

December 2015

### Reflective supervision:

A resource for those supporting infants, toddlers, preschoolers and their families with Early Childhood Mental Health

Members from the San Diego Early Childhood Mental Health Leaders Collaborative offer responses to commonly asked questions about reflective supervision.

Written for the *San Diego Early Childhood Mental Health Leaders Collaborative* and all those who serve young children and their families by:

**Kim Flowers, LCSW, IF-ECMHS RPF-II** American Academy of Pediatrics, CA-3 San Diego State University Marilee Burgeson, MA CCC-DIR/SLP Trainer in DIR Floortime for Profectum and ICDL

and Human Services Agency

With special thanks for their unique expertise and contributions to this resource:

Shari Garrett, MS, CCC-SLP	<b>Gretchen Mallios, LCSW, MPP</b>	<b>Christopher Walsh, MFT</b>
Rady Children's Hospital	San Diego Postpartum Health Alliance	San Diego State University
Sherry Hartwell, MFT, RPF-M Earliest Relationships Network	Ruth P. Newton, Ph.D., IF-ECMS RPF-M Newton Center for Affect Regulation	

With great appreciation to the remaining members of the San Diego Early Childhood Mental Health Leaders Collaborative, for their wisdom and their commitment to San Diego's young children, their families, and those who serve them:

Joshua Feder, MD	Elizabeth Marucheau, LCSW, BCD	Daniel Singley, Ph.D.
Child and Family Psychiatry	San Diego State University	Men's Center for Excellence
Pradeep Gidwani, MD, MPH	Sarah Rieth, Ph.D., BCBA-D	Khawla H. Suleiman-Qafiti, MD
American Academy of Pediatrics, CA-3	San Diego State University	Family Health Centers San Diego
Kristin Gist, MS	Shulamit Ritblatt, Ph.D.	Melanie M. Walker, MFT, ATR, ECMHS
Rady Children's Hospital San Diego	San Diego State University	San Diego Center for Children
Jennifer Kennedy, MPA	Jeff Rowe, MD	Brenda Wilkinson, MFT
American Academy of Pediatrics, CA-3	San Diego Academy of Child and Adolescent Psychiatry	Private Practice
Rosa Ana Lozada, LCSW	Dean E. Sidelinger, MD, MSE	Laura Vleugels, MD
Harmonium, Inc.	County of San Diego Health	County of San Diego Health

and Human Services Agency

Last but not least, a heartfelt thank you to Miriah de Matos, MPH, MA and Dawn Oree, BFA, for their assistance in editing, and visualizing and creating graphic diagrams, to SDSU Child and Family Development research students for their work in helping to organize the extensive resources included in this document, and to Pam Flowers for the use of her beautiful photo.

# Reflective supervision: A resource for those supporting infants, toddlers, preschoolers and families with Early Childhood Mental Health

Table of Contents	Page
Background	4
What is Reflective Supervision?	5
Why is Reflective Supervision Necessary?	6
What are the Benefits of Reflective Supervision?	7
What are the Essential Qualities of Reflective Supervision?	8
Who Can Participate in Reflective Supervision?	9
How is Reflective Supervision Different From Psychotherapy?	10
How is Reflective Supervision Different From Administrative and Clinical Supervision?	10
What Evidence Supports the Effectiveness of Reflective Supervision?	11
What Can I do to Bring Reflective Supervision to my Organization?	12
Where Can I go to Get Training in Reflective Supervision?	13
Reflective Supervision Resources	14

# Reflective supervision: A resource for those supporting infants, toddlers, preschoolers and their families with Early Childhood Mental Health

#### Background

San Diego's Early Childhood Mental Health Conference Planning Committee organized and held their first annual conference on early childhood mental health (ECMH) in September 2010. At its conclusion, the organizers promised the audience that they would invite San Diego ECMH leaders to come together to discuss goals, methods, ideas, and potential ways to promote, integrate, and collaborate in ECMH in San Diego County. Early 2011, this diverse group of psychologists, marriage and family therapists, social workers, speech and language pathologists, early childhood educators, physicians, and public health representatives held the first meeting, forming what is known today as the San Diego Early Childhood Mental Health Leaders Collaborative. The vision of our collaborative is *"to ensure that all babies, children and their caregivers flourish"*. Reflective supervision is an essential practice to help us realize our vision.

In the field of ECMH, the supervisor-provider relationship serves as a foundational model for providerparent and parent-child relationships<sup>1</sup>. This *parallel process* is fundamental to supporting professionals who face increasingly complex family experiences. Reflective supervision plays an important role in this process of professionals and families growing together through the practice of intentional reflection. In recognition of this, several members of the San Diego ECMH Leaders Collaborative formed the *Reflective Supervision Workgroup*. This group was tasked with writing a document to help inform direct service providers, supervisors, and administrators about reflective supervision and its many critical benefits, and to offer guidance for implementing it within organizations and systems with varied access to resources.

The body of research and resources related to reflective supervision is steadily gaining, and it is multidisciplinary in nature. Members of the workgroup have taken their charge seriously and have diligently relied upon this growing documentation, as well as the expertise of the larger San Diego ECMH Leaders Collaborative. We have taken it upon ourselves to first answer: What is reflective supervision and who should do it and why? Our second focus is to provide guidance on how it can be implemented and what resources exist for training and support. We are committed in our responsibility to champion reflective supervision while acknowledging that the infrastructure to consistently implement it is yet to be fully developed. We hope this resource will serve to support the development of providers' understanding of reflective supervision, as well as the infrastructure within ECMH organizations and our ECMH community.

<sup>&</sup>lt;sup>1</sup> Throughout this document, the terms "parent" and "caregiver" are used interchangeably in recognition of the important role of those who may not be biological or adoptive parents, yet thankfully care for and serve as attachment figures.

### hat is Reflective Supervision?

~ Ashley is a home visitor who provides home-based services to at-risk families with infants, toddlers, and preschoolers. Her job is both rewarding and complex. Recently, she's been feeling a bit tired, perhaps even run down, and noticed that when she arrived at her client's home today, there was a moment where she didn't want to get out of her car. It was just a moment, but it took some self-talk and even some caffeine to get motivated and greet her client family. How did her mood and energy level affect her relationship with her client and the outcome of her home visit? What was contributing to this change in Ashley, something in her personal experience or the organization she works for? Or was it something unique to the experience with this specific client family? Fortunately, Ashley participates in reflective supervision. She meets regularly with her supervisor to explore and understand feelings and experiences just like this. This benefits Ashley, her clients, and the agency she works for.

Reflective supervision is a relationship-based form of supervision that promotes professional

development through the use of collaborative reflection. Providers share their thoughts, feelings and experiences within the context of a safe and trusting relationship. Reflective supervision helps develop the ability to be aware of, curious about, reflect upon, and regulate our own internal experience while considering the internal experience of others—whether a child, a parent, a family, a professional, or even an organization. Reflective supervision improves self-regulation so that providers have access to their own higher-level thinking and wisdom, and it promotes the ability to make critical judgments—important skills given the complexities in working with families with young children. This ability to understand the thoughts, feelings, intentions, beliefs and values of self and other affects how we relate to and interact with one

A little reflection will show us that every belief, even the simplest and most fundamental, goes beyond experience when regarded as a guide to our actions. ~William Kindgon Clifford

another—even in the midst of complex situations that are often emotionally charged.

Reflective supervision is necessary for developing attuned, sensitive and responsive relationships, a critical foundation for professionals and parents who are promoting ECMH. It is within the relational experience of nurturing, of felt security and safety, that curiosity for what has, what is and what is hoped to occur in the future can be explored, understood and managed (see diagram page 6). Our thoughts and feelings beneath our behaviors are illuminated and understood. This powerful relationship then becomes the conduit for professional growth, with positive outcomes to include reflective practice partnerships with parents who then ultimately promote healthy parent-child relationships and child development. This is commonly known as the "parallel process".

#### **Reflective Supervision Parallel Process**



Provider is calm and able to think and respond with attunement, understanding, and clarity



Provider experiences nonjudgment, relief and relaxation, access to own insight, knowledge, and expansion of skills

Provider feels a need or discomfort, a reaction and cues Reflective Supervisor of arousal.



Reflective Supervisor recognizes arousal and responds, offering coregulation and safety to explore experience



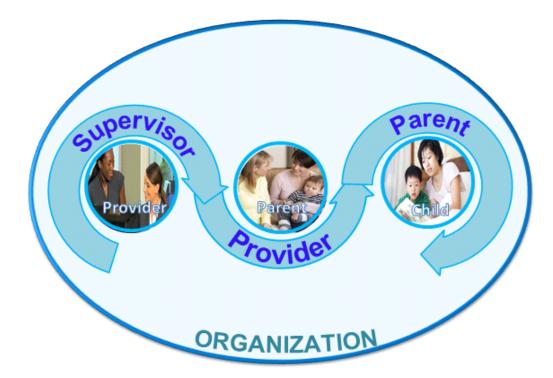
#### hy is Reflective Supervision Necessary?<sup>2</sup>

Once, we were all babies—uniquely cared for by our parent(s) or other caregivers. Our experiences helped to shape us; they've shaped how we relate to others, how we manage stressful experiences, even how we think and feel. Often times we are unaware of these influences and our emotional responses. Yet they actively guide our interactions and professional interventions with the young children and families we work with. Additionally, we are exposed to complex family situations, including traumatic experiences that can deeply impact and even trigger our own experiences. Reflective supervision offers a consistent relational space and the time to become aware, explore, understand and distill the emotions and processes that are influencing our work. It can bring awareness and understanding to, for example, how a provider feels about working with same sex parents or an expectant mother who discloses she used methamphetamines early in her pregnancy. The process offers critical emotional support to those who carry a heavy burden of exposure to traumatic material, and helps us to avoid reactive responses that can result in unintended and negative consequences for all. Reflective supervision improves the quality of early childhood services by enhancing provider competency and confidence, thereby increasing organizational and community capacities.

<sup>&</sup>lt;sup>2</sup> Shahmoon-Shanok, R. (2009). What is reflective supervision? *A practical guide for reflective supervision*. Washington DC: Zero to Three.

### hat are the Benefits of Reflective Supervision?

Although there are neurobiological and heritable influences, we understand that the development of young children is strongly influenced by the quality of the primary care-giving relationship and by the child's early environmental experiences. Ideally, the caregiver is emotionally and physically available to support the young child's exploration and learning, in a sensitive and attuned way. Reflective supervision is a relationship model meant to be similar to the "secure base" that a parent offers the young, developing child. Within a trusting professional relationship a provider can receive support for his or her professional development so that services are delivered to families with safety, integrity, quality, and fidelity. Working within an organizational culture that both practices reflection and supports reflective supervision is key (see diagram below). The benefits are many.



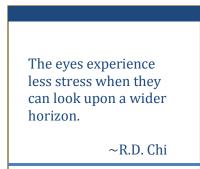
#### For children and families we serve, reflective supervision:

- Models a nurturing experience for all relationships, including improved regulation, attunement, and responsiveness—known as parallel process
- Offers a safe haven for parents to develop reflective capacity by exploring what is important to them: their beliefs and values, parenting goals and practices, thoughts and feelings, cultural experiences, challenges and strengths, etc.
- Encourages parents to observe, reflect, and understand their child's development, behavior, and interactions, which includes strengths, vulnerabilities, and temperament

- Highlights social and emotional development and the importance of families in the process of developing emotional literacy
- Improves parent confidence and consistency
- Provides a relational process to mediate challenges

#### For providers who serve children and families, reflective supervision:

- Supports providers in developing improved regulation that leads to integrated, higher-level thinking, and more effective decision making
- Develops the ability to manage oneself in the midst of family crisis
- Creates an opportunity for rich exchanges of learning from one's own experience and from others
- Supports work with complex family systems and dynamics
- Increases the ability to understand the perspective of others and have empathy for them
- Promotes understanding through inquiry to guide another in the problem solving process



- Enhances awareness and understanding of oneself and one's own past or present experiences, and how work with families can evoke this, thereby minimizing countertransference or the reflexive acting out of unconscious feelings with families
- Improves recognition and use of provider strengths and confidence
- Supports cultural competence
- Reduces risk for burn out and vicarious/secondary trauma and burn out
- Contributes to professional identity and career development

#### For organizations that serve children and families, reflective supervision:

- Provides a higher quality of service and improved outcomes for families
- Attends to boundaries and other ethical practice/legal issues
- Supports the development of healthy relationships and stable work environments—a climate of open communication, empathy for staff concerns, and the long-term development of staff
- Helps with clarity and commitment to organizational philosophy and mission
- Creates a felt experience of support for staff
- Promotes an organizational culture of reflection
- Links to improved employee satisfaction and retention
- Improves consumer outcomes, including satisfaction
- Improves program quality and accountability

### hat are the Essential Qualities of Reflective Supervision?

The foundation for reflective supervision is a relationship that is built upon emotional safety, trust, and mutual respect. The consistent, predictable gift of time and space to pull back from work and examine it and our selves within a safe context is a powerful conduit for professional development. It is the relationship itself that helps us to regulate and organize ourselves, thereby contributing to improved services. This *collaborative* (relational), *reflective, and regular*<sup>3</sup> practice is facilitated by:

- Safety
- Open communication
- Responsiveness
- Empathy
- Acceptance of a wide variety of cultural values and childrearing practices
- Elimination of reactive judgments
- Shared power and collaboration
- Curiosity or inquiry
- Flexibility
- Self-awareness

### ho Can Participate in Reflective Supervision?

Given our understanding of the foundational importance of ECMH to children's growth and development, all providers involved in promoting early childhood development are encouraged to participate in reflective supervision regardless of their discipline. This includes behavioral health providers; occupational, speech and language, and physical therapists; early childhood education professionals; and home visitors and parent educators. For example, an occupational therapist regularly meeting with a reflective supervisor might gain important insight into the feelings that arise when parents insist that their children perform over-stimulating tasks. This insight may lead to wondering about the origin of parents' expectations and a consideration of interventions: *What beliefs are operating in this interaction, including my own? Where might these come from? Knowing this, how might I sensitively intervene, considering both parents' and their children's experience, so they might offer the right amount of stimuli for success?* The reflective process facilitates increased understanding and empathy for oneself and others' experiences and ultimately, better outcomes.

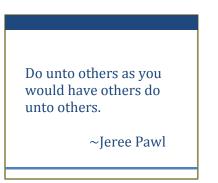
<sup>&</sup>lt;sup>3</sup> Fenichel, E. (1992). Learning through supervision and mentorship to support the development of infants, toddlers, and their families: A source book. Arlington, VA: Zero To Three.

Additionally, administrators such as supervisors and program managers, even funders, are also encouraged to participate. When reflective supervision occurs across all staff roles and disciplines, reflective processes are more likely to be integrated into the organizational culture.

### ow is Reflective Supervision Different from Psychotherapy?

Reflective supervision differs from psychotherapy in a variety of ways. First and foremost, RS is directly

focused on our personal learning experiences, thoughts, and feelings that are directly connected to our work with families and colleagues. The process is facilitated by experiencing emotional safety, active listening, and thoughtful questioning by *both* parties. These characteristics can lead to having a *felt, supportive* experience that people sometimes associate with psychotherapy. However, reflective supervision facilitators are not unearthing the unconscious. With reflective supervision, what is discovered is typically just beneath one's awareness, and with some reflection, is



readily accessible to discovery. Reflective supervision may, at times, include exploring the role our personal life experiences play in our work. Understanding that the focus is on what is readily accessible and related to our work serves to guide the reflective supervisor. The use of therapy techniques or interventions are not a part of reflective supervision, although it may feel "therapeutic". This may be the result of experiencing positive regard, collaboration, and attention to one's internal processes.

## How is Reflective Supervision Different from Administrative and Clinical Supervision?<sup>4</sup>

There are three basic types of supervision: administrative, clinical, and reflective. Administrative supervision is concerned with program policies, regulations, and procedures. It is focused on tasks such as hiring, training and educating personnel, overseeing paperwork, and monitoring productivity. Clinical supervision emphasizes understanding and making proper diagnoses, developing effective treatment plans, and modifying interventions accordingly. Central to clinical supervision is discussing strategies used by providers, reviewing and evaluating progress, and providing guidance and coaching for the

<sup>&</sup>lt;sup>4</sup> Michigan Association for Infant Mental Health. (2015). What is reflective supervision/consultation? Retrieved August, 2015, from www.mi-aimh.org.

purpose of skill development. Reflective supervision focuses on the parallel process involved in relationships, namely between supervisor and provider, provider and parent, and parent and child. It includes how the interactions within each of these relationships may be impacting the work and explores the reasons behind the strong feelings that relationships evoke. This reflective partnership involves the supervisor being emotionally present with and supportive to the provider, asking questions to encourage details about the emerging relationships between the young child, parent and provider, and creating and holding the space for reflection. There is a deliberate emphasis on attending to social and emotional content and the process of relating.

### hat Evidence Supports the Effectiveness of Reflective Supervision?

The fields of education and nursing have led the way in providing evidence to support reflective supervision. In the early 20<sup>th</sup> century, John Dewey wrote and spoke of the importance of reflection in the field of education.<sup>5</sup> Recent research in neuroscience has clearly shown that there are important and significant benefits to reflection. Reflective supervision, similar to the contemplative practice of mindfulness meditation, triggers anatomical changes in the brain and body. According to Dr. Dan Siegel, several studies show that the prefrontal cortex area of the brain thickens with reflective supervision.<sup>6</sup> This enables improved awareness, regulation, and integration. Becoming more attuned to oneself enables us to become more calm and hence, more connected with others. This results in a stronger capacity to be more empathic and allows us to turn "me or you" thinking into, ultimately, collaborative "we" thinking. This is thought to be the result of the integration in brain activity processes.

The benefits of reflective supervision have been demonstrated in many other fields, as well. When early education professionals are participating in it, the quality of care is improved and made more optimal thereby promoting children's intellectual and social-emotional development.<sup>7</sup> Positive outcomes for children, such as these, have been clearly documented in the research literature. Additional evidence for the reflective process primarily comes from qualitative studies: one study, for example, links it to greater resilience among providers and decreased provider burnout<sup>8</sup>. Another, with Early Intervention home-based providers, speaks to improved services to families through "increased

<sup>&</sup>lt;sup>5</sup> Dewey, John. (1933). How we think: A restatement of the relation of reflective thinking to the educative process (Revised ed). Boston, MA: D.C. Heath.

<sup>&</sup>lt;sup>6</sup> Siegel, D. (2010). Reflection. Garrison Newsletter, (Autumn). Retrieved September, 2015, from <u>www.garrisoninstitute.org/reflection-dan-siegel</u>.

 <sup>&</sup>lt;sup>7</sup> Department of Education and Early Childhood Development. (2010). Early years learning and development framework. Evidence paper, practice principle 8: Reflective practice. Melbourne, University of Melbourne.
<sup>8</sup> Turner, S.D. (2009). *Exploring resilience in the lives of women leaders in early childhood health, human services, and education*. PhD dissertation. Oregon State University. Retrieved September, 2015, from www.ir.library.oregonstate.edu/xmlui/handle/1957/13122.

awareness, support, and stress reduction".<sup>9</sup> Observational studies have also contributed: in the field of child welfare they have shown that integration of reflective supervision qualities into supervision has led to lower rates of staff turnover and better success in achieving permanent placements for children.<sup>10</sup>

### hat Can I Do to Bring Reflective Supervision to My Organization?

Ideally, the commitment of leadership is essential to fully value, support, and integrate reflective supervision within an organization. In considering the investment, an organization may want to compare the cost of high turnover (staff retention) and the subsequent loss of organizational wisdom and provider relationships to the benefits of positive client outcomes.

At a most basic level, offering an ongoing and regular space and time for ECMH providers to meet individually and/or in small groups is necessary. Leadership is wise to attend to the importance of trust in the reflective supervision relationship; this is crucial and can be achieved by creating an environment that is respectful and responsive to children, families, and the professionals who serve them. Training of supervisors and direct service providers in the essential skills and the process of facilitating reflection is preferable. Likewise, having an internal "champion(s)" of the process can be invaluable. Some organizations employ specialized consultants or for example, Reflective Practice Facilitation Mentors endorsed by the California Center for Infant-Family and Early Childhood Mental Health (see below), to provide resources, expertise, and guidance to support the development of reflective supervision. On a simpler level, integrating reflective practice into already existing routines (e.g. clinical case consultation groups, team meetings, etc.) is often found to be a readily accessible strategy within an organization. While peer-to-peer reflective partnerships are helpful at any time, these can be intentionally developed and used in the absence of formally organized opportunities.

Administration, leadership, and direct service providers are all encouraged to seek out resources such as trainings, communities of practice groups, and videos and books—and to actively make use of what is learned with practice. While the bibliography included in this document offers many possibilities for learning, a good place to begin is with reading *Reflective supervision and leadership for infant and early childhood programs*<sup>11</sup>. However, these resources are not a substitute for participating in reflective

<sup>&</sup>lt;sup>9</sup> Neilsen Gatti, S., Watson, C., & Cox, M. (2012, February). *Reflective consultation as an ongoing, embedded professional development model.* Poster presented at the Conference on Research Innovations in Early Childhood. San Diego, CA. <sup>10</sup> National Council on Crime and Delinquency. (2006). Relationship between staff turnover, child welfare system functioning and recurrent child abuse. Oakland: National Council on Crime and Delinquency.

<sup>&</sup>lt;sup>11</sup> Heffron, M. C., & Murch, T. (2010). Reflective supervision and leadership for infant and early childhood programs: Washington DC: Zero to Three.

supervision. Partnering with a reflective supervisor supports and enhances the ongoing development of skills in reflective practice.

### here Can I Go to Get Training in Reflective Supervision?

The reflective process is best learned from experiencing it in either individual or small group reflective supervision, or a combination of both modalities. Although current technologies such as Skype and WebEx can be used, it is recommended to begin with face-to-face meetings with an experienced reflective supervisor. Formal training opportunities, while not always readily available, are beginning to surface in response to growing awareness, positive results, and identified need. The organizations below offer a variety of training options to include conference workshops, extensive bibliography listings, lending libraries for ECMH resources, and local communities of practice meetings.

#### California Center for Infant-Family and Early Childhood Mental Health

http://cacenter-ecmh.org/

Earliest Relationships Network: Providers Supporting Early Childhood Mental Health <u>earliestrelationshipsnetwork@gmail.com</u>

Michigan Association for Infant Mental Health http://mi-aimh.org/

#### San Diego State University

The Department of Child & Family Development http://go.sdsu.edu/education/cfd/

#### San Diego We Can't Wait Conference

http://www.earlychildhoodmentalhealth-sandiego.com/

#### Zero To Three National Center for Infants, Toddlers, and Families

http://zerotothree.org/

Additionally, the California Department of Education, Child Development Division, in partnership with WestEd's Center for Child & Family Studies offers a variety of archived webinars:

- 1. Infant and Toddler Reflective Curriculum Planning, Part I
- 2. Infant and Toddler Reflective Curriculum Planning, Part II
- 3. Enhancing Infant and Toddler Care Through Reflective Practice, Part I
- 4. Enhancing Infant and Toddler Care Through Reflective Practice, Part II
- 5. Enhancing Infant and Toddler Care Through Reflective Practice, Part III
- 6. Enhancing Infant and Toddler Care Through Reflective Practice, Part IV

These can be located at <u>https://www.pitc.org/pub/pitc\_docs/webinars.html</u>.

Please contact Kim Flowers at <u>kimflowers.lcsw@yahoo.com</u> or Marilee Burgeson at <u>marilee.burgeson@gmail.com</u> to express further interest in training and/or to support next steps in promoting reflective supervision training locally.

## **R**eflective Supervision Resources

Bernstein, V. (2002). Standing firm against the forces of risk: Supporting home visiting and early intervention workers through reflective supervision. *Newsletter of the Infant Mental Health Promotion Project (IMP), 35 (03).* 

Bertacchi, J. (1996). Relationship-based organizations. Zero to Three, 17(2), 1-7.

Bertacchi, J., & Coplon, J. (1992). The professional use of self in prevention. In *Learning through supervision and mentorship to support the development of infants, toddlers and their families: A sourcebook*, 84-90. Washington DC: Zero to Three.

Bertachhi, J., & Gilkerson, L. (2009). How can administrative and reflective supervision be combined? In S. Heller and L.Gilkerson (Eds.), *A practical guide to reflective supervision*, 121-134. Washington DC: Zero to Three.

Butterfield, P. M., Martin, C. A., & Prairie, A. P. (2004). *Emotional connections: How relationships guide early learning. Instructor's manual [with CD-ROM]*: ERIC.

California Center for Infant-Family and Early Childhood Mental Health Training Guidelines Workgroup. (2012). *California training guidelines and personnel competencies in infant-family & early childhood mental health, Revised*. Sacramento, CA: California Center for Infant-Family and Early Childhood Mental Health.

Campbell, S. (2005). Caretaking in a Nurturing Way: Replicating relationship-based, reflective models in Healthy Families programs. *Zero to Three, 25*(5), 17-22.

Center for Program Excellence. (2003). *Lessons learned from implementing reflective supervision*. Washington DC: Zero to Three.

Copa, A., Lucinski, L., Olsen, E., & Wollenburg, K. (1999). Promoting professional and organization development: A reflective supervision model. *Zero to Three*, 20(1), 3-9.

Deborah, J. W., & Joy, D. O. (2009). Working within the context of relationships: Multidisciplinary, relational, and reflective practice, training, and supervision. *Infant Mental Health Journal, 30*(6), 573-578.

Department of Education and Early Childhood Development. (2010). *Early years learning and development framework. Evidence paper, practice principle 8: Reflective practice*. Melbourne, University of Melbourne.

Dewey, John. (1933). *How We Think: A restatement of the relation of reflective thinking to the educative process* (Revised ed). Boston, MA: D.C. Heath.

Edelman, L. (2004). A relationship-based approach to early intervention. *Resources and Connections, 3*(2), 2-10.

Eggbeer, L., Fenichel, E., Pawl, J. H., Shanok, R. S., & Williamson, G. G. (1994). Training the trainers: Innovative

strategies for teaching relationship concepts and skills to infant/family professionals. *Infants & Young Children, 7*(2), 53-61.

Eggbeer, L., Mann, T., & Seibel, N. (2007). Reflective supervision: Past, present, and future. *Zero to Three (J), 28*(2), 5-9.

Emde, R. N. (2009). Facilitating reflective supervision in an early child development center. *Infant Mental Health Journal, 30*(6), 664-672.

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

Fenichel, E. (1996). Relationship-based organizations. *Zero to Three, 17*(2).

Geller, E., & Foley, G. M. (2009). Broadening the "ports of entry" for speech-language pathologists: A relational and reflective model for clinical supervision. *American Journal of Speech-Language Pathology, 18*(1), 22-41.

Harden, B. (2009). Beyond reflective supervision: How can my organization support well-being. In *A practical guide to reflective supervision*. Washington DC: Zero to Three.

Heffron, M. C. (1999). Balance in jeopardy. Reflexive reactions vs. reflective responses in infant family practice. *Zero to Three, 14,* 15-17.

Heffron, M. C. (2005). Reflective supervision in infant, toddler, and preschool work. In K. Finello (Ed). *The handbook of training and practice in infant and preschool mental health*, San Francisco: Jossey-Bass, 114-136.

Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership for infant and early childhood programs*: Washington DC: Zero to Three.

Heffron, M. C., & Murch, T. (2012). Finding the words, finding the ways: Exploring reflective supervision and facilitation. *Californing Center for Infant-Family and Early Childhood Mental Health at West Ed Center for Prevention and Early Intervention*.

Heller, S. S., & Gilkerson, L. (2009). A practical guide to reflective supervision: Zero to Three.

Heller, S. S., Jozefowicz, F., Reams, R., & Weinstock, J. (2004). Starting where the program is: three infant mental health consultants discuss reflective practice. *Zero to Three (J), 24*(6), 10-19.

Howes, C., James, J., & Ritchie, S. (2003). Pathways to effective teaching. *Early Childhood Research Quarterly*, *18*(1), 104-120.

Larrieu, J. A., & Dickson, A. B. (2009). Reflective practice in infant mental health training and consultation. *Infant Mental Health Journal, 30*(6), 579-590.

Michigan Association for Infant Mental Health. (2015). *What is reflective supervision/consultation?* Retrieved August, 2015, from <u>www.mi-aimh.org</u>.

National Council on Crime and Delinquency. (2006). *Relationship between staff turnover, child welfare system functioning and recurrent child abuse.* Oakland: National Council on Crime and Delinquency.

Neilsen Gatti, S., Watson, C., & Cox, M. (2012, February). *Reflective consultation as an ongoing, embedded professional development model.* Poster presented at the Conference on Research Innovations in Early Childhood. San Diego, CA.

Norman-Murch, T., & Ward, G. (1999). First steps in establishing reflective practice and supervision: Organizational issues and strategies. *Zero to Three, 20*(1), 10-14.

Parlakian, R. (2001). *Look, listen, and learn: Reflective supervision and relationship-based work:* Washington DC: Zero to Three.

Pawl, J., & St. John, M. (1998). How you are is as important as what you do. Zero to Three, 18, 34-36.

Pflieger, J. (2002). Reflective Supervision. Head Start Bulletin: Child Mental Health (73).

Pitkin, A., & Norman-Murch, T. (2005). Toward relational, reflective, nurturing practice in multisite programs. *Zero to Three, 25*(5), 23-26.

Samuels, M., & Betts, J. (2007). Crossing the threshold from description to deconstruction and reconstruction: Using self-assessment to deepen reflection. *Reflective Practice*, 8(2), 269-283.

Schafer, W. M. (2007). Models and domains of supervision and their relationship to professional development. *Zero to Three, 28*(2), 10-16.

Schön, D. (1983). *The reflective practitioner: How professionals think in action*. Cambridge, MA: Basic Books.

Schön, D. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions.* San Francisco, CA: Jossey -Bass.

Senge, P. M., Scharmer, C. O., Jaworski, J., & Flowers, B. S. (2005). *Presence: An exploration of profound change in people, organizations, and society*. New York: Doubleday Publishing.

Shahmoon-Shanok, R. (2000). The action is in the interaction: Clinical practice guidelines for work with parents of children with developmental disorders. In *Clinical practice guidelines: Redefining the standards of care for infants, children, and families with special needs*. Bethesda, MD: Interdisciplinary Council on Development and Learning Press

Shahmoon-Shanok, R. (2006). Reflective supervision for an integrated model: What, why, and how. In G. M. Foley & J. D. Hochman (Eds.), *Mental health in early intervention: Achieving unity of principles and practice* (pp. 343-379). Baltimore, MD: Brookes.

Shahmoon-Shanok, R. (2009). What is reflective supervision? In *A practical guide for reflective supervision*. Washington DC: Zero to Three.

Shamoon-Shanok, R. (1992). The supervisory relationship: Integrator, resource, and guide. In E. S. Fenichel (Ed.), *Learning through supervision and mentorship to support the development of infants, toddlers and their families: A source book* (pp. 37-42). Washington DC: Zero to Three.

Shahmoon-Shanok, R. S. (1995). Reflective supervision: A relationship for learning: Discussion guide including a complete transcript of the training videotape with margin notes. Washington DC: Zero to Three.

Shahmoon-Shanok, R., & Geller, E. (2009). Embracing complexity across disciplines: Reflective supervision and postdegree training integrate mental health concepts with speech-language therapy and graduate education. *Infant Mental Health Journal, 30*(6), 591-620.

Shahmoon-Shanok, R., Gilkerson, L., Eggbeer, L. & Fenichel, E. (1995). *Reflective supervision: A relationship for learning*. A training videotape, discussion guide and sourcebook. Washington, DC: Zero to Three.

Siegel, D. J. (2007). *The Mindful brain: Reflection and attunement in the cultivation of well-being.* New York: WW Norton & Company.

Siegel, D. (2010). Reflection. *Garrison Newsletter*, (Autumn). Retrieved September, 2015, from <u>www.garrisoninstitute.org/reflection-dan-siegel</u>.

Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. New York: WW Norton & Company.

Tomlin, A. M., Sturm, L., & Koch, S. M. (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.

Turner, S.D. (2009). *Exploring resilience in the lives of women leaders in early childhood health, human services, and education*. PhD dissertation. Oregon State University. Retrieved September, 2015, from www.ir.library.oregonstate.edu/xmlui/handle/1957/13122.

Wajda-Johnston, V., Smyke, A. T., Nagle, G., & Larrieu, J. (2005). Using technology as a training, supervision, and consultation aid. *The handbook of training and practice in infant and preschool mental health. San Francisco, CA: Jossey-Bass*, 357-374.

Warren, B., & Mares, S. (2009). Developing reflective skills in infant mental health postgraduate students: The Australian experience. *Infant Mental Health Journal, 30*(6), 621-633.

Weatherston, D. (2007). A home-based infant mental health intervention: The centrality of relationships in reflective supervision. *Zero to Three, 28*(2), 23-28.

Weatherston, D. J., & Osofsky, J. D. (2009). Working within the context of relationships: Multidisciplinary, relational, and reflective practice, training, and supervision. *Infant Mental Health Journal*, *30*(6), 573-578.

Weigand, R. F. (2007). Reflective supervision in childcare. Zero to Three, 28(2), 17-22.

Weston, D. R. (2005). Training in infant mental health: educating the reflective practitioner. *Infants & Young Children, 18*(4), 337-348.

Weston, D. R., Ivins, B., Heffron, M. C., & Sweet, N. (1997). Formulating the centrality of relationships in early intervention: An organizational perspective. *Infants & Young Children, 9*(3), 1-12.

Wightman, B., Whitaker, K., Traylor, D., Yeider, S., Hyden, V. C., & Weigand, B. (2007). Reflective practice and supervision in child abuse prevention. *Reflective Supervision: What is it and why do it, 28*(2), 29-34.

Watts, C., Ayouh, C., Watson Avery, M., Beardslee, W., & Knowlton-Young, K. (2008). *Supportive supervision: Promoting staff and family growth through positive relationships*. Boston, MA: Children's Hospital Boston.