explain the mixed quantitative results for this study question and provided more nuanced information about the changes that supervisors did make to their practice that were not captured by the survey scales. Because most supervisors had already been providing reflective supervision, they did not make large changes to their practices, but they were able to transfer knowledge from the training to their program in terms of the structure of supervision and encouraging home visitor reflection. These changes were noticed and discussed by home visitors in their interviews, as well. Interview findings also indicated that typical supervision sessions as described by participants included all critical components of reflective supervision. When transferring the training content to their program, supervisors did not experience many barriers, but did note that lack of time and resources can create difficulties. Supervisors and home visitors noted that it takes time and practice to build a reflective supervision relationship, but it is well worth the time invested. An additional barrier around resources was that oftentimes supervisors did not have anyone with whom they could reflect. It was shared that supervisors also need supports in place for them to be reflective in order to provide quality reflective supervision for home visitors (i.e., parallel process).

Survey results indicated there was not a change in home visitor reflective practice or home visitor confidence in participating in reflective supervision from baseline to 12-month follow-up. Although the quantitative findings were not statistically significant, in the interviews, supervisors and home visitors discussed several ways in which reflective supervision is actively building home visitor reflective practice, particularly the skill of reflecting on past events. Additionally, reflective supervision teaches home visitors how to be more reflective with the families they serve. Several home visitors mentioned that in reflective supervision sessions with their supervisors, they were able to learn strategies to use with their families. Reflective supervision also helped home visitors to better meet their families where they are. Although this evaluation study did not include an examination of the impact of reflective supervision on home visitor stress and burnout (because it was believed to be a longer-term outcome of the training), the interview findings did include some themes around this topic. One of the many benefits shared in interviews was that reflective supervision prevents stress and feelings of burnout among home visitors. For example, it had been a useful tool for supervisors and home visitors to deal with the stress of the COVID-19 pandemic.

One important lesson learned from the evaluation study was the value of reflective supervision during the COVID-19 pandemic. This is a very stressful time for home visitors (and

other family support professionals) as they navigate changes to how services can be provided (e.g., virtual visits) and support families that are experiencing extreme hardship, from loss of income to illness and death of family and friends. Home visitors are also dealing with the impacts of the pandemic on their own lives. Several of the supervisors and home visitors in this study discussed how reflective supervision had been helpful during this time. It provided a way to process the stress, uncertainty, and emotions, and to generate strategies for supporting families in dealing with the stress and anxiety.

e. Limitations of findings:

One limitation of the study is the lack of a control or comparison group. This makes it more difficult to rule out confounding factors for findings that were statistically significant. The study design addressed this limitation through repeated measures (to examine change over time) and qualitative data collection (to provide important context for survey findings). Another limitation of the study is the supervisor sample size and the training attrition. The training started with 11 supervisors and lost four about halfway through for a final sample size of seven. This limits the generalizability of findings. Also, the sample size and lack of variation in some quantitative measures impacted the power of those measures to detect change over time. Also, because these supervisors self-selected to participate in the training, there may be something particular about them that makes them different from the average home visiting supervisor, which further limits generalizability. Additionally, the vast majority of participants were white (100% of supervisors and 81.3% of home visitors). Future research should examine whether reflective supervision training and practice are experienced differently by individuals of different racial, ethnic, and cultural backgrounds.

Another limitation of the study is regarding the time points of data collection for home visitors. The study was designed to be a two-part study. The second phase of the study would look at long-term outcomes for home visitors around job satisfaction and compassion satisfaction/fatigue. To avoid over-burdening home visitors with surveys for a period of four year (two 2-year studies), the study team decided to collect surveys from home visitors every 12 months. Unfortunately, there was not funding available to support a second phase of the study. If this had been known at the outset of the study, we would have administered home visitor surveys at the same frequency as supervisors (every six months from baseline through 18 months). It is possible that more points of data collection or an 18-month survey would have captured additional change in quality and fidelity of reflective supervision (Reflective Supervision Rating Scale – Home Visitor), confidence in participating in reflective supervision (Reflective Supervision Self-Assessment Scale – Home Visitor), or reflective practice (Reflective Practice Questionnaire).

f. Design Specific Components: Not applicable.

XII. Evaluation Successes, Challenges, Conclusions, and Dissemination

a. Strategies that Facilitated Implementation: Over the years, the MHVI has worked with LIAs to build an appreciation of evaluation and data-driven programming. The LIAs participating in this project understood the importance of evaluating the training and the importance of their participation in the evaluation. Another strategy that facilitated implementation was the coordination between MHVI and MPHI to follow up with supervisors and home visitors who had not enrolled or completed surveys or interviews. MPHI and MHVI stayed in close contact around recruitment and data collection, and MHVI staff ensured that LIAs were receiving communications from MPHI about the evaluation data collection and directed supervisors or home visitors who had questions to the appropriate MPHI evaluation team staff.

b. Successes that Resulted from the Evaluation: One clear success is that the evaluation achieved a 100% response rate from supervisors participating in the training. The response rate for home visitors was lower (55% for surveys and 62% for interviews), but still a good response rate for longitudinal data and in-depth interviews. Given the fact that the COVID-19 pandemic occurred during the portion of the study when final supervisor surveys and all interviews were collected, these response rates are even more significant.

The evaluation also highlighted where the reflective supervision training was successful. Supervisors who participated in the training were very satisfied, and all supervisors indicated they enjoyed the content and engagement of the training and learned new approaches and ideas. Also, the training structure was successful. Supervisors reported high levels of trust with the other members of their cohort and valued the hybrid structure of in-person training time and virtual reflective supervision. Supervisors who participated in the training experienced an increase in knowledge and confidence in providing reflective supervision and were able to incorporate training content into their supervision practice. Supervisors also experienced some increase in fidelity and quality of reflective supervision provided. Also, several home visitors discussed how they have been able to learn reflective strategies during reflective supervision that they can use with the families they serve, and that reflective supervision helps them better meet their families where they are.

Another success of the evaluation was the choice of a mixed methods design. If only the quantitative measures had been used, many of the benefits of the training would have been missed in the findings, because they showed up in nuanced ways. This is particularly true for study question 2, which examined the extent to which reflective supervision practice was incorporated into home visiting programs. The quantitative findings were not strong, as there was a statistically significant change in only one subscale of the Reflective Practice Rating Scale for supervisors. However, the interviews were able to capture a much more nuanced picture of changes to reflective supervision practice and provided deeper understanding of

context and meaning. Supervisors and home visitors were very open and honest in their interviews, sharing the successes and challenges of practicing reflective supervision. In many ways, their reflective practice can be seen in their answers to the interview questions, which illustrated their ability to reflect upon the value of reflective supervision and to think deeply about their lessons learned in implementing it.

c. Challenges Encountered Conducting Evaluation and How Each Was Addressed: The evaluation faced very few challenges. One challenge was the loss of four of the training participants. Two participants left their positions during the 18-month training and two additional participants dropped out of the training. This resulted in smaller cohorts than expected but did not impact the integrity of the training and did not negatively impact the evaluation. The study was still able to collect useful data and produce meaningful results.

d. Adherence to Proposed Plan: There were two small deviations from the approved evaluation plan. To accommodate very busy home visitors during the COVID-19 pandemic, one home visitor submitted their answers to the interview questions in a document through REDCap instead of participating in a phone interview. The IRB was amended prior to this deviation. There was also a change to the quantitative analysis. Because there were only two supervisors with a Master's degree, we did not compare outcomes based on supervisor education as was planned.

e. Key Evaluation Findings: The reflective supervision training was rated very highly by the supervisors who participated. According to training evaluation forms, they were satisfied with the knowledge and organization of the trainer, the content and engagement of the training, and indicated they learned new approaches and ideas. In interviews, supervisors indicated they enjoyed the training and thought it was useful in building their reflective supervision practice, but they did think it could have been shorter than 18 months.

The structure of the training was also successful. Supervisors liked the hybrid structure of in-person training and monthly virtual sessions. They thought it offered a balance between the value of in-person time and the burden of travel. The training also facilitated trusting relationships between cohort members. In a midway satisfaction survey, supervisors indicated a high level of trust with the other supervisors in their training cohort. Supervisors shared in their interviews that aspects of how the training was conducted (e.g., creating a safe space, small group setting with lots of interaction) helped to facilitate a high level of trust between participants.

Survey and interview findings showed that supervisors increased their knowledge of reflective supervision over the course of the training. Answers to an open-ended question asking supervisors to explain reflective supervision in their own words showed progression in understanding of the key components of reflective supervision. When the same question was

asked in interviews conducted after the training ended, supervisors' answers reflected all of the key components of reflective supervision. Supervisors also observed changes in their knowledge of reflective supervision, particularly around how to hold space for home visitor reflection and how to best structure supervision time.

Survey and interview findings showed that supervisors also experienced an increase in confidence in providing reflective supervision. Mean scores on the Reflective Supervision Self-Assessment Scale for supervisors increased significantly over time. Interviews affirmed and expanded upon this, finding that supervisors largely credited their increased confidence to their improved skill in supporting home visitors to develop their own solutions to challenges. A primary theme within supervisor comments about their confidence in providing reflective supervision touched on the idea that their confidence was increased when they put less pressure on themselves to provide solutions and fix problems, and greater emphasis on being focused listeners. Supervisors also recognized that reflective supervision is an ongoing learning process, and some talked about how the training helped them further refine this skill and feel more relaxed or natural, and more comfortable overall with providing reflective supervision. Overall, the findings were a bit mixed for whether the reflective supervision training was associated with changes in supervisors' reflective supervision practice and quality. Survey findings indicated that supervisors did experience a statistically significant increase in one aspect of quality and fidelity (encouraging growth and skill development) but did not make large changes to their practices. This is likely because all supervisors who participated in the training were in organizations where reflective supervision had already been implemented and were themselves already providing reflective supervision. They participated in the training to improve their skills rather than to learn a new skill. Findings from the interviews helped explain the mixed quantitative results for this study question and provided more nuanced information about the changes that supervisors did make to their practice that were not captured by the survey scales. Because most supervisors had already been providing reflective supervision, they did not make large changes to their practices, but they were able to transfer knowledge from the training to their program in terms of the structure of supervision and encouraging home visitor reflection. These changes were noticed and discussed by home visitors in their interviews, as well. Interview findings also indicated that typical supervision sessions as described by participants included all critical components of reflective supervision.

When transferring the training content to their program, supervisors did not experience many barriers, but did note that lack of time and resources can create difficulties. When asked about the level of support received from their administration in providing reflective supervision, the consensus among respondents was that they received excellent support implementing reflective supervision practices. Challenges and barriers experienced by home visitors and

supervisors around reflective supervision were most often regarding time, content shared during supervision, and resources. Supervisors and home visitors noted that it takes time and practice to build a reflective supervision relationship, but it is well worth the time invested. An additional barrier around resources was that oftentimes supervisors did not have anyone with whom they could reflect. It was shared that supervisors also need supports in place for them to be reflective to provide quality reflective supervision for home visitors (i.e., parallel process).

Survey results indicated there was not a change in home visitor reflective practice or home visitor confidence in participating in reflective supervision from baseline to 12-month follow-up. Although the quantitative findings were not statistically significant, in the interviews, supervisors and home visitors discussed several ways in which reflective supervision is actively building home visitor reflective practice, particularly the skill of reflecting on past events. Additionally, reflective supervision teaches home visitors how to be more reflective with the families they serve. Several home visitors mentioned that in reflective supervision sessions with their supervisors, they were able to learn strategies to use with their families. Reflective supervision also helped home visitors to better meet their families where they are. For example, being able to reflect on whether a goal is truly a family's goal or the home visitor's goal, as well as supporting families in problem solving instead of jumping to solutions for them, or even just preparing oneself mentally to be patient in a frustrating situation.

Although this evaluation study did not include an examination of the impact of reflective supervision on home visitor stress and burnout (because it was believed to be a longer-term outcome of the training), the interview findings did include some themes around this topic. One of the many benefits shared in interviews was that reflective supervision prevents stress and feelings of burnout among home visitors. For example, it had been a useful tool for supervisors and home visitors to deal with the stress of the COVID-19 pandemic.

f. Implications and Generalizability of Findings: This evaluation study has implications for future training efforts in reflective supervision. The evaluated training provided an intensive 18-month training program to supervisors, with a mix of in-person multi-day training and monthly virtual reflective supervision sessions. Supervisors completed the training in cohorts, which helped foster a sense of trust and safety among participants. The findings of the evaluation indicated that the training was successful in increasing supervisors' knowledge and confidence in providing reflective supervision and supervisors improved aspects of their reflective supervision practice. Home visiting supervisors are busy professionals, so the decision to participate in an intense training program such as this one is not something taken lightly. The positive outcomes of this training discovered through this evaluation study indicate that it was time well-spent. Training participants did note that the training was long and could probably achieve the same outcomes in a shorter amount of time.

There are also implications for the value of reflective supervision during the COVID-19 pandemic. This is a very stressful time for home visitors (and other family support professionals) as they navigate changes to how services can be provided (e.g., virtual visits) and support families that are experiencing extreme hardship, from loss of income to illness and death of family and friends. Home visitors are also dealing with the impacts of the pandemic on their own lives. Several of the supervisors and home visitors in this study discussed how reflective supervision had been helpful during this time. It provided a way to process the stress, uncertainty, and emotions, and to generate strategies for supporting families in dealing with the stress and anxiety.

There are important limitations to this study that have implications for generalizability. This evaluation studied one training program that was attended by seven supervisors, which is a small sample size. Also, because the training was offered to all supervisors within the MHVI, there was not an opportunity to include a control group in the study.

g. Recommendations: This training or similar trainings on reflective supervision should be offered in the future. The findings of the evaluation indicated that the training was successful in increasing supervisors' knowledge and confidence in providing reflective supervision and supervisors improved aspects of their reflective supervision practice. Because reflective supervision was identified as an area where supervisors can always improve their skills, it may be beneficial to offer training in this area on a regular schedule.

Future reflective supervision trainings should maintain the hybrid structure of in-person training days and virtual reflective supervision sessions. This structure provided a balance of learning and applying the information from the training, and also balanced valuable in-person time with the burden of traveling. Also, as the participating supervisors noted, it takes practice to build one's reflective supervision skills, and the monthly reflective supervision sessions helped supervisors feel more relaxed or natural, and overall, more comfortable with providing reflective supervision. It is also recommended that future training offerings include the cohort structure of this training, as it helped to build trust between participants.

An important element of reflective supervision training should be to build supervisor skill in holding space for home visitor reflection, as supervisors in this study cited this as both a key learning area and a key component impacting their increase in confidence. Holding space for supervisee reflection is one of the more difficult aspects of providing reflective supervision. It requires the supervisor to hold back on their impulse to offer solutions and to instead support the supervisee in finding their own solutions. It is the work of building reflective practice. As the training participants explained, once a supervisor becomes comfortable with holding space and can practice focused listening, it relieves a lot of pressure that the supervisor might be putting on themselves to provide solutions and fix problems. This can increase supervisor confidence.

Furthermore, responses from home visitors indicated that this key component of reflective supervision helped them better serve their families. In some cases this was through a parallel process where they applied reflective strategies they had experienced in their own supervision with their families and in other cases it was through reflecting on how a difficult situation was affecting them in order to find new strategies for how to work with that family.

The reflective supervision training as currently designed best fits supervisors who have some experience with reflective supervision and who work within organizations that are already implementing reflective supervision. The level of information provided in the training fit the experience of the current cohorts very well, but some participants did note that someone with less experience would need more introductory-level content on the basics of reflective supervision. Also, some participants noted that there was not a lot of information in the training on how to work with the administration within your organization to support reflective supervision. This was not an issue with the current cohorts because all training participants worked within organizations that had already implemented reflective supervision. If the training is repeated with supervisors who have a different level of experience, these elements should be considered. Future reflective supervision trainings should consider including home visitors. The evaluation study did not find evidence that home visitors had experienced a significant change in their reflective practice, but there was qualitative evidence that reflective supervision is working to build home visitor reflective practice. The lack of significant findings may be due to a lag between supervisor training and home visitor outcomes, meaning the change may occur after the study period. It is also important to consider whether home visitors should receive training in reflective supervision and reflective practice. Reflective supervision provides an opportunity for the supervisee to practice reflection with the guidance of their supervisor, which can build reflective practice over time. However, reflective supervision is a relationship where both the supervisor and the home visitor must participate. To maximize the benefits of reflective supervision, it may be beneficial to train each on their role in that relationship. Supervisors and home visitors who participated in the study also talked about how it takes time to build a reflective supervision relationship, which could be a future area of training for supervisors and home visitors together.

Outside of future trainings, there is also opportunity to provide a structure for peer support around reflective supervision (e.g., learning community). Both supervisors and home visitors discussed how reflective supervision is an ongoing learning process. The supervisors valued the cohort structure of the training that allowed them to learn alongside other supervisors and several home visitors mentioned that opportunities to learn from other home visitors could help build their reflective practice.

***h. Plans for Dissemination*:** The MHVI will use findings to support improved supervision practices in general, and to inform state level quality assurance and improvement efforts, specifically. The MHVI is part of Michigan's Early Childhood System and will share findings with statewide partners. Several LIAs have identified supervision as a root cause of problems they have targeted with quality improvement projects. The evaluation will be shared to inform and support LIAs as they seek evidence-based strategies for improving supervision. Findings will also be shared with Nurse Family Partnership National Service Office and Michigan Home Visiting Advisory. The findings of the evaluation will also be shared at conferences (e.g., Michigan Home Visiting Conference). The partners involved in the evaluation (MHVI, MPHI, and MI-AIMH) will consider publication in peer-reviewed journals.

Works Cited

Ash, J. (2010). Reflective supervision rating scale. *Unpublished measure*.

Bernstein, V. J., & Edwards, R. C. (2012). Supporting early childhood practitioners through relationship-based, reflective supervision. *NHSA Dialog*, *15*(3), 286-301.

Fixsen, Blasé, Metz, and Van Dyke (2015). Implementation Science. International Encyclopedia of the Social and Behavioral Sciences 2, 11; 695-702.

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

Heffron, M. C., Ivins, B., & Weston, D. R. (2005). Finding an authentic voice – Use of the self: Essential learning processes for relationship-based work. *Infants and Young Children, 18*, 323-336

Kavanagh, D. J., Spence, S. H., Strong, J., Wilson, J., Sturk, H., & Crow, N. (2003). Supervision practices in allied mental health: Relationships of supervision characteristics to perceived impact and job satisfaction. *Mental Health Services Research, 5*, 187–195.

Kirkpatrick, D. L. (1976). Evaluation of training. In R. L. Craig (Ed.), Training and development handbook: A guide to human resource development. New York: McGraw Hill.

Parlakian, R., & Seibel, N. L. (2001). Being in charge: Reflective leadership in infant/family programs. Washington, DC: ZERO TO THREE.

Priddis, L., & Rogers, S. L. (2018). Development of the reflective practice questionnaire: preliminary findings. *Reflective Practice*, *19*(1), 89-104.

Shea, S., Goldberg, S., & Weatherston, D. (2012). Reflective Supervision Self-Efficacy Scale. *Unpublished measure.*

Taylor, S.J., & Bogdan, R. (1998). *Introduction to qualitative research methods: A guidebook and resource* (3rd ed.). New York, NY: John Wiley & Sons, Inc.