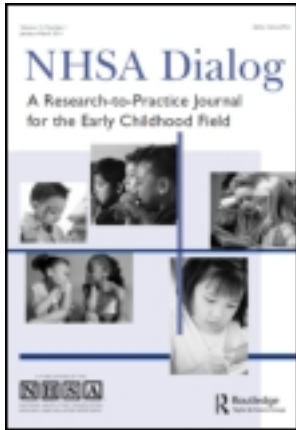


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Supporting Early Childhood Practitioners Through Relationship-Based, Reflective Supervision

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Reflective supervision is a relationship-based practice that supports the professional development of early childhood practitioners. Reflective supervision helps practitioners cope with the intense feelings and stress that are generated when working with at-risk children and families. It allows them to focus on the purpose and goals of the program and maintain their role boundaries. This article describes the need for and purposes of reflective supervision in early childhood programs and lays out the stages of relationship formation between supervisors and practitioners. Through the use of a vignette, this article illustrates the process of reflective supervision within the context of a supervisory session.

Keywords: family support, parent–child relationship, program operations

CHILD AND FAMILY RISK IN EARLY CHILDHOOD PROGRAMS

Many families raise children successfully while living in difficult circumstances. Despite their daily difficulties, successful parents are able to develop nurturing relationships with their children that go beyond providing for their basic needs. These parents manage to maintain their energy and ability to make their children's well-being a priority and to communicate to them that they are special. Children who receive nurturing, responsive care are generally able to form secure attachments with caregivers, to develop the capacity to regulate their behavior when excited or upset, are motivated to explore their environments, are delighted to learn new things, are able to cooperate and enjoy time with peers, and can positively engage with adults (Bromwich, 1997; Calkins & Hill, 2007; Kochanska, 1997). For early childhood practitioners, these families are a pleasure to work with and their children a delight to teach. In these families, young children receive the nurturing they need for adequate social-emotional development and long-term social adjustment (Rutter, 1990; Werner & Smith, 1992).

For the aforementioned reasons, a primary focus of services for young children is to support the development of a nurturing relationship between the child and parent in order to support the child's development (Barnard, Morriset, & Spieker, 1993; Bernstein, Hans, & Percansky, 1991; Bromwich, 1997). One approach to supporting the parent–child relationship is called reflective

parenting (Slade et al., 2005), which focuses on helping the parent understand the meaning of the child's behavior and the rationale behind the parent's response. In this relationship-based approach, the early childhood practitioner and parent observe the child in everyday activities and explore the meanings and feelings behind the child's actions. Together they consider the parent's interaction with the child and encourage the parent to "say out loud" what she was feeling and thinking during the interaction. This helps the parent become more aware of her child and herself and the ways in which she can support her child's development through her actions. The practitioner helps the parent identify "what is working" for the child and in his or her relationship with the child (Bernstein, 2003). In learning "what works" and what doesn't work, the parent and practitioner think about how to build upon what is working in order to continue supporting the child's development. Examples of early interventions that use the reflective parenting approach are Watch, Wait, and Wonder (Muir, 1992), Minding the Baby (Slade et al., 2005), and Sharing Observation and Using Inquiry (Bernstein, 2003).

Given the difficult circumstances that many families face, however, it can be challenging for practitioners to support the parent-child relationship and build upon "what is working" when they are repeatedly confronted with the family's problems. Early childhood practitioners often work with children who face a variety of stressors, such as poverty, exposure to violence or other types of trauma, and prenatal exposure to drugs or alcohol, or who have parents or other family members who suffer from substance abuse or mental health issues (Administration on Children, Youth, and Families, 2002). It can be challenging for families to nurture their children when they are struggling to cope with daily stresses and pressing immediate needs. Stress in the family can reduce the parent's emotional availability and the child's capabilities to send clear signals and to respond positively (Pianta & Egeland, 1990). Over time, this stress-related disruption in the parent-child relationship can impact the child's development and lead to a variety of emotional and behavioral problems. For young children, these problems may include defiance, anger, aggression, anxiety, fearfulness, sadness, sleep problems, and toileting problems (Zero to Three, 2005).

The child's behavioral problems are troubling to the early childhood practitioner as they can be disruptive to group settings and cause concern about the child's well-being. Practitioners dealing with these children and families often experience a wide variety of feelings that are both intense and overwhelming, such as frustration, anger, fear, worry, anxiety, hopelessness, and incompetence (Strain & Joseph, 2004). Like the family, practitioners often feel overwhelmed by the family's problems and can become susceptible to the same "forces of risk" that affect the children and families with whom they work (Campbell, Earley, & Gray, 1999). It is easy for staff to focus on "fixing" the family's problems and lose track of their original purpose for working with the family: supporting the parent-child relationship and the child's development. The practitioner's intense feelings of upset derived from the children's and families' struggles can create distortions in their perceptions and hence interfere in their capacity to reflect on their work (Munro, 1999). It can be more difficult for practitioners to see what is going well with the family and they may miss the moments of enjoyment between the parent and child. Practitioners can begin to feel ineffective and the programs themselves become less effective (Gomby, Culross, & Behrman, 1999; Landy, 2001-2002), which in turn can lead to burnout and staff turnover (Daro & Harding, 1999; Strain & Joseph, 2004). In sum, family crisis and high levels of stress can be damaging to the formation and maintenance of nurturing relationships, to the child's development, and to the helping practitioner.

RELATIONSHIP-BASED, REFLECTIVE SUPERVISION

Reflective supervision is a form of professional development that helps early childhood practitioners work effectively with vulnerable families, support parent–child relationships, deepen their understandings of their experiences, cope with work-related stress, feel less isolated in their work, and prevent burnout (Amini Virmani & Ontai, 2010; Emde, 2009; Gilkerson, 2004; Gilkerson & Cochran Kopel, 2005; Heffron, 2005). Reflective supervision takes the relationship-based, reflective principles and practices that underlie reflective parenting programs and, in parallel, applies them to the supervisory relationship (Pawl & St. John, 1998). It represents an opportunity for practitioners to reflect upon their work with the help of a supervisor in an environment that is safe and supportive. Reflective supervision is based on a collaborative partnership that facilitates the “exploration of internal and affective feeling states, while supporting informed decision making through a rich transactional and relational process” (Talamantez, 2011).

Since the early 1990s, the practice of reflective supervision has increasingly been incorporated into a diverse range of both clinical and nonclinical infant–family and early childhood programs. Some of these programs include infant mental health services; Early Head Start; early intervention services; childcare settings; family support and home visiting programs, such as Healthy Families and the Nurse Family Partnership; child welfare; and nursing and hospital settings (Amini Virmani & Ontai, 2010; Beam, O’Brian, & Neal, 2010; Early Head Start National Resource Center at ZERO TO THREE, 2010; Gilkerson, 2004; Heffron & Murch, 2010).

In reflective supervision, the early childhood practitioner shares experiences she has had with families that may have been especially challenging or emotionally intense. The supervisor’s role is to listen as the practitioner tells her story and shares feelings that the experience has generated for her. In a supportive fashion, the supervisor helps the practitioner to reflect on her work by asking clarifying questions and encouraging her to see the situation in a more complete way. The practitioner and supervisor work to develop a shared understanding of the experience and future plans of action. Details about the supervisory relationship and the shape of the supervisory session (Appendix A) are outlined later.

The core ideas underlying reflective supervision include the parallel process and mutual competence (Goldberg, 1977). The parallel process refers to the idea that experiences in the relationship between a supervisor and practitioner often parallel the experiences in the practitioner–parent and parent–child relationships. Therefore, when early childhood practitioners experience a supportive, nurturing relationship with their supervisors, they are in a better position to develop nurturing relationships with families and to support the parent–child relationship. Pawl and St. John (1998) write that the “platinum” rule of training and supervision is to “do unto others as you would have others do unto others” (p. 7).

Mutual competence originally referred to the developing relationship between parent and child: a partnership based on mutual understanding and responsiveness (Goldberg, 1977). In this relationship, the parent’s role is to understand the child’s signals and respond to meet the child’s needs and interests. The child’s role is to signal to the parent whether or not the response is effective. When the parent responds effectively to the child, the child’s stress is decreased and he learns that he can trust the parent. For example, a parent’s success in calming an upset child strengthens the relationship because the child feels listened to and understood and the parent feels successful and that she makes a difference. “Sliding around in the parallel process” (Bernstein, Campbell, & Akers, 2001, p. 126), mutual competence can be adapted to describe important

aspects of the collaborative partnership characteristic of reflective supervision. Staff sharing and the supervisor's reflective listening decrease the practitioner's sense of feeling overwhelmed and increase each person's sense of mutual competence; a supportive supervisory presence strengthens their relationship. When the practitioner shares her experiences working with a particular family and the supervisor contributes broader experiences and different ideas on interpreting behaviors, it creates the opportunity for the practitioner to learn and think about the family from a new perspective.

Supervision can become complex when the reflective supervisor also has the administrative responsibility for the performance of the early childhood program staff. The Michigan Association for Infant Mental Health (MAMH; 2009) has published the *Best Practice Guidelines for Reflective Supervision and Consultation*, which distinguishes between the administrative and reflective roles for the supervisor. In administrative supervision, the supervisor is in a position of authority and must attend to basic needs of the program. For example, she asks, do the early childhood practitioners have adequate training to carry out their jobs? Are they seeing their families and completing their paperwork on schedule? Does the program have the supplies it needs? How does the program manage time sheets, vacation scheduling, and so on? Administrative and reflective responsibilities often conflict (Early Head Start National Resource Center, 2010). More immediate basic needs such as meeting a grant proposal deadline can overwhelm reflective time and result in canceling a reflective supervision session. In effective programs, the commitment to reflective supervision for nurturing staff is a priority equal in importance to that of meeting basic needs (Heffron & Murch, 2010).

The formation of a nurturing, supportive supervisory relationship between an early childhood practitioner and supervisor involves multiple stages that emerge over time and, in many ways, parallels the development of the relationship between the practitioner and a family. The process takes time and requires effort from both the supervisor and the practitioner. The following sections describe these stages in detail.

THE STAGES OF THE SUPERVISORY RELATIONSHIP: A MUTUAL COMPETENCE MODEL FOR DEVELOPING NURTURING, CARING, SUPERVISORY RELATIONSHIPS (BERNSTEIN ET AL., 2001)

Stage 1: Administrative Supervision and Orientation

This stage lays the foundation for both the supervisor and early childhood practitioner to understand their roles and begin to develop a relationship. The practitioner's job description is reviewed and expectations discussed, including work schedule, benefits, and so on. As the supervisor explains the goals of the program, she shares her expectations of the practitioner related to job performance, for example, the expectation of making weekly home visits, treating families respectfully, and completing paperwork. During Stage 1, the supervisor also clarifies the difference between her own role as administrative supervisor and reflective supervisor for the practitioner. The practitioner learns what to expect when she meets with her supervisor and whether a supervisory session will be task performance oriented or reflective. A regular meeting time that can be free from interruptions is scheduled for reflective supervision (Fenichel, 1992).

The supervisor and practitioner work to develop a shared vision about the purpose and responsibilities related to reflective supervision. They discuss how the purpose of reflective supervision is to provide support and strengthen the early childhood practitioner's work. It is an opportunity to reflect, to change, to learn, and to grow as a practitioner. Reflective supervision is an essential part of both the supervisor's and practitioner's job. The practitioner learns that in preparation for reflective supervision, she should have a story from her work to share and be ready to indicate what kind of support or information she would like from her supervisor. The supervisor works to create an environment of "warmth, acceptance, respect, understanding and trust. Good supervisors self-disclose and create an atmosphere of experimentation and allowance for mistakes" (Worthen & McNeill, 1996, p. 25). The supervisor should communicate the importance of mutual trust and partnership in that they are working together for the benefit of the family (Fenichel, 1992).

Sometimes the supervisor may become concerned about problems in how the practitioner does her work. For example, the practitioner may not be taking adequate notes on her visits with families or she may consistently arrive late for work. Ideally, these types of issues should not be dealt with during "protected" reflective time but rather a separate meeting should be scheduled where concerns can be discussed and expectations made clear. When the supervisor must address disciplinary concerns, she should do so in a way that is collaborative, respectful, and allows for exploration of the causes of the problem (Heffron, 2005; MAIMH, 2011).

Stage 2: Acceptance

We have found it helpful to explore both in supervision and training the difference between the *unacceptable* and *disagreeable*. *Unacceptable* behavior includes a practitioner's actions that clearly violate agency policy, such as an inability to meet job expectations or practices that put families or children in danger. This *unacceptable* behavior on the part of the practitioner will lead to a plan of either correction or termination. *Disagreeable* behavior, on the other hand, includes beliefs and practices that the supervisor may not agree with but are not against program policies and do not violate a clear expectation for the practitioner's job performance. In the case of *disagreeable* practices, the supervisor is obligated to accept how the practitioner chooses to work with the family even when she may disagree with the practitioner's approach. Outside the realm of the *unacceptable*, a nurturing relationship is unconditional. In order for the nurturing supervisory relationship to develop and move forward, the supervisor must be supportive of the practitioner's choices so the practitioner can feel accepted and not judged as doing poorly. If the practitioner feels that her supervisor is judging her, she may begin to withhold important information in order to avoid being criticized or corrected. Acceptance becomes the foundation of mutual trust and respect. Acceptance allows the practitioner to be open to sharing and, ultimately, to learning.

Acceptance, however, does not imply that the supervisor cannot disagree, and moreover, it does not mean that the supervisor should ignore the practice or belief. For example, an early childhood practitioner may adopt a mothering attitude toward a young mother or give uninvited advice about discipline to parents, which the supervisor may find disagreeable. As will be seen in Stage 3, these times of disagreement, when handled properly, are often a springboard for learning for both the supervisor and the practitioner. It is legitimate to have a discussion about what the supervisor finds disagreeable without the supervisor imposing what she thinks is best. The vignette later in this article provides a concrete example.

Stage 3: Shared Understanding

“No one listens until she or he feels heard.” This is, perhaps, the most important stage of the supervisory relationship and process of supervision. Listening is where most of the supervisor’s time should be spent. It is critical that the supervisor create an atmosphere where the practitioner is eager to share her feelings and the story of her work with a child and family. The very process of sharing her story in detail brings a new clarity to what the practitioner sees happening with a child or family. In a sense, the supervisor attempts to elicit a “verbal video” of what actually happened in the interaction between the practitioner and the family or child. She should frequently check in with the practitioner to ensure she is hearing the story correctly. Reflective supervision fills out the experience by providing new perspective and allows the practitioner to realize what happened with a family or child that she might not have been able to see and understand on her own. Here are several examples of comments and questions that can help the practitioner share her story and move the process along:

Hmmm. Interesting.

What do you think the family meant by . . . ?

I noticed that you said. . . . How did you figure that out?

You seemed to keep calm in that difficult situation. How were you able to manage that?

Let me see if I’m getting what you’re saying. It seems to me that . . . (reframing).

What do you mean by . . . ?

What had been your experience with . . . ?

What exactly did you say when . . . ?

What happened next?

How did she or he let you know that . . . ?

What made you decide . . . ?

How did that make you feel when . . . ?

How did you guess that might work?

When do you think things worked the best? Not so well?

To me, it seemed to work when. . . . Do you agree?

What about other experiences you have had like this, either with this family or another one?

We have repeatedly witnessed that when a supervisor helps a practitioner talk about what actually happened during an interaction with a family, the practitioner is able to better reflect on her thoughts and actions. The initial telling of the story is often driven by the practitioner’s feelings. After listening to the story, the supervisor encourages the practitioner to slow down, reflect, and develop a more objective picture of the experience. The supervisor helps the practitioner to figure out when things worked better, when they did not go so well, and how to understand the difference. Insight and new understanding often leads the practitioner to consider what she wants to try next. One practitioner comments,

The power of having a space and time with someone to organize your thoughts and feelings in a supportive environment is invaluable to the work. What at one point seems overwhelming becomes manageable so that you are not being flooded by feelings that may cloud your ability to function optimally. (Theresa Valach, Early Head Start Program Manager)

The supervisor has a great deal of wisdom to offer the practitioner through sharing her own experiences, information, and expertise as a helper. The purpose of sharing wisdom, however, is not to suggest a course of action or to problem solve unless absolutely necessary as in the case of an emergency. We believe that just as parents are the experts on their children, the practitioner is the expert on the families and children with whom she works (Bernstein et al., 2001). Therefore, the supervisor's role is to lend her perspective and provide another set of eyes so the practitioner can "see" more clearly. The supervisor may suggest times in the story when things seemed to be working well for the family that the practitioner may have initially overlooked. Additionally, the supervisor can offer a different interpretation of a behavior, for example, "I wonder if she yells at her child because she really cares about how he is doing. Do you think that is possible?" This sharing is called "reframing"—the reinterpretation of the same events from a different angle.

This process of developing shared understanding can be most challenging, and yet most valuable, when the practitioner is feeling especially stressed or a family is in the midst of a crisis. At these times, the stories may bring up concerns for the supervisor, and there is often a tendency on the part of both the practitioner and her supervisor to overreact and overgeneralize. When practitioners are under stress, they can become "blinded" from seeing what is actually happening. It can be especially difficult to reflect upon the family's strengths and resources and find times when things might be working better for the family. In these times of emotional activation, there is an urge to fix, to make things better, both to help the family and to decrease the practitioners' sense of discomfort (Osofsky, 2009).

Unless the situation is a true emergency, however, rushing in to solve a problem can have the unintended consequence of encouraging dependency or making matters worse. The early childhood practitioner can listen to families and link them to resources without constantly "fixing" ordinary crises that take her away from her primary goal of supporting the parent-child relationship and encouraging positive child development. One of the supervisor's roles is to help the practitioner recognize when a situation is a true emergency, such as when there is immediate risk of harm, and when it is an "ordinary crisis" that does not require the practitioner to step away from her role with the family. The supervisor can ask questions such as, "Is this something that the family has been able to solve by themselves in the past?" "Are there resources we could help the family access that would empower them to solve this problem?" "Is this something that has escalated due to an external stress that will subside?" The Alcoholics Anonymous Serenity Prayer provides a useful reminder to practitioners and supervisors about role fidelity: "God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference" (Alcoholics Anonymous, 2001). The supervisor helps the practitioner "accept the things [she] cannot change" in order to prevent fixing or rescuing and the associated dependency and have "the courage to change the things [she] can" by keeping in mind the common agenda she should be working on with the family and child. "The wisdom to know the difference" is an outcome of reflective supervision.

How does support operate to reduce stress? It is important to note that telling and listening to the whole story provide a calming influence for both parties. The opportunity to talk through interactions and feel listened to helps a practitioner under stress to feel organized and more in control because they are having the experience of genuinely affecting the supervisor. Having a more complete picture gives the supervisor a chance to explore what strategies the family uses to cope. The supervisor can help the practitioner see that the family has coped with crises in the past and that with information and support the family will continue to manage without her rushing

in to “save” them. This insight is reassuring and allows the practitioner to reflect on maintaining focus on supporting the parent–child relationship and building on what works for the family. In addition, talking through the details of the encounter often allows the practitioner to see positive aspects of the visit that she originally was “blinded” to because of stress.

Better informed, it is easier for the supervisor to understand the practitioner’s point of view and to accept practices that may differ from her own perspective. Because the supervisor avoids resolving the practitioner’s or family’s crisis, she communicates that she has confidence in the practitioner and the family to work toward their own solutions. This posture on the part of the supervisor gives the practitioner confidence to trust the family to deal with its situation. When the supervisor provides support through listening and asking questions, the practitioner, in parallel, can maintain her nurturing role through providing information and support for the family. Through this process, the practitioner starts to feel less pressure to make things better. As her stress is reduced, the practitioner becomes less defensive and more open to asking the supervisor for support, information, suggestions, and recommendations. One practitioner made the following statement describing the value of reflective supervision in the face of stressful situations:

What has been a critical element in effective practice is to have my reflective supervisor both “hold” my experience with kind and able hands, and make me think (and work hard in our sessions!) about the clarity of my role/boundaries so I don’t lose effectiveness and equilibrium in my work. It is such a relief after each session to feel a renewed sense of appreciation and commitment to my work with children and families. Often I start a session feeling overwhelmed and fighting off a sense of creeping despair and frustration. Unequivocally I end the session feeling relieved, appreciative of effective strategies, and holding a much more balanced view of the world. Knowing that I have this reflective time available on a regular basis allows me to sustain the often triggering vicissitudes of the work in between meetings with my reflective supervisor. (Deborah Harris, Director of a multidisciplinary Infant Mental Health Team).

Stage 4: Agreement and Planning Next Steps

After the practitioner and supervisor have gone through the stages outlined earlier, they will be ready to mutually agree on a plan of action. Better informed and seeing more clearly, the practitioner, rather than the supervisor, takes the lead in deciding what happens next. The role of the supervisor becomes one of raising issues and discussing alternatives and then believing that the practitioner herself will choose what is best for her work with the family. The practitioner’s responsibility is to plan for the next visit, attempt to use the plan with the family, and be prepared to share what happened during the next supervision session. The practitioner’s beliefs about the objectives for the next visit and the methods she would like to try should form the basis for the plan, even if the supervisor is skeptical. One of the strengths of ongoing, regular supervision sessions and building a nurturing supervisory relationship is that there are repeated opportunities for the supervisor to raise her concerns supportively. The following are examples of questions the supervisor might use in facilitating the planning stage:

- What do you want to try when you go back?
- What do you think the next steps are?
- What do you think you might like to try instead?

Would you like some ideas about where to turn next?

Are there any other ways I might be helpful? For example, would you like me to come with you on a home visit?

Stage 5: Accountability and Follow-Up

In Stage 5, the supervisor's obligation is to provide stability for the practitioner by making sure there is continuity from one session to the next. Stage 5 can be described as the string that connects the beads of the work. The supervisor makes notes about the session and reviews them prior to the next supervisory session. This demonstrates that the supervisor keeps the practitioner and her work in mind between sessions, just as the practitioner "keeps in mind" and provides stability for her families and children. Continuity comes from what we call consistent "Areas of Inquiry" (see Appendix B). At some point in each session the supervisor must ask about the priorities in the work: What happened with the plan you made during our last session? What did the practitioner notice about the parent-child relationship and what did she do to support it? What seems to be working for the family? Based on what we learned when things were working better, what are the next steps?

The following vignette illustrates segments of a reflective supervision session between an early childhood teacher and an infant mental health consultant. In this example, the teacher had been doing home visits with the family for about a year and came to her regularly scheduled supervision session after a particularly stressful encounter. The family consists of three members, including the grandmother, Sylvia, who has an 18-year-old daughter, Jean. Jean suffers from a substance abuse problem and has an 18-month-old child, Mia, who is developmentally delayed and has mild cerebral palsy and a seizure disorder. The child is the recipient of early intervention services through the school district.

THE SUPERVISION SESSION: A VIGNETTE

The early childhood teacher, Monique, came into supervision very upset. Becky, the infant mental health consultant, asked her, "What is the matter?" Monique said she had just come from visiting the "family from hell," the one that had four different agencies in the community making home visits. She said the grandmother screamed the whole time and the baby cried during most of the visit. The teen parent was not home during the visit. Monique was frustrated that she could not do any work with the child. She went on to say that most visits went that way. The grandmother dominated the sessions talking about herself and her frustration that Jean, Mia's mother, was missing. Monique was exasperated in part because she rarely had a chance to work with Mia due to the grandmother's apparent neediness. Becky commented that the visit sounded really difficult and asked if Monique thought the grandmother had some type of mental health problem. Monique replied that some of the other agencies involved had been recommending mental health counseling for her but that she had refused.

Becky asked Monique to describe exactly what happened on the visit. Monique said, "Sylvia sat with her back to us the whole time, screaming while she was watching TV." Becky asked, "Who else was there . . . who is the 'we'?" It turned out that the job training counselor from the

public assistance office and the public health nurse were also present during the early intervention session. Becky inquired as to why there were so many people. Monique replied that there had been a multiagency collaboration sponsored through the regional center and during a staffing, one that the family did not attend, the group decided that it would be best to combine efforts in a single visit rather than for four agencies to make four different home visits. The group believed that it would be easier on the family not to have to deal with so many scheduled appointments. Becky commented that the personnel from the different programs really seemed concerned about trying to make things better for the family but wondered to herself whether their attempts at collaboration were backfiring. During this home visit, the job counselor had been talking to Sylvia about the need for her to enter some sort of job training program in order to remain eligible for welfare.

At this point, two thoughts were running through Becky's mind that framed what happened next in the supervision session. First, due to the stressful nature of the visit, she wondered if Monique was exaggerating that Sylvia was yelling all the time. She thought to herself, "When might Sylvia have been a little less upset? What was happening in the home at that time?" Second, Becky wondered whether Sylvia was so upset because she felt that she was being told what she had to do, whereas no one was considering her situation of being saddled with the responsibility of caring for a disabled toddler. Perhaps Sylvia was feeling overwhelmed by what she perceived as an additional demand being placed on her. Perhaps Sylvia was feeling that she could barely (or not even) manage the demands with which she was already confronted.

Becky asked, "Was there ever a time during the visit when Sylvia's yelling was less intense or when she was just talking?" Monique answered that there were two times. The first was when she was talking about herself and how tired she had been feeling. The second was when she was saying how Mia had a bad cold and had been getting her up throughout the night. She said she had taken her to the doctor twice in the last week. Becky replied, "So when she talked about herself and Mia she was a little more reserved?" Monique said that was correct. Next Becky said, "Tell me about the conversation between Sylvia and the job counselor." Monique stated that because there was a looming problem with welfare eligibility, she and the counselor had agreed ahead of time that the counselor would take the lead on the visit. The counselor began the conversation with, "You know that you are on the verge of losing your welfare benefits because you haven't found a job or entered a job training program. I have some ideas about what you could do." Monique said that this was when Sylvia began yelling, turned away from them toward the TV, and continued yelling.

At this point, Becky noticed that the counselor had not first asked Sylvia what her thoughts were on her situation and what she might want help with. Becky asked, "So the counselor shared her ideas before she asked Sylvia what she thought?" Monique confirmed that this was correct. Then Becky asked, "What happened that led Sylvia to start calming down?" Monique responded that the public health nurse asked how Mia had been doing, which led Sylvia to start talking about how tired she was and how sick Mia had been. Becky said, "So when Sylvia talked about herself and how Mia was doing, she was calmer?" Monique concurred.

Becky then asked, "Do you have any ideas of what you might try during the next visit to try to improve things?" Monique said that she thought she would try to go on her own next time to keep the focus on Mia. She would start the visit by chatting with Sylvia about how things were going and asking her what, if anything, new she had seen Mia doing. Then she said she would ask Sylvia to tell her how she thought that Mia learned to do that new skill. She said she hoped

that these strategies would help to engage Sylvia and help Sylvia see the important role she was playing in Mia's life. Becky commented that it seemed like a reasonable plan. Becky then said, "Tell me about our meeting today. Was it useful? If so, how come?" Monique replied that she had felt lost when she came into the meeting and had no idea how to work with the family. Now she had a better idea of how to move forward. She commented that their talk had helped her see the kinds of things that seemed to work better for Sylvia that she could not see before. As for what was not as useful, Monique said that she would let Becky know during their next supervision session after she made the home visit.

Becky went out of town on vacation so their supervision was delayed, but Monique was excited about her visit. She wrote Becky the following e-mail:

An update on Sylvia and Mia: I did a home visit today and it was only grandma and baby and me. Grandma started out telling me how depressed she was and I let her vent a bit but then brought it back to the baby (she let me do it). I stayed mindful of the process and the visit seemed to go well (the best one we ever had). Since we had some success, I feel this is a gold mine of positives from which to move more fully into the process with this family. Grandma agreed that we had had a great session with baby, so I want to explore why she thought that, and ask her what each one of us did to make that happen. I think this will be a good way to go back to Stage I (which I neglected to do in the beginning) and let grandma help define some of the parameters. I'll keep you posted. The "goddess" gave me a gift with this family and with you. I am truly grateful that after all these years working with families there is still room to grow and exciting new ideas to try. Enjoy vacation and I'll see you soon. Fondly, Monique.

This vignette illustrates the many parts of supervisory process described in Appendix A. It began with Monique, the teacher, coming in very upset with the recent home visit. The intensity of the experience caused her to have a generalized stress-based reaction, using the label "the family from hell." Becky, the supervisor, recognized Monique's upset and decided that her first role was to help Monique calm down. She did this by asking her what was wrong and validating her feelings, saying it must have been very frustrating for Monique (Appendix A, Step 3). Becky did later tell us that she wished she had spent longer on Step 3 and allowed Monique more time to express and identify what she had been feeling.

Once Monique had become calmer, Becky asked Monique to tell the story of what happened on the visit in her own words. After Monique had a chance to tell her story, Becky asked for more specifics about what actually happened (Appendix A, Step 4). This verbal video revealed three important bits of information: (a) a decision about how to serve the family did not include the family in the discussion, (b) the job training counselor was presenting her agenda without having asked for the grandmother's input, and (c) Monique never had an opportunity to carry out her role of supporting the family and the child's development.

Monique was then able to describe circumstances that made the grandmother more upset, such as the conversation with the job counselor, and times when she was calmer. It is important to note that this level of nuance was not present in Monique's initial depiction of the visit. Becky restated in her own words what she heard Monique say about when things were not working and when they were working better, and Monique confirmed her description (Appendix A, Step 5). Becky then asked if this discussion had given Monique any ideas about how to proceed during the next visit, and Monique shared her plan (Appendix A, Step 6). Monique's plan, which involved visiting

the family alone and asking Sylvia to talk about Mia's development, would allow Monique to provide support to the grandmother while keeping the focus on the child. Finally, Becky asked for feedback on the supervision session (Appendix A, Step 7), and Monique followed up via e-mail (Appendix A, Step 8). The e-mail suggests that reflective supervision helped Monique keep the visit focused on the child and grandparent-child relationship, identify what went well, and make a plan for the following visit.

The qualifications and training required to provide reflective supervision vary by state and field of practice. For example, infant mental health professionals typically need an advanced degree, a clinical license, and a specified number of hours participating in reflective supervision (MAIMH, 2010). Early childhood professionals in nonclinical settings can receive training to provide reflective supervision through workshops, conferences, and consultation with mental health providers or other experienced reflective supervisors (Early Head Start National Resource Center, 2010; Heffron & Murch, 2010). All early childhood professionals who intend to provide reflective supervision should have experience doing the work of the practitioners they will supervise and seek opportunities for their own consultation or supervision.

To date, few studies have been conducted examining the effectiveness of reflective supervision in enhancing parent-child relationships and improving outcomes in infant-family and early childhood programs. Recently, two studies have shown that reflective supervision is associated with increased insightfulness, responsiveness, and engagement with children as well as retention in the field among childcare providers (Amini Virmani & Ontai, 2010; Howes, James, & Ritchie, 2003). There is also some evidence that reflective supervision may enhance nurses' satisfaction and work with families of very low birth-weight infants (Pridham, Limbo, Schroeder, Krolkowski, & Henriques, 2006). Clearly, much more empirical research is needed to examine how reflective supervision contributes to practitioner satisfaction and retention, practitioner-family relationships, parent-child relationships, and infant and child developmental outcomes.

CONCLUSION

In conclusion, reflective supervision is a process to help early childhood practitioners support parent-child relationships and child development in the context of highly stressful circumstances. The nurturing, supportive relationship that develops between a supervisor and practitioner serves as a model for the relationships forming between the practitioner and family and between the parent and child. Additionally, reflective supervision helps early childhood practitioners cope with the stress and feelings of being overwhelmed that often result when working with vulnerable families and children. As the supervisor and practitioner work together to understand the practitioner's own intense feelings and reflect on her work with families, the practitioner is in a better position to help the parent reflect on the meaning of her child's behavior and her relationship with the child. The primary focus within all three relationships—supervisor-practitioner, practitioner-family, and parent-child—is to learn to identify and build upon “what is working.” The process of reflective supervision allows this focus to remain central in the work. Through the support and opportunities for learning provided by reflective supervision, practitioners feel more effective in their work with families and are less susceptible to burnout.

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APPENDIX A

The Shape of the Supervisory Session

1. Preparation and planning for upcoming supervision with staff
 - a. Self-care—prepare self for supervision session—pause, take a deep breath
 - b. Review notes from previous session and recent documents about the family, for example, home visit records or reports
 - c. Develop possible agenda points
 1. Follow up from last meeting (e.g., what has happened with Family A)
 2. Identify areas of inquiry (e.g., remember the child—when were there smiles? etc.)
2. Develop (coconstruct) the agenda for today’s session with staff person
 - a. Staff person’s agenda—what or whom would you like to discuss today? (staff person needs to prepare for supervision)
 - b. Supervisor’s agenda points (see 1.c.)
3. Discuss a specific family/specific visit/session either follow-up or supervisee’s choice
 - a. Feelings—how are you doing (feeling) about this family?
 - b. What about the session (child, etc.) do you think brings up that feeling? Makes you feel way? How do you think they are feeling about the work?
 - c. What happened the last time you met?
4. Complete the picture
 - a. Tell me what else happened on the visit with the family/“verbal video”
 - b. Tell me about other sessions you have had with the family—does this seem similar and so was there anything about today that was different?
5. Consider multiple perspectives
 - a. When were things a little better—what was happening then?
 - b. What are some things that seem to be going better in general? In what ways are they coping that seem to work?
 - c. When did things not work so well, and why? What do you think was the difference?
6. Begin the planning process
 - a. What ideas do you have about what might work better next time?
 - b. How can I be helpful?
 - c. Share supervisor’s experience and ideas if appropriate
 - d. What would you like to try? What is your plan for the next visit?
 - e. Self-care plan for staff—before and after the session with the family
7. Ask for feedback
 - a. What was our time like for you?
 - b. What part worked the best?
 - c. What other questions do you have? Did anything not work so well?
8. Accountability—holding the work and the practitioner in mind

The next supervision session

 - a. Remembering—how is it going with the family?
 - b. What happened with what you were going to try (the plan)?
 - c. How can I be helpful? (in the next session—restarting the process)

APPENDIX B

Consistent Areas of Inquiry for Supervision

1. Did you follow up with the plan we agreed on during our last meeting? What happened?
2. What did the parent and child do together during your visit?
3. Tell me something positive that the child did. How did the parent react?
4. How did the family react to your focus on the parent–child relationship?
5. What did you enjoy most about the visit?
6. When did parent and child connect best? When were they having problems? What do you think is the difference?
7. Do you think the parent had a sense of when he or she was connected best with the child? How did you or how can you help her see what you observed to see the difference?
8. What else made you feel good during the visit? Is there anything that you have a concern about or did anything make you feel uncomfortable? What do you think is the difference?
9. Did you ever feel preoccupied with the family’s problems? If so, were you able to regain focus on the parent–child relationship?
10. When did you feel most effective?
11. What do you feel are the best next steps for working with this family?

Remember: Search for the joyful area and zero in on what is working—the family’s strengths, joy, laughter, and so on.