The Building Blocks for Implementing Reflective Supervision in an Early Childhood Mental Health Consultation Program

SHERRYL SCOTT HELLER

Tulane University
Institute of Infant and Early Childhood Mental Health

ALISON STEIER

Southwest Human Development
Harris Infant and Early Childhood Mental Health Training Institute
Phoenix, Arizona

ROSE PHILLIPS
LEAH ECKLEY

Southwest Human Development, Smart Support
Phoenix, Arizona

Given that early childhood mental health consultation (ECMHC) has its roots in infant mental health and relationship-based practice, many practitioners view reflective supervision not only as an ideal but also an essential tool to support and sustain both the consultant and the consultation program. This article focuses on how the processes of reflective supervision are well matched to many of the unique values of ECMHC and will provide various strategies for creating and sustaining reflective practice in an ECMHC program.

Rebecca Shamoon-Shanok (2009) eloquently defined *reflective supervision* as "a collaborative relationship for professional growth that improves practice by cherishing strengths and partnering around vulnerabilities to generate growth" (p. 8). In regards to ECMHC, reflective supervision aims to create a relational climate between the supervisor and consultant that allows the needs of both the child care provider and the consultant to be considered with the overall goal of optimizing the effectiveness of both the consultation program and the child care program. By adhering to the three key components of reflective supervision—reflection, collaboration, and regularity (Fenichel, 1992)—a partnership is created in which the supervisee never feels alone, is not overwhelmed by fear or uncertainty, and feels safe to express her thoughts, feelings, and reactions. This allows the supervisee to learn more about herself, the client

Abstract

The capacity for thoughtful consideration of multiple perspectives, including one's own felt experience and actions, is an essential component of early childhood mental health consultative practice. Reflective supervision offers a powerful opportunity to support this capacity. This article discusses the importance of integrating a reflective supervision model into an early childhood mental health consultation program, including: hiring staff inclined toward reflection, working with staff who have limited or no experience with reflective supervision, combining reflective and administrative supervision, and adjunct experiences that support reflective functioning.

(e.g., center, teachers, children, parents), coworkers and colleagues, and the work. Reflective supervision has been well defined and described in the literature. For more information on this model of supervision, see the Learn More box for a list of annotated references.

Reflective Supervision and ECMHC

THE USE OF reflective supervision, as a means to support, sustain, and maintain consultants and their relational and reflective stances, has been widely adopted throughout the field of ECMHC (Duran et al., 2009). In "What Works? A Study of Effective Early Childhood Mental Health Consultation Programs," Duran and colleagues (2009) reported that the majority of the effective ECMHC programs they reviewed used reflective supervision to support their staff, defining it as a supervisory approach that "helps build consultant competencies in a nurturing and supportive way and supports a parallel process that will enhance consultants' ability to meet the needs of those they are serving" (p. 52).

Johnston and Brinamen (2006) described the consultative stance, a central tenet of mental health consultation, as a way of being that communicates a willingness to think with another about a concern (see Johnston, Steier, & Heller, this issue, page 52, for a description of the 10 Elements of an Effective Early Childhood Mental Health Consultative Stance). This way of being can also be considered one of the essential features of a reflective supervisor. These elements, which are reflective in nature, are supported, enhanced, and maintained through reflective supervision and reflective practice within the ECMHC program.

Centrality of Relationships and the Parallel Process

A compelling finding in the body of research on effective ECMHC is the link between positive outcomes and the teacher–consultant relationship. A study by Green and colleagues (2006) concluded that "the single most important characteristic of mental health consultants is their ability to build positive collaborative relationships with program staff members" (p. 142). Duran and colleagues (2009), in their study of effective ECMHC programs, identified five programmatic elements as essential for producing positive outcomes. One of the five elements was the quality of the relationships between and among consultant and consultee. In addition, this relationship variable was one of two programmatic elements considered to be a "catalyst for success" (p. 4) of the consultation.

Reflective supervision supports the consultant's ability to develop positive relationships with child care providers through a parallel process.

Reflective supervision supports the consultant's ability to develop positive relationships with child care providers through a parallel process. During supervision, the consultant experiences what it feels like to have his feelings held, and to be heard and supported in his work by a supervisor who is emotionally available on a consistent basis. As a result of this experience, the consultant may listen with empathy, communicate with authenticity, and collaborate with child care providers in a similar way. This relational way of being is then transmitted to the child care provider's relationship with the children in her care and their families. The parallel process of passing the emotional experience from one relationship to that of another is a crucial ingredient for consultation to achieve its "primary goal" of increasing "the teacher's awareness and understanding of each child's experience" (p. 26). The warm and accepting relationship the consultant experiences in supervision supports the consultant so that he is able to hold the child caregiver's emotional experiences without becoming overwhelmed or feeling pressured to provide a quick fix to complex problems. This sense of support the child care provider experiences during consultation allows the provider enough emotional "breathing space" to consider children's behaviors in a new light. As a result of this process, providers begin to respond to the children in their care with increased empathy, warmth, and understanding. Jeree Pawl (1995) summed up the parallel process best in what has become a mantra of the reflective stance: "Do unto others as you would have others do unto others" (p. 43).

The parallel process also offers an opportunity for consultants to help providers learn new skills. The experience of having been heard, held, and understood may be a new one for the child care provider. In typical child care settings, providers have limited opportunities to reflect upon their work or to consider their own emotional responses to it. The learning that occurs through the consultative relationship transmits information about new skills, but not didactically (Johnston & Brinamen, 2006). Rather, it is through the experience of the reflective relationship that the child care provider learns new social and emotional skills that will benefit her in developing more meaningful relationships with children, coworkers, and families. Ultimately, providers will become increasingly reflective, rather than reactive, to the challenges of their profession. Reflective supervision can help the consultant recognize when this process has occurred with providers and supports the consultant in thinking about how his own interactions within a child care setting might increase the likelihood for this form of experiential learning to continue to develop and expand.

Avoiding the Position of Sole Expert

The art of both reflective supervision and mental health consultation is to share expertise without diminishing the expertise of the other and without being prescriptive or controlling. Reflective supervisors take care to listen to the meaning behind supervisees' words and to consider the possible impact of their own words before making suggestions. This same expectation extends to the

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consultant's interactions with child care providers. Novice consultants, in particular, often misunderstand and struggle with the caveat to avoid the position of expert. Essentially, consultants should avoid creating or communicating differences in power or relative value of input, such that the consultant risks injuring the relationship with the consultee or limiting the opportunity to benefit from the consultee's contribution. Although some consultants are inclined to jump hastily to giving suggestions or direction, others may attempt to avoid being the expert to the extent that they do not offer needed or requested resources or information. This reluctance to offer expertise can be just as detrimental as rushing in too quickly, leaving the consultee frustrated or confused. To effect change and then sustain and generalize it, the consultant needs to rely on shared expertise with children's caregivers. Reflective supervision provides the space for the consultant to safely and regularly consider how she manages the expertise she has, within each center and within each interaction.

Authentic interest is an important tool that helps both the reflective supervisor and consultant to avoid assuming the expert role unintentionally. Authentic interest can create a space for collective reflection to occur and takes the form of thought-provoking inquiry rather than inquisition (Johnston & Brinamen, 2012); it also supports the mutuality of interest element of the consultative stance. Gaining a better understanding of the issue or concern through observation and query opens the door for true understanding and collaboration. Creating a space for wondering, musing, and hypothesizing often

takes longer than simply providing advice and can produce anxiety for the novice consultant. However, slowing down and truly listening leads to shared understanding and a greater likelihood that any information transmitted will be useful, heard, and applied. By doing so, the consultant avoids the position of being sole expert yet still provides needed expertise. The reflective supervisor not only models this process in reflective supervision with the consultant but can also help the consultant as she struggles with adhering to the consultative stance. Such modeling is critical as it often takes patience (another consultative stance element) and a recognition not only of the centrality of relationships to effect change but also of the idea that creating genuine relationships takes time. This can be difficult as, especially to the novice consultant, it can feel like nothing is occurring in the consultative visit; here is a situation in which having a reflective space where the consultant can safely share any uncertainty can be vital to supporting a consultant's use of the authentic voice.

Isolation and Autonomy

ECMHC professionals find they spend much of their time away from their peers, supervisors, and the familiar environment of professional offices. The consultant spends most of her working hours with providers in either a home care or child care center setting. Working alone, the consultant enters each child care system as an outsider, providing service to clients or conversing with collaborators who often do not understand the reasoning behind a consultative—versus a more directive—stance, nor the relevance of

a mental health perspective. The consultant wonders about whether or not she is doing good work and meeting the needs of the providers and children on her caseload (Johnston & Brinamen, 2006). She may wonder whether she is doing consultation the right way and may question the slow pace of change she sees in her daily work. The consultant may feel "unseen and unknown"; that is, having only herself as a reference for what makes good consultation on a day-to-day basis, she has no one physically present with whom to share her fears or celebrate her successes. The consultation elements of patience and holding hope are truly tested in such circumstances, and at that point the reflective supervisory relationship can be a critical source of support.

The reflective supervision relationship offers a lifeline to the professional experiencing isolation because of the autonomous nature of consultation work. As the supervisor provides a "safe, protected, reliably recurring space" (Shahmoon-Shanok, 2009, p. 8) for the consultant, through regular supervision, the consultant is able to use this secure base to trust his own abilities, maintain patience against the pressing urge to fix problems now, and hold hope that his efforts are indeed impacting positive change. The Circle of Security "hands" diagram, illustrating the role of caregiver as both a secure base and safe haven, translates effectively in describing the role of the supervisor for the consultant who spends his days out in the field (Marvin, Cooper, Hoffman, & Powell, 2002, p. 110). The consultant, especially early in his relationships with centers, must try new strategies to help develop a trusting relationship with the director and staff that will allow him to co-create supportive strategies to address challenges identified by the child care staff. This can be more challenging for new consultants, who are operating in a new environment and using skills of which they may not yet feel confident. The reflective supervisor is consistently supportive and nonjudgmental, able to listen to the vulnerabilities expressed by the consultant without becoming emotionally activated herself. It is this tone that creates a safe holding space or secure base from which the consultant can explore and experiment with different ways of being and of interacting with child care staff. Equally important, the consultant knows he can turn to this co-created supervisory space as a safe haven during times of difficulty. Within the secure space of the supervisory relationship, the consultant can share his vulnerability and know he will be heard and understood.

The reflective supervisory relationship provides a place to turn for safe haven and

sense of comfort during times of distress. However, uncertainty, frustration, fear, and confusion may arise during the consultant's working day without an opportunity to quickly seek out the supervisor, either in person or by phone. Here, the consistent, regular, and collaborative nature of the reflective supervision relationship benefits the consultant. Through the development of the trusting relationship, the consultant begins to experience what Jeree Pawl called being held in the mind of another (1995). The consultant may not be able to speak to her supervisor to discuss the difficulty in the moment. In fact, quite often the consultant will need to work through the challenge immediately. It is then that the benefits of the co-created secure space or relationship are effective. The consultant has come to feel "respected, nurtured, remembered and safe" (Shahmoon-Shanok, 2009, p. 18). Through the supervision relationship, the consultant develops an internal model of the "holding environment" that helps her contain her uncertainty about the work, reduces her affective response, allows her to slow down and make considered choices about how to manage the challenging situations she faces daily in her work as a consultant, and, above all, trust her own abilities.

Multiple Perspectives

Working alone, the early childhood mental health consultant first brings his own perspective to any consultation experience. This is informed by his lifetime experiences, both personal and professional. His perspective, however, is naturally limited by the nature of his own experiences in the world. Reflective supervision supports and enhances the consultant's capacity to consider multiple perspectives; that is, to strive to achieve the consultative stance elements of understanding another's subjective experience, to consider all levels of interest, and to hear all the voices. During the reflective supervision session, both the consultant and supervisor can use their combined experiences to consider the teacher–child relationship from a variety of angles. They can explore and share thoughts on varying perspectives, experiences, or relationships that may be affecting the teacher and child's relationship. They can hold the perspective of the child's parents in mind as well. By collaborating, the consultant and supervisor can encourage one another to consider their own experiences and differences as well as reflect on the perspective and voices of other key players (e.g., parent, director, teacher, child) to inform their discussion about how the consultant might work within the child care center. This process not only helps the consultant to practice holding the perspective and interests of others in mind,

but also enhances the consultant's ability to help others (e.g., teachers, administrators, parents) to do the same.

The following example illustrates the limits of a consultant's individual perspective and how reflective supervision supported the consultant to allow her to feel safe to explore the potential perspectives of others.

Working in a classroom of young 3 year olds, the consultant noticed that the teacher seemed particularly annoyed by the demands of a smaller boy who was new to the class. The child was easily frightened, especially by change, and often cried and clung to the teacher as she attempted to move through the daily routine. The teacher would typically ignore the child until he reached a level of great distress. The consultant, having a more introverted and sensitive stance in the world herself, began to feel a growing resentment toward what she saw as the teacher's abrupt and sometimes hostile response toward the little boy.

During reflective supervision, the consultant's feelings of anger toward the teacher made it difficult for her to think about how she might begin to address the situation with the teacher. The supervisor listened empathically as the consultant expressed her thoughts, feelings, and frustrations with the situation. Once the consultant felt heard and understood, the intensity of her emotions subsided and she was able to think together with the supervisor about other points of view that might be helpful to consider in this difficult situation. The consultant could well describe what she imagined it felt like to be the child in relationship to that teacher. What, the supervisor gently probed, might it feel like to be the teacher in relationship to that child? What might it feel like to be the parent dropping off and picking up the child in that classroom? Multiple perspectives. Each examined. Each honored.

Both the supervisor and consultant can bring their own life experiences to the discussion and, as a result, brainstorm differing views and expand potential solutions to dilemmas. With joint attention and individual differences, the supervisor and consultant should also consider factors that affect individuals' subjective experiences and perspectives. Common influences to consider include: whether the center's beliefs are influenced by a rural or urban setting, whether the center's values are based on a religious belief system or a secular one, whether the center promotes academic achievement or uses a developmental approach to child care, whether there are ethnic differences (e.g., between consultant and provider, between administration and staff, between children and staff) and how (or whether) these differences contribute to an individual's

It is through the experience of the reflective relationship that the child care provider learns new social and emotional skills.

perspectives and experiences. Given all of this information, how might any of these differences affect the way the consultant sees the teacher—and the way the teacher sees the child?

Reflective supervision provides an important opportunity for the consultant to "create a pause" to consider the various perspectives of all of the parties involved. Through the careful work of reflective supervision, the consultant comes to see that he has a uniquely informed perspective, based on his education, experience, and personal background. Similarly, he has the opportunity to think about how the others involved have also have very individualized perspectives on the situation. Together, the supervisor and consultant have the chance to consider how these perspectives affect the situation and consider how to support teachers, administrators, and parents to safely acknowledge the perspectives of others and use this enhanced understanding to support positive change.

Through the reflective supervision process the team of supervisor and consultant can wonder together about perspective—how that perspective is influencing behavior or concern in a relationship. Once they have considered things carefully, they may find themselves on different plateaus of understanding and can be more deliberate in choosing how to proceed. The consultant might see, after considering all perspectives carefully, that it is best to wait and see or purposefully do nothing in

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order to gather more information, and with the support of her reflective supervisor, remain patient even against her own urge to push forward and fix things. Or perhaps the reflective process will help her identify a point of entry that will not isolate the teacher but rather invite her to see others' perspectives (e.g., the challenging child) and collaborate with the consultant on a solution. Through reflective supervision, the consultant has the opportunity to deconstruct the problem and move forward with thoughtfulness. And it is this very process that the consultant hopes to see happening eventually with the teacher (child care administrators and parents) as she considers a child in her care.

Quality Assurance and Fidelity to the Model

ECMHC programs operate in differing capacities in many states (Duran et al., 2009), making the development of a common fidelity measure challenging (Kaufmann, Perry, Hepburn, & Duran, 2012). Fortunately, a recent cross-site analysis identified six common components and processes that can be used to assess fidelity among ECMHC programs across the United States (Kaufmann et al., 2012). It is interesting to note that developing positive relationships among consultants and consultees was one of the three process components identified. Beyond supporting the development and maintenance of positive relationships, the reflective supervisor can use the reflective process as a tool for

staff development, program improvement, and quality assurance.

Many ECMHC programs use a model of supervision that blends the functions of mentoring and monitoring within a single supervisor. In this model, the supervisor seeks to provide a safe and nurturing environment that promotes learning and growth and also holds the consultant accountable for the quality of his work through administrative oversight (Bertacchi & Gilkerson, 2009; Heffron & Murch, 2010). In a blended model, the supervisor strives to incorporate performance standards into daily program routines by providing an understandable structure. Suggested ways to do this include reviewing standards regularly and using self-assessment as well as formal performance tools. Providing regular feedback that addresses strengths and struggles and developing opportunities for learning are key to maintaining fidelity to any model of ECMHC.

Individual and group reflective supervision and regularly held team meetings also serve the goals of ensuring quality of services and managing the tendency to drift from the program's consultation model or various policies or procedures. Supervisors can listen for misunderstandings or deviations from the program's expectations and can set about understanding and addressing discrepancies from the same curious, nonshaming, partnering stance they are hoping consultants hold with their child care consultees. In some cases, the need to clarify or modify a policy may come to light. Other times, it may be that one or more consultants require additional training or coaching. Regardless, when the supervisor takes the time to pause, wonder, listen, and reflect, any changes that need to be made are more likely to be embraced by staff and implemented to the benefit of the program's quality and fidelity to the service delivery model.

Integrating Reflective Supervision Into an ECMHC System

AMONG THE CHALLENGES of integrating reflective supervision into a system such as an ECMHC system, in contrast to adopting it in individual practice, is that of establishing and preserving an overall culture of reflection. Programs that are successful in this endeavor set a crucial context for high-quality service provision and professional growth. As noted earlier, although the work of ECMHC can be isolating and anxiety-arousing, it can also be compelling and gratifying. The balance may be tipped toward more positive experiences when consultants regularly return from fieldwork to a home base that values and supports reflective practice and in which they may develop the expectation, if they are disposed to doing so,

that they do not have to bear the difficulties of their work alone. Peers and supervisors may be counted on for empathy and a willingness to think together about consultative predicaments. This is no less true for supervisors in the ECMHC system, who may feel free to rely on collegial relationships and their own reflective supervision for help considering clinical and supervisory predicaments, managing intense emotions, and learning.

There is wide agreement that reflective practice is a hallmark of competence within the infant mental health arena (Heffron & Murch, 2010; Johnston et al. this issue, p. 52; Shahmoon-Shanok, 2009). The cohesiveness of a program's larger system requires reflection to be "in the air and water," that it be the norm. Opportunities to establish and reinforce this norm begin at the hiring phase and continue throughout the employee's tenure, in both obvious and subtle ways.

Hiring Staff Given to Reflection

It is, of course, desirable to hire supervisors and consultants who are inclined—and specifically not disinclined—toward reflection. This desire sometimes competes with the program's need and pressure to quickly fill open positions. To the extent that a program's administrators can refrain from acting out of desperation and rather from a position of choice, their hiring decisions will then be likely consistent with the program's intentions and ambitions. Working toward that goal sometimes requires that the ECMHC program's leadership challenge their beliefs about scarcity ("Do we really think that we will not be able to hire a qualified person in the next month?") and think creatively about the allocation of resources (e.g., adjusting supervisor or consultant caseloads) while waiting for the best candidate.

The initial interview for consultant or supervisor positions offers an important opportunity to consider an applicant's potential "goodness of fit" in the system. In addition to learning about her relevant training, work experience, and content expertise, this first encounter can provide a window into the applicant's inclination toward reflection, tolerance for complexity, ambiguity (e.g., the "not knowing" of consultative work), and orientation to the use of supervision. To that end, the interviewers may pose a variety of questions and solicit information related to working with young children and their caregivers and to participating in supervision. For example, the applicant might be asked for an anecdote that illustrates work that went well. What qualified the experience as a success, from the applicant's perspective? Even so (the interviewer may continue prodding), in retrospect, is there anything that she would

have done differently? Asking applicants to recount work experiences with which they were satisfied or dissatisfied or to grapple with vignettes that typify consultation situations and dilemmas provides rich opportunities to listen for capacities that are at the heart of consultation work. Such capacities include self-reflection and an openness to change (e.g., "I didn't know then, but I realize now…"), readily extended empathy to adults and to children, self-regulation and restraint in the face of challenge, the capacity to consider multiple meanings of and influences on behavior, thoughtfulness around how to broker relationships and repair breaches, and use of supervision.

Center staff can learn more about what motivates an applicant and about his views on supervision, his approach to working out problems, and his capacity for perspective-taking by asking the applicant how he managed disagreements or disappointments with a supervisor, for example, or by asking him to speculate about what it is like to supervise or be supervised. Such a process offers clues about an applicant's use of supervision as a secure base and a safe haven, or for his wish that something on that order had been available for support and collaborative problem-solving. Center staff also should be alert to signs that applicants show a preference for longstanding autonomy in their work, particularly if there are indications of equating supervision with regressive dependence (e.g., "I go to my supervisor when I have to, but I'm good at figuring things out for myself." or "My supervisor had an open-door policy, but I didn't need to go through the door very often.").

In addition, interviewers would do well to clearly and thoroughly detail for applicants the reflective supervision model that the ECMHC program embraces and the attending expectations for all staff. It is useful to highlight the fact that reflective supervision is a core component of the program and a regular event in the week of consultants and supervisors—not a strategy first deployed when staff are having trouble or performing inadequately. Such explicit discussion in the initial interview has the potential to dissuade applicants who know they would be especially uncomfortable with, or otherwise ill-matched, to the program's reflective emphasis.

Many applicants for positions in ECMHC will not have the full array of skills and competencies necessary to do the work well. The initial interview and other contacts in the period before hiring can be maximized to "stack the deck" in favor of bringing in new staff who will benefit from and contribute to the culture of reflective practice, and thereby

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stand to develop their expertise over time in a condition of supported practice.

Developing and Maintaining a Programmatic Culture of Reflection

Beyond hiring professionals with reflective capacity and ensuring that the program's leadership is notable both for their vision and provision of reflective supervision, program staff can call upon a variety of experiences to develop and maintain a programmatic culture of reflection. Of course, the key to reflection—slowing down—is also difficult to achieve. Consultants often say they have difficulty finding time for thoughtful conversation, collaboration, and even commiseration with child care and preschool providers. Encouraging such a climate in early childhood settings cannot happen if ECMHC programs are not able to secure it for the consulting staff who influence those settings. One of the first opportunities for staff to take a stand in favor of a reasonable pace starts with establishing caseloads for consultants and supervisors. In ECMHC systems throughout the United States, caseloads and models of service delivery (e.g., time-limited vs. open-ended) vary, but it is clear that programs and funders must grapple with the question of how many relationships can be "held" in a meaningful way at any given time by supervisors or consultants.

In a similar way to individual supervision, consistently scheduled group meetings can serve as anchors for the ECMHC system's overall reflective sensibility. It is important to establish cues to participants that they are in a safe space intended for their full presence and thoughtful attention. Such an atmosphere need not preclude, and in fact is likely to promote, proceeding with purpose, moving through an agenda, or achieving a specific goal, although program staff may prefer to separate out addressing administrative issues from more in-depth discussions of the work. In any case, it is useful to convene a meeting

with deliberateness, rather than find that it has launched by virtue of a side conversation. Some creative ways to convene include: going around the room to check in with each person, beginning the meeting with the vibration of a singing bowl, engaging the group in a "mindfulness exercise" (e.g., grounding their feet and watching their breath), and greeting the group and declaring, "Let's start." Whether the steps are elaborate or simple, the intention is for everyone in the room to "get there" before beginning. Likewise, ending the meeting at the designated time is preferable to having it peter out as participants, one by one, slip away to their next appointment.

Group meetings remind staff that, although they carry on independently during much of their work time, they are, in fact, part of a team and part of a larger effort on behalf of young children and their nonparental caregivers. When gathered as a group, consultants have the chance to share their experiences—often finding surprising commonalities with their peers—hear administrative updates, and have questions answered and misperceptions clarified. They may participate in group–case consultation or cover a training topic. Supervisors have the chance to notice group dynamics, appraise their team's morale, and, as noted earlier, assess and address issues related to quality of consultation services and fidelity to the consultation model.

Gathering the members of a team together—and, when possible, the full staff—provides a potent opportunity to convey the program's commitment to the relationship base of the work. The acknowledgment of birthdays, comings and goings of staff, and successes as well as struggles communicates that "we are all in this together" and that the staff members value relationships. Period. Relationships are not valued only for young children or only in early childhood settings. In Arizona's Smart Support ECMHC system, for example, each of the teams in regions around the state has a monthly book club meeting. Participants may gather at a coffeehouse or over lunch. All of the groups read the same book, which is selected to increase knowledge and thoughtfulness on topics relevant to ECMHC. Such topics have included the consultative stance, child development from an infant mental health perspective, attachment relationships in the classroom, and negotiating adult conflict. A set of discussion-guiding questions developed by Smart Support's director and program managers are sent to each team's supervisor in a sealed envelope, to be opened during the meeting. The dramatic revelation is meant to be an injection of humor, and the overall experience is intended to be both stimulating and fun. The book club meetings also serve as a strategy for reinforcing the cohesiveness

of a large ECMHC system. In any given month, the program administrators can be certain that staff on teams throughout the state are reading the same material, selected to be relevant to the work and consistent with the program's philosophies, and are having something approximating a similar conversation.

Conclusion

ECMHC that is grounded in the principles of an infant mental health perspective embraces reflective supervision as a primary mechanism for supporting consultants and enhancing their skills and effectiveness. It is an elegant opportunity because it offers as much implicitly as it does explicitly. The reflective supervision conversations that

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PROMOTING PROFESSIONAL AND ORGANIZATIONAL DEVELOPMENT: A REFLECTIVE PRACTICE MODEL
A. Copa, L. Lucinski, E. Olsen, & K. Wollenburg (1999). Zero to Three, 20(1), 3–9.
The authors describe three phases of the reflective practice model. It provides descriptions of these phases, including vignettes, as well as strategies for incorporating reflective practice into an organization. The authors describe a nice model for presenting cases.

MENTAL HEALTH PRINCIPLES, PRACTICES, STRATEGIES, AND DYNAMICS PERTINENT TO EARLY INTERVENTION PRACTITIONERS
G. Costa (2006)
In G. M. Foley & J. D. Hochman (Eds.), Mental Health in Early Intervention: Achieving Unity in Principles and Practice *(pp. 113–138). Baltimore, MD: Brookes.*
In this chapter, the author discusses integrating infant mental health into early intervention programs. Reflective practice (including reflective supervision) and relationship-based intervention are emphasized as two key concepts integral to infant mental health work.

IRVING B. HARRIS DISTINGUISHED LECTURE: REFLECTIVE SUPERVISION IN INFANT–FAMILY PROGRAMS: ADDING CLINICAL PROCESS TO NONCLINICAL SETTINGS
L. Gilkerson (2004). Infant Mental Health Journal, 25, 424–439.
The author describes implementation of reflective process in two settings: a neonatal intensive care unit and an early intervention program. Provides a brief description of reflective supervision and its use and importance in nonclinical settings that serve very young children. A brief outline and description of different parts of a session are also included.

REFLECTIVE SUPERVISION IN INFANT, TODDLER AND PRESCHOOL WORK
M. C. Heffron (2005) In K. M. Finello (Ed.), The Handbook of Training and Practice in Infant and Preschool Mental Health *(pp. 114–136). San Francisco, CA: Jossey-Bass.*
This chapter presents a wonderful overview of reflective supervision. The author describes the qualities necessary for the program and supervisor to possess. Myths or misconceptions regarding reflective supervision are also discussed.

FINDING AN AUTHENTIC VOICE. USE OF SELF: ESSENTIAL LEARNING PROCESSES FOR RELATIONSHIP-BASED WORK
M. C. Heffron, B. Ivins, & D. R. Weston (2005). Infants & Young Children, 18, 323–336.
Focuses on the "use of self" construct used in reflective practice. The authors present the theoretical background of the term. Several concepts or processes of reflective practice are presented in great detail and used to operationalize the term. Clinical vignettes are provided to better illustrate the concepts.

REFLECTIVE SUPERVISION AND LEADERSHIP IN INFANT AND EARLY CHILDHOOD PROGRAMS
M. C. Heffron & T. Murch (2010). Washington, DC: ZERO TO THREE
Illustrates the foundations and frameworks of reflective practice and outlines ways to support reflective supervision in a wide variety of work settings. Other highlights of the book are a discussion of the roles of the reflective supervisor; knowledge and skills needed for reflective supervision; tips for providing group reflective supervision; and vignettes outlining common supervisory dilemmas.

A PRACTICAL GUIDE TO REFLECTIVE SUPERVISION
S. S. Heller & L. Gilkerson (Eds.) (2009). Washington, DC: ZERO TO THREE
Written to help guide administrators and professionals who provide reflective supervision to launch a reflective supervision program in their organization. Each chapter addresses a critical question that will help guide his process (e.g., What is reflective supervision?; How can administrative and reflective supervision be combined?; and How do I introduce reflective supervision to my program?).

STARTING WHERE THE PROGRAM IS: THREE INFANT MENTAL HEALTH CONSULTANTS DISCUSS REFLECTIVE PRACTICE
S. S. Heller, F. Jazefowicz, R. Redmond, & J. Weinstock (2004). Zero to Three, 24, 10–19.
Three infant mental health consultants discuss how they helped incorporate reflective practice into three Early Head Start programs. Each of the three programs presented incorporated reflective practice and supervision into their program in different ways.

LOOK, LISTEN, AND LEARN: REFLECTIVE SUPERVISION AND RELATIONSHIP-BASED WORK
R. Parlakian (2001). Washington, DC: ZERO TO THREE
This publication is intended to help program leaders promote high-quality services to young children and their families by providing both the rationale and techniques for creating supportive supervisory practices and in turn effective staff–parent relationships. It provides specific tools and techniques for using reflective supervision effectively. Contents also include information on relationship-based organizations, the Look-Listen-and-Learn model, and effecting organizational change as well as an organizational assessment and group exercises.

THE POWER OF QUESTIONS: BUILDING QUALITY RELATIONSHIPS WITH FAMILIES
R. Parlakian (2001). Washington, DC: ZERO TO THREE
This resource focuses on direct service work with parents and children. It explores how leaders and staff can use the reflective approaches of the Look, Listen, and Learn model to establish high-quality relationships with families. This workbook presents strategies for boundary-setting and managing one's reactions to families to staff who face complex problems on a daily basis.

REFLECTIVE SUPERVISION IN PRACTICE: STORIES FROM THE FIELD
R. Parlakian (2002). Washington, DC: ZERO TO THREE
Highlights four infant–family programs that implemented reflective supervision. Key elements of the transition and the outcomes experienced are discussed. Tools designed to present reflective supervision to staff members are also presented.

BEING IN CHARGE: REFLECTIVE LEADERSHIP IN INFANT/FAMILY PROGRAMS
R. Parlakian & N. L. Seibel (2001). Washington, DC: ZERO TO THREE
This resource explores the experience of being a new leader in an infant–family program, focusing on reflective leadership—using self-awareness, observation, and flexible responses as tools to manage stress and increase on-the-job effectiveness. Numerous leadership concerns are discussed: how to individualize one's relationship with staff members, encourage collegial work, and learn from conflict. And it describes how leaders can use self-awareness, observation, and flexible responses as tools to manage stress and increase on-the-job effectiveness. Tools provided include a staff development questionnaire and a self-assessment of leadership style.

occur relate to the children who are struggling in the classroom setting and the adults who are struggling with them or perhaps with each other. These conversations have to do with identifying what is in place that may promote growth and change, and what may impede or derail it. Often, the conversations include guided or supported self-reflections on the consultant's feelings, perceptions, and the ways in which the consultant influences and is influenced by others. The invitation is there. Unstated much of the time but palpable in strong supervisory relationships is the communication to the consultant that "you are not alone, and through this patient process in which we are engaged, you will find your way." Reflective supervision, in its function as secure base and safe haven, offers ECMHC consultants the opportunity to feel welcomed, understood, respected, and refueled. ⚘

Sherryl Scott Heller, PhD, associate professor of clinical psychiatry and a founding member of the Tulane Institute of Infant and Early Childhood Mental Health, is currently a fellow in ZERO TO THREE's Leaders for the 21st Century program. In 2009 Dr. Heller co-edited A Practical Guide to Reflective Supervision with Linda Gilkerson, which was published by ZERO TO THREE. In addition to the ZERO TO THREE fellowship, Dr. Heller provides early childhood mental health consultation to the kindergarten programs at charter schools in the greater the New Orleans Area through partnerships with Seamless Transitions, New Orleans Outreach, and Agenda for Children. Dr. Heller also provides consultation and trainings in early childhood mental health consultation and reflective supervision. Dr. Heller received her PhD in applied developmental psychology from the University of New Orleans and has been a faculty member in Tulane University's Department of Psychiatry and Behavioral Sciences for almost 15 years.

Alison Steier, PhD, is a licensed psychologist and director of the Harris Infant and Early Childhood Mental Health Training Institute at Southwest Human Development in Phoenix, Arizona. She also directs the statewide Birth to Five Helpline, the Fussy Baby Program (an affiliate of the Erikson Institute's Fussy Baby Network®) and Arizona's system of early childhood mental health consultation, known as Smart Support. Dr. Steier is a frequent presenter on topics related to infant and early childhood mental health. She has published in the areas of early childhood mental health consultation and children's attachments to special inanimate ("transitional") objects.

Rose Phillips, LMFT, licensed marriage and family therapist and a senior program manager for Arizona's system of early childhood mental health consultation (Smart Support) at Southwest Human Development. She has served as faculty for the Harris Institute, supervised mental health professionals, and developed and directed mental health services for a children's advocacy center. Rose is an experienced family therapist, and former child care director and provider.

Leah Eckley, LMSW, is a senior program manager at Southwest Human Development with the Arizona's Early Childhood Mental Health Consultation Program known as Smart Support. Her prior experience includes direct and management work with Child Care Resource and Referral Systems, early intervention and early care and education programs. Ms. Eckley also holds a certificate in Infant Mental Health from the Harris Institute at Southwest Human Development.

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