MI Department of
Health and Human Services

Delivering Infant and Early Childhood Mental Health Consultation

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Module Three, 2018

Michigan's Infant and Early Childhood Mental Health Consultation Model for Early Care and Education Settings

Learning Curriculum

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For more information:

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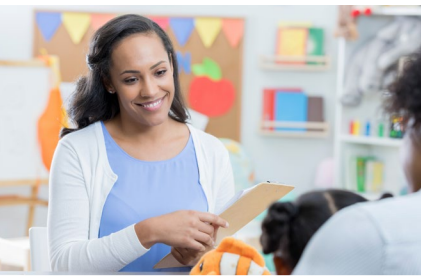

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Section One

Self-Awareness and Reflective Practice

Overview

Estimated time: 45 minutes

In this section, you will learn about the importance of self-awareness and reflective practice in the work of an infant and early childhood mental health consultant.

Objectives:

- Define reflective practice
- Understand the importance of self-awareness and reflective practice and their role in the work of an IECMH consultant
- Know how reflective supervision/ consultation contributes to and supports consistently engaged reflective practice

Connection to Competencies

Center of Excellence for Infant and Early Childhood Mental Health Consultation	Michigan Association of Infant Mental Health
1E. Deepens Knowledge and Skills Through Active Participation in Supervision or Consultation	**Reflection:** Self-Awareness
2D. Understands the Importance of Self-Awareness and the Nature of Reflective Practice	**Reflection:** Professional/Personal Development
4A. Uses Self-Reflection to Enhance Consultation	**Reflection:** Emotional Response
	Reflection: Parallel Process
	Thinking: Maintaining Perspective

KNOW: *Understanding Self-Awareness and Reflective Practice*

When you work in the field of IECMHC, you must be able to manage and balance a complex array of needs—those of infants, children, families, and caregivers—along with your own professional and personal reactions to those needs. Meeting this goal means engaging in processes of self-exploration and self-awareness.

Reflective practice can be thought of as an approach, or way of practicing, that encourages this exploration and awareness. With reflective practice, individuals pay close attention to their relationships while they explore and understand the behavior of others, their interactions with others, and their responses to those behaviors and interactions. In the field of infant and early childhood mental health consultation, reflective practice asks practitioners to explore how they experience, understand, and relate to those (families, providers, etc.) they work with. It involves attending to the feelings and experiences of adults and children to help support interactions and improve services, as well as helping to address the stress experienced by those working with infants, young children, and their families. In essence, reflective practice encourages:

- Thinking about the implications of interventions while doing the work
- Slowing down, filtering thoughts, and carefully choosing words and actions
- Attaining a deeper understanding of those factors that influence and effect our work
- Spending time thinking about work and related experiences in order to make good decisions about future steps (Heffron & March, 2010)

Reflective practice begins with self-awareness—looking closely and objectively at our own emotions, experiences, actions, and responses. The information we gather from this process—our level of self-awareness—offers an opportunity to add new information to what we already know and, in turn, reach a greater degree of understanding of ourselves (Paterson & Chapman, 2013). Through this effort, we then gain the opportunity to carry new information, qualities, and relational experiences into other interactions. The effect of *relationships on relationships* is the essence of the parallel process (which was highlighted in Module One).

Since reflective capacities are developed, supported, and maintained through intentional and regular practice, it is crucial to have a process or structure in place in order to benefit fully from reflective practice efforts. Reflective supervision/consultation is one effective structure for practitioners and organizations to consistently engage in—and fully benefit from—reflective practice.

KNOW: *Understanding Self-Awareness and Reflective Practice (cont.)*

To learn more about reflective practice and reflective supervision/consultation, visit Head Start's "The Mental Health Consultation Tool" web page at https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool. To access the content, click on the featured video to begin. After the introduction, click on "Continue." You'll see a Main Menu that allows you to select the bubble titled "Reflective Practice." Then,

1. Click on "Supervisor and Supervisee," then on "Proceed." Read through this page.
2. Click on "Supervisee" and read through the five Core Components (Allow Support, Exploring, Thinking Deeply, Enhance Awareness, and Apply Insight) .
3. Click on the back arrow.
4. Click on "Supervisor" and read through the Core Components (Regularity and Predictability, Collaboration, Reflection, Respect and Acceptance, Confidentiality, Safety, Curiosity, Shared Attention, Honesty, and Thinking and Feeling).

Additional information related to reflective supervision/consultation can also be found in Section Four of this module.

A Closer Look at Michigan

The work of Michigan's IECMH consultants is complicated and emotionally demanding. Consultants are expected to have a vast array of skills and to constantly refine them. These professionals are better prepared to meet the demands of their work if they feel adequately supported.

Ongoing reflective supervision is a primary source of support for Michigan's IECMH consultants. By providing a foundation for developing the coping mechanisms that help consultants understand and deal with the complex emotions that can arise in their work environments, reflective supervision is central to ensuring quality practice.

Reflective supervision involves building positive relationships between individual staff members and a supervisor by engaging in open, nonjudgmental, and ongoing dialogue. Both supervisor and supervisee are active participants in these kinds of dialogues, listening and engaging in thoughtful questioning. Reflective supervision in Michigan's IECMHC projects is initiated by administrative staff who are committed to, and knowledgeable about, mental health and educational practices. Reflective support from an objective person is also crucial to preventing the stored experiences of consultants from distorting their understanding of what they observe in new experiences or situations.

SEE

Watch the video segments of a reflective practice meeting at https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool on Head Start's "The Mental Health Consultation Tool" web page. To access the video, click on the featured video to begin. After the introduction, click on "Continue." You'll see a Main Menu that allows you to select the bubble titled "Reflective Practice." Then,

1. Click on "What Do You Think?" then on "Proceed."
2. Click on "Supervisee." Read the instructions and then click on the "play" button to start the video.

DO

Review Vignette 12, "Reflective Supervision: The Day It Made Sense to Me," on page 54 of the resource titled *A Day In the Life of An Early Childhood Mental Health Consultant*, available at https://www.ecmhc.org/documents/Day_in_the_Life_MH_Consultant.pdf. This resource can also be found in your handouts. Answer the discussion questions following the vignette. Share your responses with your supervisor.

Summary

Working with children, families, educators, and service providers others is complicated. It's also relational work. As we know, people develop, learn, grow, and heal within the context of healthy relationships. Reflective practice offers a "way of being" that contributes to a healthier and more supportive environment, where people can learn, grow, and develop. In addition, practitioners can carry these qualities and experiences with them in their work with others.

Reflection:

In your journal, write responses to the following questions:

- If you were having a conversation with a colleague, how would you describe reflective practice to him or her? What parts of the experience of reflective practice are meaningful to you?
- What helps you understand and/or deal with stressful aspects of your work?
- In what ways is reflective practice helpful in dealing with any stressful aspects of your work?
- What impact has reflective supervision/consultation had on the work you do to support young children, families, educators, and others?
- Why do you choose to participate in reflective supervision/consultation?

Share your responses with a colleague and/or your supervisor.

Support for Supervisors

Take time to meet with the IECMH consultant, and discuss his or her learning experience and reflections. In addition, learn more about your supervisory and leadership style by completing The Leadership Self-Assessment Tool, at https://www.zerotothree.org/resources/413-leadership-self-assessment-tool.

Read "A Collection of Tips on Becoming a Reflective Supervisor," which is in your handouts. This resource is also available at https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/rs-supervisor-info-sheet.pdf. resources for the family.

Digging Deeper

Read "Balance in Jeopardy: Reflexive Reactions vs. Reflective Responses in Infant/Family Practice" (Heffron, 1999), which can be found in your handouts. Take time to recognize your own possible reflexive reactions, which are a natural response to the complex work of an infant and early childhood mental health consultant. Share your reflections with your supervisor.

Read "Reflective Communication: Cultivating Mindsight Through Nurturing Relationships" (Siegel& Shahmoon-Shanok, 2010), which can be found in your handouts.

Read "A Collection of Tips on Becoming a Reflective Supervisee," which can be found in your handouts. This resource is also available at https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/rs-supervisee-info-sheet.pdf.

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Section Two

Types of Consultation Across Settings

Overview

Estimated time: 60 minutes

In this section, you will be introduced to types of consultation offered through infant and early childhood mental health consultation (IECMHC).

Objectives

- Identify settings in which IECMHC can be embedded
- Describe three types of IECMH consultation

Connection to Competencies

Center of Excellence for Infant and Early Childhood Mental Health Consultation	Michigan Association of Infant Mental Health
1A. Distinguishes IECMHC from Other Related Endeavors	**Theoretical Foundations:** Cultural Competence
1C. Understands and Engages in the Consultative Process	**Systems Expertise:** Service Delivery Systems
5A. Values and Promotes the Power of Relationships and the Importance of Relationship-Building	**Direct Service Skills:** Observation and Listening
5B. Works Collaboratively to Understand a Child's Behavior	**Working With Others:** Building and Maintaining Relationships
6A. Promotes Secure and Supportive Relationships Between Children and Adults	**Working With Others:** Collaborating
7A. Understands and Attends to Program Design and Infrastructure	**Working With Others:** Consulting
	Thinking: Solving Problems

KNOW: *Types of Consultation Across Settings*

IECMHC is an ongoing, multilevel approach to consultation that can be applied across a variety of child-serving settings, including early care and education, home visiting, foster care, homeless shelters, residential treatment facilities, and more. Across these settings, IECMH consultants can offer a variety of strategies to support a child, the family, a provider, the program, and the community. These services can exist across a continuum of increasing support and include promotion, prevention, and intervention (all reviewed in Module One).

In addition to a continuum of support and the elements that make up the consultative stance (also addressed in Module One), there are different types of consultation:

- Programmatic/Program focused. An IECMH consultant works within and across systems, integrating mental health concepts and supports into the cultures and environments where young children spend time.
- Classroom and Home focused. An IECMH consultant collaborates with families and early childhood professionals to promote trusting relationships and the use of effective practices to support all children's social and emotional development.
- Child and Family focused. An IECMH consultant collaborates with families and early childhood professionals to understand and respond to an individual child's mental health needs and behavioral and/or developmental challenges

An IECMH consultant's role, focus, and goals can shift throughout the consultation process. The consultant's "way of being" (the consultative stance) can help support the challenge of this shifting across types of consultation, focus, and roles. The consultant also needs to know when and how to approach situations within ever-changing environments and situations.

While the consultant's initial focus must be the concern for which the consultant was first contacted, once the consultant spends the first few sessions listening and observing, he or she generally identifies deeper underlying needs. The work may then change—for example, to supporting staff to consider the child and family's situation, to working with the consultant's own reactions to the presenting issue, or to exploring options for addressing similar situations in the future. At times, consultation evolves from addressing an immediate crisis to responding to a request for some form of on-going consultation or training in an effort to avoid a crisis in the future. This kind of consultation with a broader focus can range from making contact weekly or monthly to having the consultant available regularly for program-focused support or support in the classroom and/or home.

Because IECMH consultants may apply more than one type of consultation to address a single situation, it's important to consider the approach to identifying steps and decisions within consultation efforts to help improve the overall quality of care for all children. Review the information in the two sections of Tutorial 3, Module 3, from The Center for Early Childhood Mental Health Consultation: "Selecting the Appropriate Service/Strategy" and "Approach to Service Delivery," found at https://www.ecmhc.org/tutorials/consultants/mod3_3.html. Then complete "Activity: What Would You Do?"

No matter how consultation begins, the first step always involves developing relationships—for example, a relationship between the consultant and the caregiver or teacher. It is also important for the IECMH consultant to meet with the family, program administrator or director, providers, and other staff to ensure a shared understanding of what can be expected from consultation, what the role of the consultant will be, and what length of time and frequency of visits will best meet the needs of those involved. Additional information regarding working across multiple relationships can be found in Section Three of this module.

A Closer Look at Michigan

Infant and early childhood mental health expertise is crucial to Michigan's IECMHC programming, as it allows projects to offer relationship-based, family-centered prevention and intervention services. Consultants provide a diverse array of services using two primary types of consultation: targeted and programmatic.

Targeted (child-family centered) consultation, when caregivers and/or families have a concern about a particular child and service, include:

- Observing and clinically assessing the social-emotional development of the child at the early care and learning setting and in the home
- Developing collaborative intervention plans
- Implementing intervention plans (e.g., developmental guidance, linkages to other community resources, etc.)
- Providing responsive, short-term clinical services to families, as needed
- Referring children with more intensive mental health needs or families with extreme risks to appropriate mental health programs for long-term services

Programmatic consultation may include:

- Conducting onsite observation and assessing the early care or learning setting
- Meeting with administrators and staff to review and reflect on child care practices, encouraging and modeling more "proactive" rather than "reactive" practices.
- Assisting staff in building and maintaining healthy relationships with one another, as appropriate
- Providing training for staff and parents on social-emotional development
- Providing education and guidance to build socially and emotionally friendly policies and procedures, including specific policies to address child care suspension and expulsion practices

Take time to review additional information outlining these two types of consultation services offered through Michigan's IECMHC Model within Sections 3a and 3b of this module.

SPECIAL FOCUS:

Take a moment to review "Types of Consultation Services," part of the Infant and Early Childhood Mental Health Consultation Toolbox launched by the U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration (SAMHSA). This document, which highlights IECMHC services for each type or level of consultation, can be found at https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/types-consultation-services.pdf.

SEE

Watch the video at https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool on Head Start's "The Mental Health Consultation Tool" web page. To access the video, click on the featured video to begin. After the introduction, click on "Continue." You'll see a Main Menu that allows you to select the bubble titled "Child & Family." Then:

1. Click on "Common Understanding" and then on "Proceed."
2. Click on the film icon and then "Veronica." Then click on the "play" button to start the video.

DO

Explore the consultation scenarios at https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool on Head Start's "The Mental Health Consultation Tool" web page. To access the scenarios, click on the featured video to begin. After the introduction, click on "Continue." You'll see a Main Menu that allows you to select the bubble titled "Child & Family." Then:

1. Click on "What Would You Do?" and then on "Proceed."
2. Read through the tabs and then click on "Options" to read the scenarios and answer the questions.

Summary

How the work of an IECMH consultant unfolds across settings will vary. The type of consultation and approach to support will vary, as well. The consultant, however, is aware that the effectiveness of the consultation will be enhanced through the development of trusting relationships with everyone involved, regardless of the type of consultation. The consultant continuously works to develop open communication by, for example, inviting feedback about how the work together is progressing; encouraging those involved to reflect on the process, their feelings, views, and concerns; and assessing success in reaching the identified goals. The IECMH consultant also engages in self-reflection and shares his or her observations of their work together, both within the consultation relationship and within their reflective supervision relationship.

Reflection

Review Vignette 7, "A Child/Family-Centered Consultation Planning Meeting with a Teacher, Parent, and Grandparent" on page 33 of the resource *A Day In the Life of An Early Childhood Mental Health Consultant*, available at https://www.ecmhc.org/documents/Day_in_the_Life_MH_Consultant.pdf. This resource can also be found in your handouts. Work through the discussion questions (on page 38). Share your responses with your supervisor.

Support for Supervisors

Take time to meet with the IECMH consultant and discuss his or her learning experience and reflections.

In addition, review "Types of Consultation Services," part of the *Infant and Early Childhood Mental Health Consultation Toolbox* launched by the U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration (SAMHSA). This document, which highlights IECMHC services for each type or level of consultation, can be found at https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/types-consultation-services.pdf.

To learn more about different types of consultation, visit Head Start's "The Mental Health Consultation Tool" web page at https://eclkc.ohs.acf.hhs.gov/mental-health/learning-module/mental-health-consultation-tool. To access the content, click on the featured video to begin. After the introduction, click on "Continue."

You'll see a Main Menu that allows you to select the bubble titled "Child & Family." Then:

1. Click on "Common Understanding," then on "Proceed." Read through this page.
2. Click on the next arrow, and read the tasks within "Day In the Life."

Return to the Main Menu by clicking on the house icon at the bottom of the page. Then,

1. Select the bubble titled "Classroom & Home."
2. Click on "Common Understanding," then on "Proceed." Read through this page.
3. Click on the "next" arrow, and read the tasks within "Day In the Life."

Digging Deeper

Read chapters 6 through 9 of *Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff, and Families* (Johnston & Brinamen, 2006):

- Chapter 6: Beginning Case Consultation: Gaining Entry and Setting the Tone
- Chapter 7: Gathering Information and Creating a Picture of the Child
- Chapter 8: Co-Creating Meaning—Interpreting Behavior and Developing Hypotheses
- Chapter 9: Translating Meaning Into Responsive Action—Within and Alongside the Child Care Setting

Additional Resources

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Section Three

Working Across Multiple Relationships

Overview:

Estimated time: 45 minutes

In this section, you will be introduced to the various relationships developed and supported by IECMH consultants, as well as the ways that diversity influences the work of a consultant within these relationships.

Objectives

- Understand how diversity influences the work of an IECMH consultant
- Identify the various relationships developed through the work of an IECMH consultant
- Know the IECMH consultant supports that enhance the effectiveness of consultation and relationships

Connection to Competencies

Center of Excellence for Infant and Early Childhood Mental Health Consultation	Michigan Association of Infant Mental Health
1G. Collaborates Respectfully with Other Agencies	**Working With Others:** Building and Maintaining Relationships
5A. Values and Promotes the Power of Relationships and the Importance of Relationship-Building	**Working With Others:** Collaborating
6A. Promotes Secure and Supportive Relationships Between Children and Adults	**Working With Others:** Consulting
	Systems Expertise: Service Delivery Systems

KNOW: IECMH Consultants Working Across Relationships

Infant and early childhood mental health consultants develop relationships by collaborating with people across existing systems, services, and community resources. Module Two described how IECMH consultants work across their communities as reliable professionals, who ensure that issues of infant and early childhood mental health are understood, considered, and addressed within collaborative efforts . These relationships result in enhanced services, shared resources, greater possibilities for linking additional supportive services, and increased opportunities to advocate for policies and practices that support IECMHC accessibility in communities, programs, and families.

Module One outlined the different types of services that IECMH consultants may offer across systems; Section Two of this module explained the specific types of consultation through which these services may be extended. Below are examples of different types of relationships an IECMH consultant might encounter across different systems:

Consultee Type	Connection
Program Director	The IECMH consultant develops a relationship with a **Program Director** who in turn partners with or supports the program staff and families so that all of the children in their care can benefit from positive outcomes.
Home Visitor Supervisor	The IECMH consultant develops a relationship with a **Home Visitor Supervisor** who supports home visitor(s) in the program so that the parent-child dyad can benefit from positive outcomes.
Home Visitor	The IECMH consultant develops a relationship with a **Home Visitor** who supports the parent-child dyad.
Early Childhood Provider	The IECMHC consultant develops a relationship with an **Early Childhood Service Provider**, who partners with a family so that an individual child can benefit from positive outcomes. (The early childhood provider may be a caregiver, teacher, pediatrician, early interventionist, child welfare worker, etc.)

The overarching principles of consultation, particularly those of the consultative stance (See Module 2), apply across all instances and relationships. The IECMH consultant uses his or her relationship with the consultee to discover and understand the many interlocking relationships that affect a child and that ultimately influence the child's experience within an environment. The many ways in which these relationships work together influence the quality of relationships, as well as how children are observed, understood, and cared for.

Invariably, the IECMHC process brings together people with diverse perspectives, backgrounds, experiences, and goals. The consultation process offers opportunities to uncover, explore, understand, and attend to differences so that healthy relationships can develop. The Irving Harris Foundation's "Diversity-Informed Tenets for Work with Infants, Children, and Families" can act as a basis for helping IECMH consultants explore differences and issues related to diversity, as well as consider how these issues impact their role, depending upon the type of consultation support being offered and who they are working with.

Diversity-Informed Tenets

CENTRAL PRINCIPLE FOR DIVERSITY-INFORMED PRACTICE

1. **Self-Awareness Leads to Better Services for Families.** Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values, and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

STANCE TOWARD INFANTS, CHILDREN, AND FAMILIES FOR DIVERSITY-INFORMED PRACTICE

2. **Champion Children's Rights Globally.** Infants and children are citizens of the world. The global community is responsible for supporting parents/caregivers, families, and local communities in welcoming, protecting, and nurturing them.
3. **Work to Acknowledge Privilege and Combat Discrimination.** Discriminatory policies and practices that harm adults harm the infants and children in their care. Privilege constitutes injustice. Diversity-informed practitioners acknowledge privilege where we hold it, and use it strategically and responsibly. We combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

STANCE TOWARD INFANTS, CHILDREN, AND FAMILIES FOR DIVERSITY-INFORMED PRACTICE (cont.)

4. **Recognize and Respect Non-Dominant Bodies of Knowledge.** Diversity-informed practice recognizes non dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.

5. **Honor Diverse Family Structures.** Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of other parents and caregivers, including second mothers, fathers, kin and felt family, adoptive parents, foster parents, and early care and educational providers.

PRINCIPLES FOR DIVERSITY-INFORMED RESOURCE ALLOCATION

6. **Understand That Language Can Hurt or Heal.** Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

7. **Support Families in Their Preferred Language.** Families are best supported in facilitating infants' and children's development and mental health when services are available in their native languages.

8. **Allocate Resources to Systems Change.** Diversity and inclusion must be pro-actively considered when doing any work with or on behalf of infants, children, and families. Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations; otherwise systems of oppression may be inadvertently reproduced. Individuals, organizations, and systems of care need

9. **Make Space and Open Pathways.** Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

ADVOCACY TOWARDS DIVERSITY, INCLUSION, AND EQUITY IN INSTITUTIONS

10. **Advance Policy That Supports All Families.** Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

Each person within the consultation process forms a unique relationship with the IECMH consultant. These relationships vary in approach, length, degree of closeness, consistency in interactions, and pattern of communication, as well as communication preferences.

Because communication preferences may be related to cultural or community values, priorities, and commitments, it is important to understand and consider such things as:

- Different forms of greetings and uses of titles that may be preferred
- Male and female roles and expectations defined within various cultures
- Nonverbal communication and body language (e.g., meaning ascribed to eye contact, use of touching, use of physical space)

To learn more about the ways IECMH consultants engage in responsive practices across multiple and diverse relationships, review the information in "ECMHC Activities and Culturally Responsive Practices," in Tutorial 10, Module 4, "Consultation and Culturally Responsive Practices," shared through The Center for Early Childhood Mental Health Consultation at https://www.ecmhc.org/tutorials/competence/mod4_1.html.

SPECIAL FOCUS

In ongoing reflective supervision, a supervisee is able to reflect on and consider, for example, internal implicit biases and responsive practices through the development of a holding environment, which helps promote problem solving, open communication, mutual respect, self-regulation, and emotional safety (Stroud, 2010). Take a moment to read "Honoring Diversity Through a Deeper Reflection: Increasing Cultural Understanding Within the Reflective Supervision Process" (Stroud, 2010), an article in your handouts.

A Closer Look at Michigan

Michigan IECMH consultants build and maintain relationships with each person involved in the consultation process. These relationships may be with:

- Family members
- Program director
- Caregiver(s)/program staff
- Resource center director/staff (quality improvement consultants)
- Prepaid Inpatient Health Plan (PIHP) prevention coordinators/women's specialty service coordinators

The approach and frequency of communication between the consultant and those involved in the consultation process will vary. Regular communication, however, is key to sustaining relationships and integrating each person's perspective in efforts to see and address the "whole child." For example, the Michigan IECMH consultant can help all of the caregivers in the child's life feel valued; this in turn supports continuity of care, further enriching aspects of the child's overall well-being.

SEE

IECMH consultants support and lead a consultation process that includes multiple relationships and varying perspectives. Watch the video "Response to Challenging Behavior" at http://csefel.vanderbilt.edu/resources/training_infant.html on the Center on the Social and Emotional Foundations web page to see a brief example of program staff and a parent engaged in these relationships offering different perspectives. To access the video (number 3.6), scroll down to view the Infant Toddler Module 3 materials. You'll see a section titled "Video Clips." Click the word "Video" after the video's title to view.

DO

Read the article "Step Back and Consider: Learning From Reflective Practice in Infant Mental Health" (Gatti, Watson, & Siegel, 2011) in your handouts.

In addition, review the handout "Expansive Listening," which can be found in your handouts or at http://www.onwardthebook.com/wp-content/uploads/2018/09/Expansive-Listening.pdf. Respond to the questions included in the "Reflect" section of the handout, and share your responses with a colleague or supervisor.

Summary

Consultation topics vary. In their work to address those topics, IECMH consultants have the opportunity to build professional relationships with many people in a variety or roles across different systems. In the context of those relationships, IECMH consultants help individuals reflect on their work; challenge themselves; consider new perspectives; and share their thoughts, feelings, and beliefs. Healthy, nurturing relationships are as important for adults as they are for children; and reflective supervision/consultation offers an opportunity for IECMH consultants to take a closer look at their own perspectives, emotions, thoughts, responses, and behaviors in their work, as well as those of others—all with the goal of strengthening and nurturing relationships.

Reflection

Take time to think of the various systems and places where you are supporting IECMHC.

1. What systems, communities, and organizations are you a part of?
2. In which of these places do you feel most comfortable and accepted? What elements contribute to these positive feelings?
3. In what places would you like a deeper connection? Where would you like to feel a greater sense of belonging
4. What might be a few things you could do to build relationships or get closer to people in one of those places where you desire a deeper connection?
5. Draw a picture of yourself with thought bubbles and labels, or create a list of your personal characteristics. Picture yourself working alongside your colleagues or a provider and family. How might you be in this space? What will your work look like together?

Support for Supervisors

Take time to meet with the IECMH consultant, and discuss his or her learning experience and reflections.

Review Vignette 3, "Visiting a Child Care Site for the First Time: Entering the Classroom," which is part of the resource titled *A Day In the Life of An Early Childhood Mental Health Consultant*, available at https://www.ecmhc.org/documents/Day_in_the_Life_MH_Consultant.pdf. This resource can also be found in your handouts. Reflect on and talk through the discussion questions (on page 20 of the resource) with the consultant.

Digging Deeper

Read chapter 4 of *Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff, and Families* (Johnston & Brinamen, 2006).

Additional Resources

Donahue, P. J., Falk, B., & Provet, A. G. (2000). *Mental health consultation in early childhood*. Baltimore: Paul H Brookes.

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Stroud, B. (2010). Honoring diversity through a deeper reflection: Increasing cultural understanding within the reflection process. *Zero to Three*, 31(2), 46–50.

Section Four

Reflective Supervision

Overview:

Estimated time: 45 minutes

In this final section of Module Three, you will learn about the importance of reflective supervision for IECMH consultants, as well as its core principles.

Objectives:

- Define reflective consultation/supervision
- Know the core principles of reflective consultation/supervision
- Understand reflective consultation/supervision as a key component to Michigan's IECMHC model

Connection to Competencies:

Center of Excellence for Infant and Early Childhood Mental Health Consultation	Michigan Association of Infant Mental Health
1E. Deepens Knowledge and Skills Through Active Participation in Supervision or Consultation	**Reflection:** Self-Awareness
2D. Understands the Importance of Self-Awareness and the Nature of Reflective Practice	**Reflection:** Professional/Personal Development
4A. Uses Self-Reflection to Enhance Consultation	**Reflection:** Emotional Response
	Reflection: Parallel Process
	Thinking: Maintaining Perspective

KNOW:

Communications and relational interactions can be challenging for an IECMH consultant for a number of reasons. The IECMH consultant is responsible for observing, assessing, and holding all of the relationships involved within each consultation. These can include the relationships between and among the child(ren) and staff; the child(ren) and the families; the staff and the families; the director and the staff; and the involved staff members; as well as the consultant's own relationship with all of these people in their different roles. For example, within an IECMH consultant's relationship with a family member, communications and relational interactions might be negatively affected if the consultant is concerned that a family member will be upset by a question about routines at home; or an IECMH consultant might be concerned that asking particular questions or sharing observations with a teacher will cause that teacher to stop communicating with him or her. Reflective supervision/consultation offers a space for IECMH consultants to explore these kinds of concerns and find support in these and

other relational challenges, communication concerns, and difficult topics in general. IECMHC is relationship-based, focused work that attends to the supportive relationships surrounding an IECMH consultant, which ultimately influence the approach, interactions, and relationships that are then developed and enhanced through the work of a consultant.

Recognizing the importance of reflective supervision, the Michigan Association for Infant Mental Health (MI-AIMH) has outlined guidelines for best practice. MI-AIMH views reflective supervision/consultation as different from other forms of supervision, since it goes beyond clinical supervision to involve shared explorations of the parallel process, giving time and attention to all relationships. A fundamental principle of reflective supervision is an understanding of how each relationship affects others. (Additional information can be found at https://mi-aimh.org/reflective-supervision/best-practice-and-consultant-competencies/.)

By attending to the emotional content of the work and to the way that personal reactions to the content of the work affect the work itself, reflective supervision/consultation influences and supports professional and personal development. Central to the effectiveness of reflective supervision/consultation is the supervisor's ability to listen and wait in order to allow the supervisee to discover solutions, concepts, and perceptions on his or her own without interruption or direct influence from the supervisor.

The components of reflective supervision/consultation that enable this discovery to happen include:

- Forming a trusting relationship between supervisor and supervisee
- Establishing consistent and predictable meetings and times
- Asking questions that encourage details about relationships
- Actively listening
- Remaining emotionally present
- Teaching/guiding
- Nurturing/supporting
- Integrating emotion and reason
- Fostering the reflective process to be internalized by the supervisee
- Exploring the parallel process
- Allowing time for personal reflection
- Attending to how reactions to the content affect the reflective process

SPECIAL FOCUS

A felt sense of safety is essential for genuine reflection to take place. Individuals must trust themselves, their supervisor, and the involved group members in order to engage in a deeper exploration of their work. Without safety, the reflective process may remain at a surface level, resulting in a practice that lacks authenticity and meaning and that does not yield desired outcomes.

SPECIAL FOCUS

Take a moment to read the article "Reflective Supervision: Supporting Reflection as a Cornerstone for Competency" (Weatherston, Weigland, & Weigland, 2010) in your handouts.

Reflective supervision can be provided individually or in a group. A reflective supervisor may work directly within an agency or organization, or an organization may contract with an external consultant to provide the support. Regardless of how reflective consultation/supervision is provided, the primary goal is to establish an environment characterized by a sense of safety, emotional regulation, and support and in which people are able to do their best thinking about their work with young children, families, and co-workers.

What develops emotionally and personally between a supervisor and supervisee within reflective supervision/consultation is just as important, if not more, than what is being discussed. The supervisee learns from the supervisor's "way of being" as well as from the thoughts and emotions they share and understand, and the support provided through this trusting relationship. The reflective supervisor aims to develop a working relationship with the supervisee that is characterized by a sense of safety, mutual respect, and containment. Once the supervisee has experienced this "felt sense of being emotionally held," he or she is then able to model and offer this experience to others. Core principles help guide this process and ensure attention to influences that distinguish reflective supervision from other types of supervision or supervisory approaches. Fenichel (1992) first elaborated three core principles of reflective supervision in *Learning Through Supervision and Mentorship to Support the Development of Infants, Toddlers and Their Families: A Sourcebook*.

These principles are:

- **Regularity.** Reflective consultation/supervision time is scheduled in a regular, consistent, and predictable manner to allow supervisees and supervisors opportunities to be together, talk about the work, and enhance their practice. Supervisees need to know when and how often sessions will occur. This regularity and predictability of the sessions also create an anticipatory "holding space" that encourages the supervisee to "collect" their experiences and reflections and hold them in anticipation of the session. The experience of anticipation itself encourages deeper reflection of the consultant.
- **Collaboration.** Reflective consultation/supervision involves a shared, collaborative approach to exchanging ideas and solving problems. Both a supervisor and supervisee view one another as partners, with each contributing expertise and knowledge that can help, for example, an educator reach her goals and learn practices to support a young child. Both are partners in exploring and wondering.
- **Reflection.** Reflective consultation/supervision considers all relationships and the perspectives and emotions of each person involved with a young child and family. Within the consultative relationship, there is a direct link to and focus on the parallel process, which recognizes and enhances the connections across relationships between a supervisor, supervisee, children, and families.

A Closer Look at Michigan

Reflective supervision, a key component of Michigan's IECMHC model, is required as an essential component of supporting consultants to support consultants so they are able, in turn, to hold and support the caregivers, children, and families they are working with. Each Michigan IECMH consultant must have access to regular, ongoing adminis-trative and reflective supervision.

Reflective supervision provides consultants with opportunities to communicate with their supervisor individually and target specific issues that occur during consultation services, ideally giving consultants the opportunity for confidential reflection and feedback. Within Michigan's IECMHC model, consultants engage in a minimum of 24 hours of one-on-one reflective supervision within a fiscal year (an average of 2 hours per month). Most consultants average between 4 and 5 hours of reflective supervision per month between individual and group supervision.

SEE

Take a moment to view a video from MI-AIMH's Reflective Supervision Video Training Series (2012). You will see Deborah Weatherston (Infant Mental Health Mentor) and Carla Barron (Infant Mental Health practitioner) as they present a unrehearsed reflective supervision session. Access the video using the following link: https://drive.google.com/file/d/1RSxEA2pBosYYEZpQEN4kriJAe-COAXUMB/view. (The DVD series can be purchased through MI-AIMH at https://mi-aimh.org/store/reflectivesupervision/.)

DO

Read the article "The Building Blocks for Implementing Reflective Supervision in an Early Childhood Mental Health Consultation Program" (Heller, Steier, Phillips, & Eckley, 2013) in your handouts.

TELL ME MORE:
For additional information about the Michigan Association for Infant Mental Health (MI-AIMH) and its endorsement, or to find a reflective supervisor, go to http://mi-aimh.org/.

Summary

Reflective supervision/consultation is a vital requirement for all consultants working as part of Michigan's IECMHC model. Reflective supervision/consultation helps to create a collaborative relationship and improves practice by noticing and valuing strengths through work with a trusted supervisor to explore vulnerabilities in order to support professional growth. A supervisor's "way of being" creates a holding space where supervisees feel safe to explore the complexities of working with and supporting young children and their families.

Reflection

After viewing Deborah Weatherston and Carla Barron in the video from MI-AIMH's Reflective Supervision Video Training Series, respond to the following discussion questions. Share your responses with your supervisor.

- After viewing this session, what questions do you have about parallel process and reflective supervision?
- Was enough attention paid in the video to the IMH specialist's feelings about saying good-bye?

Support for Supervisors

Review "Types of Supervision and Oversight Required to Effectively Support Infant and Early Childhood Mental Health Consultants in the Field," part of the Infant and Early Childhood Mental Health Consultation Toolbox, from the U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration (SAMHSA). This resource is available at https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/types-supervision-oversight-required-effectively-support-iecmhc-consultants.pdf.

In addition, read the article "The Reflective Supervisor's Role as a Team Leader and Group Supervisor" (Heffron & Murch, 2010) in your handouts.

Digging Deeper

After watching the MI-AIMH video identified under the "See" section above, read through and respond to the questions below . Share your thoughts and responses with your supervisor.

- Did this reflective supervision session match your expectation?
- Did anything surprise you?
- Did you notice particular behaviors that enhanced o the reflective exchange?
- Were you aware of a connection or relationship building between the two?
- Were there points where you wanted to jump in or might have responded differently?
- What are you curious about now as a result of the session?
- What new knowledge did you take away?

Take time to review the November 2017 issue of the journal *Zero to Three* in your handouts. Select two or three articles to review and discuss with your supervisor.

Additional Resources

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Fenichel, E. (1992). *Learning through supervision and mentorship to support the development of infants, toddlers, and families: A source book*. Arlington, VA: Zero to Three.

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Tomlin, A., Sturm, L., & Koch, S. (2009). Observe, listen, wonder, and respond: A preliminary exploration of reflective function skills in early care providers. *Infant Mental Health Journal*, 30(6), 634–647.

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Virmani, E., Masyn, K., Thompson, R., Conners-Burrow, N, & Mansell, L. (2013). Early childhood mental health consultation: Promoting change in the quality of teacher-child interactions. *Infant Mental Health Journal*, 34(2), 156–172.

Weatherston, D., & Barron, C. (2009). What does a reflective supervisory relationship look like? In S. Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision*, (pp. 63–82). Washington, DC: Zero to Three.

Weatherston, C., & Osofsky, J. (2009). Working within the context of relationships: Multidisciplinary, relational, and reflective practice, training, and supervision. *Infant Mental Health Journal*, 25, 424–439.

Weigand, R. (2007). Reflective supervision in child care: The discoveries of an accidental tourist. *Zero to Three*, 28(2), 17–22.

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