RIOS Reflective Interaction Observation Scale ©

The RIOS defines and operationalizes the process of reflective supervision by identifying its unique components to more clearly articulate the process that occurs during this complex professional development relationship and differentiate it from other forms of relationship-based professional development.

**Essential Elements**

The content of reflective supervision is grouped into five defining constructs, referred to as Essential Elements. These are the components related to infant mental health theory and practice.

**Understanding the Family Story** is a process in which the pair discuss what is currently known about the baby’s environment, focusing on the people who provide the relational context for baby’s emotional development.

**Holding the Baby in Mind** refers to attention always cycling back to the baby, his/her experience and wellbeing, as well as the impact of the presence of this baby on the others in the story.

**Parallel Process** is a process of consciously connecting the lived experience of individuals and their relationships with the lived experience and relationships of others.

**Professional Use of Self** involves the careful attention to one’s subjective experiences, thoughts, beliefs and emotional responses, which become important information and lend greater understanding to the work.

**Reflective Alliance** is how the supervision happens and the quality of the relationship developing between supervisee and supervisor are of utmost importance.

**Collaborative Tasks**

The reflective process encompasses a cumulative and overlapping, progression of Collaborative Tasks — the processes in which the supervisor and supervisee(s) engage while they are together.

Describing — “What do we know?”
Includes discussing factual information and what has transpired and clarifying and organizing details of what was seen and heard.

Responding — “How do we and others think and feel about this?”
the emotional experience of the baby, parents and supervisee may be expressed as well as thoughts and feelings related to the baby, parents and the issue at hand.

Exploring — “What might this mean?”
may be focused on gaining insight into the emotional experience of self and others, including the baby. It may involve attempting to acknowledge and address difficult issues and concerns.

Linking — “Why does this matter?”
Involves creating connections between the baby and parents’ experience and relevant infant mental health theory and practice. Linking includes considering role, boundaries and purpose of the work.

Integrating — “What have we learned?”
can include developing a summary of what has been discovered and exploring the implications of the work going forward.